



APPLICATION FOR ALBERTA ACUPUNCTURE REGISTRATION EXAMINATION

Please read the examination application instruction carefully before completing this form. Please provide all the information requested.

PERSONAL INFORMATION

(MR./MRS./MS./) INITIAL	SURNAME	FIRST NAME	MIDDLE
MAIDEN NAME (if applicable):		DATE OF BIRTH: (day/month/year)	
MAILING ADDRESS:		CITY/TOWN:	
PROVINCE/STATE:		POSTAL CODE:	
PHONE #:		EMAIL ADDRESS: (MANDATORY)	
SPECIAL ACCOMMODATIONS REQUEST: <input type="checkbox"/> YES <input type="checkbox"/> NO (Must be included with application)			

EXAMINATION LOCATION PREFERENCE **For Pan-Canadian component ONLY**

In response to the challenges posed by COVID-19, and in consultation with the provincial regulatory bodies and Yardstick Assessment Strategies, CARB-TCMPA decided to continue delivering the Pan-Canadian Examination using an online proctored format in April 2021. This will allow candidates to complete the exam remotely.

Please review our website www.acupuncturealberta.ca for more information regarding online proctoring, as well as Adaptations and Infection Prevention and Control Protocols in response to the Covid-19 Pandemic.

TRAINING IN ACUPUNCTURE

In this section, please list the acupuncture training program(s) you have successfully completed, starting from the most recent to most dated.

NOTE: Acupuncture Distance Learning or “On-Line” Courses/Programs ARE NOT APPROVED by the College and Association of Acupuncturists of Alberta or the Health Disciplines Board

NAME OF PROGRAM OF STUDY OR INSTITUTION	COUNTRY IN WHICH PROGRAM WAS ADMINISTERED (OR INSTITUTION LOCATED)	DURATION OF PROGRAM		DOCUMENTS ENCLOSED?	
		FROM	TO	YES	NO
1)					
2)					
3)					

ACUPUNCTURE EXAMINATIONS

1. Have you passed any acupuncture examination(s) for the purpose of registration, certification or licensing as an acupuncturist in North America or elsewhere?

YES NO

If you answered "yes", please list the examination(s) you have passed. If you have passed the "Provincial Registration Examination for Acupuncturists in Alberta", include it in the list. Please enclose supporting documents that verify that you have passed such examination(s).

If you list more than one examination, please order them from the most recent to most dated.

NAME OF EXAMINATION	JURISDICTION	DATE OF EXAM MONTH/YEAR	DOCUMENTS ENCLOSED?	
			YES	NO
1)				
2)				
3)				

STATUS AT PRESENT

1. Are you currently in active practice as an Acupuncturist in another jurisdiction? YES NO

If you answered "yes":

a) What is the name (if applicable), address and phone number at your place of practice? _____

- b) Are you presently self-employed or an employee of another individual, group or agency? SELF-EMPLOYED EMPLOYEE

PRACTICE DURING THE PAST TWO YEARS

1. During the two years immediately preceding the date on which you submit this application,
 a) Did you practise at any time as a self-employed acupuncturist? YES NO
 b) Were you at any time employed as an acupuncturist by another individual, group or agency?
YES NO

If you answered "yes" to question (b) please provide, for each of your employers during the preceding two years, the following information:

- i) the name of your employer (and immediate supervisor if different from your employer);
- ii) the name (if applicable), mailing address and telephone number at your place(s) of employment; &
- iii) the duration of your employment.

If you list more than one employer, please order them from most recent to most dated.

NAME OF EMPLOYER OR IMMEDIATE SUPERVISOR	PLACE(S) OF EMPLOYMENT (NAME, MAILING ADDRESS & TELEPHONE NUMBER)	DURATION OF EMPLOYMENT	
		FROM MONTH/YEAR	TO MONTH/YEAR
1)			
2)			
3)			

Please complete the following declarations:

1) I, THE UNDERSIGNED, HAVE CARRIED OUT THE PRACTICE OF ACUPUNCTURE FOR _____ HOURS DURING THE TWO YEARS IMMEDIATELY PRECEDING THE DATE ON WHICH I SUBMIT THIS APPLICATION.

2) I, THE UNDERSIGNED, DECLARE THAT THE ACUPUNCTURE EDUCATIONAL TRAINING OBTAINED (as listed on page 1 of this application) WAS NOT COMPLETED THROUGH DISTANCE LEARNING OR 'ON LINE' COURSES.

SIGNATURE

DATE

REFERENCE INFORMATION

1. Are you presently a member of any association(s) of acupuncturists in Alberta or elsewhere? YES NO

If you answered "yes", please list the name(s) of the association(s) of which you are a member:

- a) _____
- b) _____
- c) _____

2. Are you or have you been legally authorized to practise acupuncture in any other jurisdiction(s) in North America or elsewhere? YES NO

If you answered "yes",

- list the jurisdictions(s) in which you have legal authorisation to practice acupuncture;
- state the name of the governing agency or organisation which gave you the authorisation; and
- provide documentation of the authorisation (if possible).

JURISDICTION	NAME OF AUTHORISING AGENCY OR ORGANISATION	DOCUMENTS ENCLOSED?	
		YES	NO
A)			
B)			
C)			

3. Have you ever been formally disciplined for improper conduct or incompetence as an acupuncturist? YES NO

If you answered "yes", please state the year and reason(s) why you were disciplined, the name and address of the agency or organisation that disciplined you, and the disciplinary measure(s) you received. If you list more than one incidents, please list them from most recent to most dated.

REASON(S) FOR DISCIPLINE	YEAR	NAME AND ADDRESS OF DISCIPLINARY AGENCY OR ORGANISATION	DISCIPLINARY MEASURE(S)
a)			
b)			

REGISTRATION EXAMINATION AND FEES

Applicants who apply for registration as acupuncturists under the *Health Disciplines Act* are required to successfully pass all components of the Alberta Acupuncturist Registration Examination. If you are determined eligible for the registration examination, you will be notified of all necessary information, including exam dates and locations, by mail from the Registrar.

Applications for the Alberta Acupuncturist Registration Examination are accepted on a “First Come, First served” basis. Once the maximum quota of candidates is reached, all other applications will be placed on a “candidate wait list”.

Application Fee is \$300. All fees must be paid by cheque or money order made payable to the **CAAA**.

DECLARATION

I, the undersigned, declare that all the information in this form and the enclosed documents is true and complete to the best of my knowledge;

AND that I am aware that I shall neither give to any person nor receive from any person any information pertaining to the content of the exam, either BEFORE, DURING or AFTER the examination;

AND that I consent to disclose my personal information to a third party, Assessment Strategy Inc. (the “ASI”), for the sole purpose of examination administration.

SIGNATURE

DATE

CONSENT FOR DISCLOSURE OF AGGREGATE TESTING RESULTS

I consent to my Alberta Acupuncture Registration Examination results being compiled in aggregate form (the Aggregate Testing Results) and publication of the Aggregate Testing Results by the College and Association of Acupuncturists of Alberta. I understand Aggregate Testing Results will be classified based on program of training candidates attended and will **NOT** contain other personal information, including my name. I further understand Aggregate Testing Results are published to enable prospective students to make informed decisions on which program to attend and to help improve the quality of teaching within each program.

SIGNATURE

DATE

For more information, please contact the Registrar of the College and Association of Acupuncturists of Alberta.

Please submit your completed application with payment of application fee to:

**Attn: Registrar
College and Association of Acupuncturists of Alberta
#201, 9612 – 51 Ave. NW
Edmonton, AB T6E 5A6**

FOR OFFICE USE ONLY

VERIFIED	DATE
DECISION	DATE OF NOTIFICATION

CHARACTER DECLARATION

Section 9(1)(b) of Alberta's Health Disciplines Act requires that a person be of good character and reputation to be eligible to become a registered practitioner of a designated health discipline (in this case, acupuncture).

This character declaration is on behalf of

SURNAME	FIRST NAME	MIDDLE INITIAL
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who is applying for registration as an acupuncturist in accordance with requirements in the Health Disciplines Act and Acupuncture Regulation.

How many years have you known the person named above? _____ years

Please describe how you know the person named above. If you need more space, attach a separate sheet.

DECLARATION: I, THE UNDERSIGNED, DECLARE THAT I AM NOT A FAMILY RELATIVE OF THE PERSON NAMED ABOVE, AND CONSIDER THIS PERSON TO BE OF GOOD CHARACTER AND REPUTATION.

SIGNATURE DATE

Please print your name, mailing address, telephone number(s) and occupation below:

SURNAME FIRST NAME MIDDLE INITIAL

MAILING ADDRESS (APT./STREET/R.R./P.O. BOX/etc.) CITY TOWN

PROVINCE/STATE COUNTRY POSTAL/ZIP CODE

BUSINESS PHONE NUMBER RESIDENCE PHONE NUMBER

PLEASE STATE YOUR OCCUPATION: _____

When complete, please send this form to:

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DATE

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SURNAME

FIRST NAME

MIDDLE INITIAL

MAILING ADDRESS (APT./STREET/R.R./P.O. BOX/etc.)

CITY TOWN

PROVINCE/STATE

COUNTRY

POSTAL/ZIP CODE

BUSINESS PHONE NUMBER

RESIDENCE PHONE NUMBER

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