



## ALBERTA ACUPUNCTURIST REGISTRATION RENEWAL FORM

Please check the appropriate box that you are applying for:

FULL

TEMPORARY

RESTRICTED

INACTIVE

### INSTRUCTIONS

Please provide all the information requested. You may attach another sheet if you need more space to answer any questions or explain any of your answers.

**PERIOD OF RENEWAL: January 1 to December 31, 2021**

**Please provide the address that you wish available to the public on the acupuncture registry. Please note that all future correspondence will be forwarded to this address and/or to your email address listed.**

<b>TITLE</b> <small>(Ms./Mrs./Mr./Dr)</small>	<b>SURNAME</b>	<b>FIRST NAME</b>	<b>MIDDLE INITIALS</b>
<b>PUBLIC MAILING ADDRESS:</b>  			
<b>CITY:</b> _____ <b>PROVINCE:</b> _____ <b>POSTAL CODE:</b> _____			
<b>REGISTRATION #: R</b>		<b>BUSINESS PHONE #:</b>	
<b>FAX #:</b>		<b>RESIDENCE PHONE #:</b>	
<b>E-MAIL ADDRESS:</b>			

REPORTING PERIOD for Practice Experience/Professional Development				
January 1 to December 31, 2020				
Clinic Name of Practice during Reporting Period	Address of Place of Practice	Phone Number	From Month	To Month
1.				
2.				



**FOR THE PURPOSE OF DEMONSTRATING MAINTENANCE OF COMPETENCY**

**A. PLEASE INDICATE: (PRACTICE HOURS FOR THIS RENEWAL PERIOD ONLY, HAVE BEEN REDUCED TO 1130)**

Reporting period January 1 to December 31, 2020	TOTAL HOURS
1) Total number of direct hours you practised acupuncture	
2) Total number of indirect hours (teaching, research, observation, professional services)	

Reporting period January 1 to December 31, 2019	TOTAL HOURS
1) Total number of direct hours you practised acupuncture	
2) Total number of indirect hours (teaching, research, observation, professional services)	

**B. PLEASE use point form to BRIEFLY DESCRIBE the names of disorders or diseases treated during the reporting period (i.e., bronchitis, lung yang deficiency)**


**C. PLEASE INDICATE the approximate percentage of the following modes of therapy you used in your practice during the reporting period:**

- |                                    |   |
|------------------------------------|---|
| _____ classic (needle) acupuncture | _____ acupressure   |
| _____ electro-acupuncture          | _____ moxibustion   |
| _____ cupping                      | _____ other (please specify - eg., auricular acupuncture/ hand acupuncture/laser acupuncture/scalp acupuncture) |



**D. PLEASE LIST THE NAMES OF ANY CONTINUING EDUCATION PROGRAM(S) YOU ATTENDED OR PARTICIPATED IN DURING THE REPORTING PERIOD.**

**PLEASE USE THE ENCLOSED CEU REPORTING FORM FOR BETTER CLARITY.**

**THE FOLLOWING CHANGES ARE APPLIED TO THE 2021 REGISTRATION RENEWAL PERIOD ONLY:**

1. Registration renewal fee due BEFORE January 1, 2021: \$680.00
2. Registration renewal fee paid between January 1 - February 15, 2021: \$760.00 with no late fee applied
3. Registration renewal fee paid AFTER February 15, 2021: \$760.00 + \$300.00 (late fee) = \$1060.00
4. Required practice hours within the preceding two years (2019 & 2020): 1130

**IMPORTANT NOTES:**

- Annual premium for \$2M professional liability insurance coverage for the year 2021 is \$172.00. If you choose to opt out, please provide proof of adequate insurance coverage.
- Regarding Commercial General Liability (CGL), premium for \$2M coverage limit is \$93.00, and for \$3M coverage limit is \$124.00.
- For existing members of the insurance program, no application form is required for renewal.
- Please include your **registration fee and premium payment** in one check, **payable to the CAAA.**
- To ensure continuity of your registration and insurance coverage, please submit your completed registration renewal form and payment **PRIOR** to the deadline. **The CAAA is not responsible for cancellation of your insurance coverage due to your late payment.**

**COLLEGE AND ASSOCIATION OF ACUPUNCTURISTS OF ALBERTA**  
**#201, 9612 – 51 Avenue NW**  
**Edmonton, Alberta T6E 5A6**

Please complete the following declaration:

**I, THE UNDERSIGNED, ATTEST THAT ALL THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

**REGISTRANT’S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

<b>VERIFIED</b>	<b>OFFICE USE ONLY</b>	<b>ENTERED</b>
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**RENEWAL FEE OPTIONS:**

Please select ALL THAT APPLIES from the list below:

REGISTRATION & INSURANCE OPTIONS	FEE	✓
Registration <b>(Applied before January 1, 2021)</b>	\$680.00	
Professional Liability Insurance	\$172.00	
Commercial General Liability Insurance 2M	\$93.00	
Commercial General Liability Insurance 3M	\$124.00	
Commercial General Liability Insurance 4M	\$165.00	
Commercial General Liability Insurance 5M	\$216.00	
<b>**Registration (Applied after January 1, 2021)</b>	\$760.00	
Inactive Registration	\$300.00	
Renewal Late Fee <b>(Applied after February 15, 2021)</b>	\$300.00	
<b>REGISTRATION &amp; INSURANCE FEE TOTAL</b>	<b>= \$</b>	

Elect to not renew registration license

**PAYMENT OPTIONS:**

Cheque  Money Order  Cash  Credit Card  E-Transfer

Cheque/Money order number: # \_\_\_\_\_ Payment amount: \$\_\_\_\_\_

Credit Card Information
Card Type:
Card Holder Name (as shown on the card):
Card Number:
Expiration Date (mm/yy):
Amount To Be Charged:
Cardholder Billing Address:

I, \_\_\_\_\_ authorize the College and Association of Acupuncturists of Alberta to charge my credit card above for agreed upon fees. I understand that my information will be saved in my confidential file.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\*NOTE: THERE WILL BE A 2.5% SERVICE FEE ADDED TO YOUR TRANSACTION CHARGED BY MONERIS.