

INSTRUCTIONS

Non-Practicing status is for registrants who wish to take a leave of absence from the practice of acupuncture and allow them to return on the General Register.

- A registrant can remain on the non-practicing register for a maximum of two (2) years.
- Non-practicing registrants are restricted from engaging in the direct practice of acupuncture.
- Non-practicing registrants shall complete all Continuing Competence Program (CCP) requirements each year and any mandatory training or education required by the CAA.
- Non-practicing registrants are eligible to participate in all CAA functions, including but not limited to Committees.

This application is valid for three (3) months. If the Application is not completed within three (3) months, a new application and fee must be submitted. All completed applications must be sent via email in PDF format to registration@acupuncturealberta.ca. Do not send multiple emails.

PERSONAL INFORMATION

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

1. MAILING ADDRESS

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

1. REGISTRATION INFORMATION

Are you currently a registrant on the General Registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed a minimum of 600 direct practice hours in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have outstanding fees owed to the College of Acupuncturists of Alberta?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under an investigation or awaiting a hearing decision in relation to a complaint or other disciplinary conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you subject to any restrictions or conditions on your practice permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

REGISTRATION INFORMATION (Continued)

Non-practicing start date: _____ MM/DD/YYYY _____

Reason(s) for Non-practicing registration status (Ex. Maternity leave, illness, travel: _____

2. 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. 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. Therefore, I understand that I am not allowed to engage in the practice of acupuncture in Alberta while my status is "non-practicing".
- c. I understand that I am not permitted to perform any of the authorized acts, use any of the restricted titles or hold myself out as general registrant of College of Acupuncturists of Alberta while my status is "non-practicing".
- d. I am aware that despite declaring myself non-practicing, I continue to be a registered and regulated member of the College of Acupuncturists of Alberta and continue to be bound by the Code of Ethics and other professional obligations of the College, including the obligation to self-report circumstances that may impact my character and reputation (ex. criminal charges, allegations of negligence, or disciplinary complaints against me to another college).
- e. I understand that I am still a regulated member of the College of Acupuncturists of Alberta and am subject to Part 4 of the Health Professions Act relating to complaints.
- f. I understand that I'm required to maintain Continuing Competence Program (CCP) requirements each year and any mandatory training or education required by the CAA while my status is "non-practicing".
- d. I undertake to immediately inform the College of Acupuncturists of Alberta in writing if any information on this form changes or if I intend at any time to return to active acupuncture practice in Alberta.
- e. 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.
- f. I am aware that CAA may need to verify the information provided, and therefore CAA may need to disclose my information to third parties. I consent to such disclosure. I also consent to third parties disclosing my personal information to CAA, so that CAA can process my application and verify the information I have provided. Any information gathered can also be used in processing any future applications for registration with the CAA.

MM/DD/YYYY

Applicant Signature

Date

4. FEES

Application Fee (Non-refundable) - \$100.00

Annual Non-practicing registration fee is \$200.00

5. PAYMENT OPTIONS

Payment option 1 – Credit Card/Debit Visa

Payable on Alinity upon receipt of completed application

Payment option 2 – Alternate

Cheque Chq #: _____

- Cheques can be made payable to the College of Acupuncturists of Alberta. **Application will be processed 10 days after cheque is received by the office.**
- Money orders and cheques can be sent directly to:
COLLEGE OF ACUPUNCTURISTS OF ALBERTA
#201, 9612-51 AVENUE, EDMONTON, AB T6E 5A6

Please return your completed application and all necessary documents via email to registration@acupuncturealberta.ca in PDF format. Do not send multiple emails.