COLLEGE OF ACUPUNCTURISTS OF ALBERTA

APPLICATION FOR ALBERTA ACUPUNCTURIST REGISTRATION EXAMINATION

INSTRUCTIONS

This application is for new graduates or applicants who are applying for the Alberta Acupuncturist Registration Examination.

Complete and submit this application prior to the application deadline. Please read the Examination Application Guide and submit all the required documents. Incomplete applications may delay the application process.

1. PERSONAL INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME
TITLE (MS./MRS./MR.)	GENDER	DATE OF BIRTH MM/DD/YYYY
SPECIAL ACCOMMODATIONS REQUEST ENCLOSED ☐ YES ☐ NO **(Must be included with application)**		

2. MAILING ADDRESS

HOME ADDRESS		APT/SUITE/UNIT
CITY	PROVINCE	POSTAL CODE
EMAIL ADDRESS **(MANDATORY)**		PHONE NUMBER

3. TCM / ACUPUNCTURE EDUCATION (Provide proof of education completion if not previously submitted)

NAME OF PROGRAM			PROGRAM START DATE MM/DD/YYYY	GRADUATION DATE MM/DD/YYYY
NAME OF EDUCATIONAL INSTITUTION				TOTAL PROGRAM HOURS
ADDRESS				TOTAL CLINICAL HOURS
CITY	PROVINCE/STATE	COUNTRY		POSTAL CODE/ ZIP CODE

NAME OF PROGRAM			PROGRAM START DATE MM/DD/YYYY	GRADUATION DATE MM/DD/YYYY
NAME OF EDUCATIONAL INSTITUTION				TOTAL PROGRAM HOURS
ADDRESS				TOTAL CLINICAL HOURS
CITY	PROVINCE/STATE	COUNTRY		POSTAL CODE/ ZIP CODE

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4. ADDITIONAL ACADEMIC INFORMATION (Attach degrees, diplomas and certifications if not previously submitted)

Start from High School information to most recent. Attach another page if needed.

NAME OF PROGRAM			PROGRAM START DATE MM/DD/YYYY
NAME OF EDUCATIONAL INSTITUTION			GRADUATION DATE MM/DD/YYYY
ADDRESS			INSTRUCTION LANGUAGE
CITY	PROVINCE/STATE	COUNTRY	POSTAL CODE/ ZIP CODE

NAME OF PROGRAM			PROGRAM START DATE MM/DD/YYYY
NAME OF EDUCATIONAL INSTITUTION			GRADUATION DATE MM/DD/YYYY
ADDRESS			INSTRUCTION LANGUAGE
CITY	PROVINCE/STATE	COUNTRY	POSTAL CODE/ ZIP CODE

NAME OF PROGRAM			PROGRAM START DATE MM/DD/YYYY
NAME OF EDUCATIONAL INSTITUTION			GRADUATION DATE MM/DD/YYYY
ADDRESS			INSTRUCTION LANGUAGE
CITY	PROVINCE/STATE	COUNTRY	POSTAL CODE/ ZIP CODE

5. REGISTRATION EXAMINATIONS

Applicants must provide information about passed licensing examination as an acupuncturist in North America or elsewhere.		PLEASE ENSURE ALL DOCUMENTATION IS ENCLOSED WITH APPLICATION FORM
NAME OF EXAMINATION	JURISDICTION	DATE OF EXAMINATION MM/DD/YYYY
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6. PRACTICE EXPERIENCE

During the FIVE years immediately preceding the date on which you submit this application,

- Did you practise at any time as a self-employed acupuncturist? ☐ Yes ☐ No
- Have you provided acupuncture services as a paid or unpaid employee, consultant, contractor or volunteer? ☐ Yes ☐ No

If yes, please complete the following:

NAME OF CLINIC OR EMPLOYER			START DATE MM/DD/YYYY
ADDRESS			END DATE MM/DD/YYYY
CITY	PROVINCE/STATE	COUNTRY	POSTAL CODE/ ZIP CODE

NAME OF CLINIC OR EMPLOYER			START DATE MM/DD/YYYY
ADDRESS			END DATE MM/DD/YYYY
CITY	PROVINCE/STATE	COUNTRY	POSTAL CODE/ ZIP CODE

7. EXAMINATION LOCATION (for Pan-Canadian Examination only)

From the list of testing locations below, please indicate with a **"1"** for your first choice and a **"2"** for your second choice. Testing locations have a maximum capacity and will be assigned on a first come first served basis. If no choice is indicated, an available location closest to the mailing address provided will be assigned:

	Bonnyville		Hinton
	Calgary		Lac La Biche
	Canmore		Lethbridge
	Drumheller		Lloydminster
	Edmonton		Medicine Hat
	Edson		Olds
	Fort MacMurray		Red Deer
	Grande Prairie		St. Paul
	High Level		Swan Hills
	High Prairie		Vermillion

**** 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 PCE using an online proctored format. This will allow candidates to complete the exam remotely.***

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8. REFERENCE INFORMATION

An applicant for registration must submit 2 written references with respect to the applicant's acupuncture practice, which may be from an employer, educational institution or, where applicable, colleagues. The written references must be mailed directly to the College of Acupuncturists of Alberta by the person providing the reference.

REFERENCE #1

This character declaration is on behalf of **(print applicant's name)** _____

Are you a family member of the applicant? ☐ Yes ☐ No
Do you consider the applicant to be reliable? ☐ Yes ☐ No ☐ Insufficient knowledge of applicant to answer
Do you consider the applicant to be ethical? ☐ Yes ☐ No ☐ Insufficient knowledge of applicant to answer
Do you consider the applicant to be of good character? ☐ Yes ☐ No ☐ Insufficient knowledge of applicant to answer

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME

OCCUPATION	PROFESSIONAL TITLE

ADDRESS	DURATION OF RELATIONSHIP

CITY	PROVINCE/STATE	POSTAL CODE/ ZIP CODE	DAYTIME PHONE NUMBER

Please describe how you know the applicant as well as your knowledge about the applicant's acupuncture practice.

_____
_____
_____
_____
_____
_____
_____

SIGNATURE	DATE
	MM/DD/YYYY

When complete, please send this form to:

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

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8. REFERENCE INFORMATION

An applicant for registration must submit 2 written references with respect to the applicant's acupuncture practice, which may be from an employer, educational institution or, where applicable, colleagues. The written references must be mailed directly to the College of Acupuncturists of Alberta by the person providing the reference.

REFERENCE #2

This character declaration is on behalf of **(print applicant's name)** _____

Are you a family member of the applicant? ☐ Yes ☐ No
Do you consider the applicant to be reliable? ☐ Yes ☐ No ☐ Insufficient knowledge of applicant to answer
Do you consider the applicant to be ethical? ☐ Yes ☐ No ☐ Insufficient knowledge of applicant to answer
Do you consider the applicant to be of good character? ☐ Yes ☐ No ☐ Insufficient knowledge of applicant to answer

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME

OCCUPATION	PROFESSIONAL TITLE

ADDRESS	DURATION OF RELATIONSHIP

CITY	PROVINCE/STATE	POSTAL CODE/ ZIP CODE	DAYTIME PHONE NUMBER

Please describe how you know the applicant as well as your knowledge about the applicant's acupuncture practice.

_____
_____
_____
_____
_____
_____
_____

SIGNATURE	DATE
	MM/DD/YYYY

When complete, please send this form to:

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

9. 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 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.

_____ MM/DD/YYYY

Applicant Signature **Date**

10. APPLICANT'S DECLARATION

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

I am aware 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;

I consent to disclose my personal information to a third party, Yardstick Assessment Strategy Inc. (the "YAS"), for the sole purpose of examination administration.

_____ MM/DD/YYYY

Applicant Signature **Date**

Please return your completed application with application fee and all necessary documents via email or to the address below:

ATTN: REGISTRAR
COLLEGE OF ACUPUNCTURISTS OF ALBERTA
#201, 9612-51 AVENUE
EDMONTON, AB T6E 5A6

COLLEGE OF ACUPUNCTURISTS OF ALBERTA

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11. APPLICATION & EXAMINATION FEES

Application fee is $300.00 and is required to be submitted with a completed application and applicable documents. Once applications are approved a notice will be sent to applicants. Examination fees are **NOT** due until your application has been approved. Application fees are non-refundable.

EXAMINATION	**FEE**
Pan-Canadian Acupuncturists Examination	$880.00
Safety & Jurisprudence	$200.00
Modalities	$300.00
Acupuncture Points	$300.00

PAYMENT OPTIONS

Payment option 1 – Credit Card
*NOTE: THERE WILL BE A 2.5% SERVICE FEE ADDED TO YOUR TRANSACTION CHARGED BY MONERIS.

CARD TYPE ☐ VISA ☐ MASTERCARD

CARDHOLDER NAME (as shown on the card)

AMOUNT TO BE CHARGED **$ 300.00**

CARD NUMBER

EXPIRATION DATE MM /YYYY

CARDHOLDER BILLING ADDRESS | CITY | PROVINCE | POSTAL CODE

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.

_____ Cardholder Signature

_____ Date

Payment option 2 – Alternate

☐ E-Transfer ☐ Money Order ☐ Cheque ☐ Cash Money order/ Cheque number: _____

- E-Transfers can be sent to payments@acupuncturealberta.ca (Ensure to include your name and/or registration number in the message section and what the funds are for ex. application fee, registration, insurance, etc.)
- Money orders and cheques can be made payable to the **"CAA".**
- Money orders and cheques can be sent directly to: COLLEGE OF ACUPUNCTURISTS OF ALBERTA, #201, 9612-51 AVENUE, EDMONTON, AB T6E 5A6
- Cash payment is only acceptable when application is submitted in person.

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REQUEST FOR TESTING ACCOMMODATIONS

Candidate Name: _____
(last name, first name)

Components requiring accommodation (check all that apply)

- ☐ Acupuncture Points
- ☐ Modalities
- ☐ Safety & Jurisprudence Examination

Specific Accommodations requested (ex. Additional time, private room)

_____

_____

_____

Documentation submitted (check all that apply)

- ☐ Completed Request for Testing Accommodations Form
- ☐ Current documentation by a license health professional related to special needs
- ☐ Other, please specify, _____

_____

Pan-Canadian Acupuncturists Examination

To request an accommodation, candidates must complete both the Request for Accommodation form and the Verification of Candidate's Disability form. Candidates should carefully read the instructions, ensure that both forms are completed, and send completed forms to accommodations@carb-tcmpa.org.

Applicant Signature: _____ **Date**: MM/DD/YYYY

FOR OFFICE USE ONLY

Decision: _____

Date of notification of decision to candidate: _____

Comments: _____

_____

Registrar Signature: _____ **Date**: MM/DD/YYYY