COLLEGE OF ACUPUNCTURISTS OF ALBERTA

APPLICATION FOR REGISTRATION AS AN ACUPUNCTURIST

INSTRUCTIONS

This application form is for applicants who are applying for one of following categories of registration. PLEASE SELECT ONLY ONE:

- ☐ General Register
- ☐ Provisional Register
- ☐ Courtesy Register

Please read the Application Guide and submit all the required documents applicable. Incomplete application may delay the registration process.

1. PERSONAL INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME
TITLE (MS./MRS./MR.)	GENDER	DATE OF BIRTH MM/DD/YYYY

2. MAILING ADDRESS

HOME ADDRESS		APT/SUITE/UNIT
CITY	PROVINCE	POSTAL CODE
EMAIL ADDRESS	PHONE NUMBER	

3. PRIMARY CLINIC ADDRESS

CLINIC NAME	PLEASE BE ADVISED THAT ANY INFORMATION PROVIDED IN THIS SECTION WILL BE USED ON THE CAA PUBLIC REGISTERY
CLINIC ADDRESS	APT/SUITE/UNIT
CITY / PROVINCE	POSTAL CODE
EMAIL ADDRESS	PHONE NUMBER

PREFERRED MAILING ADDRESS (PLEASE SELECT ONLY ONE) ☐ HOME ADDRESS ☐ CLINIC ADDRESS

4. EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME		RELATIONSHIP
EMERGENCY CONTACT ADDRESS		APT/SUITE/UNIT
CITY	PROVINCE	POSTAL CODE
EMAIL ADDRESS	PHONE NUMBER	

COLLEGE OF ACUPUNCTURISTS OF ALBERTA

APPLICATION FOR REGISTRATION AS AN ACUPUNCTURIST

5. CITIZENSHIP

Are you a citizen or permanent resident of Canada?

☐ **Yes –** enclose a clear photocopy of your Canadian passport, Canadian citizen card, birth certificate or Canadian permanent resident card

☐ **No –** enclose a clear photocopy of your valid Canadian Government issued work permit

6. 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

7. 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

COLLEGE OF ACUPUNCTURISTS OF ALBERTA

APPLICATION FOR REGISTRATION AS AN ACUPUNCTURIST

8. REGISTRATION EXAMINATIONS

Applicants must provide information about passed Alberta Acupuncturist Registration Examinations or 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
NAME OF EXAMINATION	JURISDICTION	DATE OF EXAMINATION MM/DD/YYYY
NAME OF EXAMINATION	JURISDICTION	DATE OF EXAMINATION MM/DD/YYYY

9. 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

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

10. ENGLISH LANGUAGE PROFICIENCY

- If English is not your first language, provide English proficiency test results.
- Other languages in which you can personally and competently provide professional services: _____

11. FIRST AID AND CPR CERTIFICATION

☐ Attached is proof of First Aid at Standard Level and CPR Certification Level C.

12. PROFESSIONAL AFFILIATIONS

- Have you practiced as an acupuncturist OR other type of regulated healthcare provider for any length of time in Alberta or another jurisdiction? ☐ Yes ☐ No

If yes, please complete the following and request a Letter of Standing at the end of the application from those regulatory authorities to be mailed directly to the College of Acupuncturists of Alberta:

NAME OF REGULATORY BODY			REGISTRATION/License No.
PROVINCE/STATE	COUNTRY	START DATE MM/DD/YYYY	END DATE MM/DD/YYYY

NAME OF REGULATORY BODY			REGISTRATION/License No.
PROVINCE/STATE	COUNTRY	START DATE MM/DD/YYYY	END DATE MM/DD/YYYY

NAME OF REGULATORY BODY			REGISTRATION/License No.
PROVINCE/STATE	COUNTRY	START DATE MM/DD/YYYY	END DATE MM/DD/YYYY

13. CHARACTER AND REPUTATION

a. CRIMINAL RECORDS CHECK

☐ Attached is an original Criminal Records Check.

Note: The name appearing on the Criminal Record Check must match the name appearing on the registration application. The report must also indicate that a search was completed on all names the applicant is currently using or has previously used.

COLLEGE OF ACUPUNCTURISTS OF ALBERTA

APPLICATION FOR REGISTRATION AS AN ACUPUNCTURIST

b.1 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

b.2 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

c. DECLARATION OF CONDUCT	
Are you currently undergoing an investigation, alternative complaint resolution process, hearing or appeal related to unprofessional conduct in relation to the acupuncturist profession or another profession?	☐ Yes ☐ No
Have you previously been disciplined by an organization responsible for the regulation of acupuncturists or another profession?	☐ Yes ☐ No
Have you ever had any conditions imposed on your practice of acupuncture or another profession?	☐ Yes ☐ No
Have you ever made an application for registration as an acupuncturist or traditional Chinese medicine practitioner in another jurisdiction that was refused?	☐ Yes ☐ No
Have you ever pleaded guilty or been found guilty of a criminal offence in Canada or in any other jurisdiction?	☐ Yes ☐ No
Has there ever been a judgement in a civil action against you with respect to your practice of acupuncture or another profession?	☐ Yes ☐ No
Do you have a mental or physical condition that could affect your ability to practise as an acupuncturist safely and competently?	☐ Yes ☐ No
If you answered "Yes" to any of the above questions, please attach a detailed explanation and relevant documents to the application.	

14. PERSONAL LIABILITY INSURANCE

☐ I would like to participate in the CAA professional liability insurance program. Attach a completed Application Form. Details can be found on the College website:
PROFESSIONAL LIABILITY INSURANCE PROGRAM
PROFESSIONAL LIABILITY APPLICATION FORM

☐ Enclosed is a copy of my professional liability insurance certificate that meets the minimum coverage required by the Council.

15. FEES

Application Fee (Non-refundable) - $300.00

***Practice Permit and Insurance fees are due upon notice of approved registration application.**

STARTING DATE	GENERAL PRACTICE PERMIT (QUARTERLY PRO-RATED)	PROVISIONAL PRACTICE PERMIT (QUARTERLY PRO-RATED)	PROFESSIONAL LIABILITY INSURANCE (QUARTERLY PRO-RATED)
January 1ST – March 31ST	$760.00	$500.00	$172.00
April 1ST – June 30TH	$570.00	$375.00	$137.00
July 1st – September 30th	$380.00	$250.00	$101.00
October 1st – December 31st	$190.00	$125.00	$66.00
	Commercial General Liability (OPTIONAL):	CGL 2M - $93.00 CGL 3M - $124.00	CGL 4M - $165.00 CGL 5M - $216.00

16. APPLICANT'S DECLARATION

a. I solemnly declare that all the information and statements made in this application including all attachments are true and complete to the best of my knowledge and belief. I understand and agree that if a practice permit should be issued to me based on a false or misleading statement or representation made in my application, the practice permit is subject to immediate cancellation.
b. I understand that acupuncture is a restricted activity as per Government Organization Act, Schedule 7.1, and that it is an offence to perform a restricted activity without proper authorization. I declare that I will not perform acupuncture treatment prior to receiving a practice permit and, where applicable, will comply with any conditions imposed on my practice permit.
c. I acknowledge that the College of Acupuncturists of Alberta collects the information required in the application form for the purpose of registration within the province of Alberta, and the information is only used or shared as regulated by the *Health Professions Act*.
d. I promise to immediately inform the College of Acupuncturists of Alberta in writing if any information on this form changes.

_____ MM/DD/YYYY

Applicant Signature **Date**

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

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

COLLEGE OF ACUPUNCTURISTS OF ALBERTA

APPLICATION FOR REGISTRATION AS AN ACUPUNCTURIST

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 $
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.

LETTER OF STANDING

If you have practised as an acupuncturist OR other type of regulated healthcare provider for any length of time in Alberta or another jurisdiction, you must request a Letter of Standing from those regulatory authorities. The completed Letter of Standing must be returned directly to the College of Acupuncturists of Alberta.

SECTION 1: CONSENT TO RELEASE OF INFORMATION

This section is to be completed by the applicant and sent to the regulatory authority for completion. Ensure to attach this form to the subsequent pages.

Applicant Full Name:	Practice Permit/License Number:
Mailing Address:	
Email:	Phone:

I, _____ (print name), authorize the regulatory authority named below to provide, at my expense if applicable, the information in Section 2 requested by the College of Acupuncturists of Alberta. I understand and accept this means the regulatory authority will provide full disclosure of any and all information determined by the regulatory authority to be relevant to my application for registration as an acupuncturist in Alberta.

Name of regulatory authority:	
Signature of applicant:	Date of signing:

The rest of the document is to be completed by the regulatory authorities and returned directly to the College of Acupuncturists of Alberta.

SECTION 2: LETTER OF STANDING

The information in this section is to be provided by the regulatory authority and returned directly to the mailing address below:

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

Registrant Information

Name of Registrant:	Registration/License Number:
Date of Initial Registration:	Registration Designation (titles authorized):
Current Registration Status (Active; Suspended; Cancelled; Lapsed):	

Registration Record (suspension, cancellation, lapses or breaks in registration, if applicable.)		
Date	Status	Reason for change

Professional Conduct Record

Has the registrant ever been the subject of a complaint, inquiry or disciplinary proceeding respecting their practice, conduct, competence, incapacity or professionalism?	□ Yes □ No
Has the registrant ever had conditions/limitations imposed on their practice permit?	□ Yes □ No

If Yes, please provide details/documentation. Please attach additional pages if space below is insufficient.

Continuing Competence

Has the registrant ever failed to comply with your practice requirements (e.g. practice hours)?	□ Yes □ No
Has the registrant ever failed to comply with your continuing competence/education requirements?	□ Yes □ No

If Yes, please provide details/documentation. Please attach additional pages if needed.

Other Relevant Information

Please provide any other relevant information regarding the standing of the registrant with your organization.

Regulatory Authority Information:

Regulatory authority name:

Regulatory authority address:

Phone:

Email:

Date of issue:

_____

Registrar's Signature **Please affix seal in space above.**