

# APPLICATION FOR NON-PRACTICING REGISTRATION

## 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 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](mailto:registration@acupuncturealberta.ca). Do not send multiple emails.

Are you currently a registrant on the General Registry?

Yes  No

Have you completed a minimum of 600 direct practice hours in the last 3 years?

Yes  No

Do you have outstanding fees owed to the College of Acupuncturists of Alberta?

Yes  No

## 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

## 2. REGISTRATION INFORMATION

Non-practicing start date: \_\_\_\_\_ MM/DD/YYYY

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

\_\_\_\_\_

\_\_\_\_\_

3. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously been disciplined by an organization responsible for the regulation of acupuncturists or another	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any conditions imposed on your practice of acupuncture or another profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever made an application for registration as an acupuncturist or traditional Chinese medicine practitioner in another jurisdiction that was refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever pleaded guilty or been found guilty of a criminal offence in Canada or in any other jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has there ever been a judgement in a civil action against you with respect to your practice of acupuncture or another profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a mental or physical condition that could affect your ability to practise as an acupuncturist safely and competently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above questions, please attach a detailed explanation and relevant documents to the application.	

4. FEES
Application Fee (Non-refundable) - \$100.00 Annual Non-practicing registration fee is \$200.00

5. PAYMENT OPTIONS
<p><b>Credit Card/Debit Visa</b> Payable on Alinity upon receipt of completed application</p> <p><b>Alternate</b> <input type="checkbox"/> E-transfer to <a href="mailto:payment@acupuncturealberta.ca">payment@acupuncturealberta.ca</a>.</p> <p><b>Please ensure you enter the following information in the message field: name, registration number and what the funds are for ((ie: application fee, registration fees, etc.)</b></p> <p><input type="checkbox"/> Cheque Chq #: _____</p> <ul style="list-style-type: none"> <li>➤ Cheques can be made payable to the College of Acupuncturists of Alberta. <b>Application will be processed 10 days after cheque is received by the office.</b></li> <li>➤ Money orders and cheques can be sent directly to: <b>COLLEGE OF ACUPUNCTURISTS OF ALBERTA</b> <b>#201, 9612-51 AVENUE, EDMONTON, AB T6E 5A6</b></li> </ul>

## 6. 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.
- 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

**Please return your completed application and all necessary documents via email to [registration@acupuncturealberta.ca](mailto:registration@acupuncturealberta.ca) in PDF format. Do not send multiple emails.**