

APPLICATION FOR GENERAL REGISTRATION (From Provisional Registration)

INSTRUCTIONS

This application form is for Provisional Registrants who are applying to move to the general register.

Please note: 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 NUMBER	GENDER	DATE OF BIRTH MM/DD/YYYY

1. MAILING ADDRESS

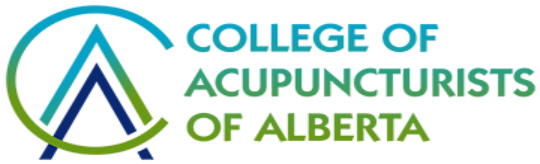
HOME ADDRESS		APT/SUITE/UNIT
CITY	PROVINCE	POSTAL CODE
EMAIL ADDRESS		PHONE NUMBER

2. PRIMARY CLINIC ADDRESS

CLINIC NAME	PLEASE BE ADVISED THAT ANY INFORMATION PROVIDED IN THIS SECTION WILL BE USED ON THE CAA PUBLIC REGISTRY	
CLINIC ADDRESS		APT/SUITE/UNIT
CITY	PROVINCE	POSTAL CODE
EMAIL ADDRESS		PHONE NUMBER
PREFERRED MAILING ADDRESS (PLEASE SELECT ONLY ONE) <input type="checkbox"/> HOME ADDRESS <input type="checkbox"/> CLINIC ADDRESS		

3. EMERGENCY CONTACT INFORMATION

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

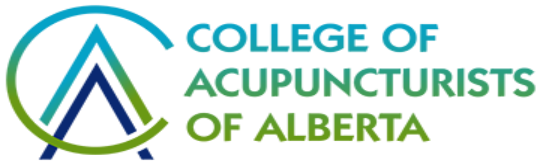


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4. COMPLETION OF ENTRANCE EXAMS		
<i>Applicants must provide information about passed Alberta Acupuncturist Registration Examinations or licensing examination as an acupuncturist in North America or elsewhere.</i>		PLEASE ENSURE ALL DOCUMENTATION IS ENCLOSED WITH APPLICATION FORM
NAME OF EXAMINATION	JURISDICTION	DATE OF EXAMINATION MM/DD/YYYY
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NAME OF EXAMINATION	JURISDICTION	DATE OF EXAMINATION MM/DD/YYYY
<input type="checkbox"/> Completion of Exams were not a requirement of my Provisional Registration.		

5. SUPERVISED HOURS			
<p>If you were required to complete supervised hours as a requirement of your Provisional Registration;</p> <p style="margin-left: 40px;"> <input type="checkbox"/> I have completed _____ supervised practice hours as required. </p> <p style="margin-left: 40px;"> <input type="checkbox"/> I have attached the supervision report and proof of practice hours </p> <p style="margin-left: 40px;"> <input type="checkbox"/> I did not have to complete supervised practice hours as a requirement of my Provisional Registration </p>			
NAME OF CLINIC and SUPERVISOR			START DATE MM/DD/YYYY
ADDRESS			END DATE MM/DD/YYYY
CITY	PROVINCE/STATE	COUNTRY	POSTAL CODE/ ZIP CODE

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

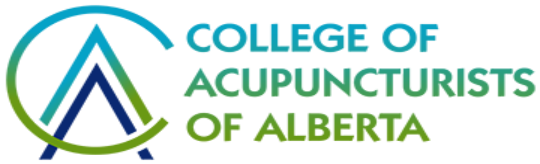


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6. DECLARATION OF CONDUCT	
Are you currently undergoing an investigation, alternative complaint resolution process, hearing or appeal related to unprofessional conduct in relation to the acupuncturist profession or another profession?	<input type="checkbox"/> 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 been found guilty or convicted of a criminal or drug 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.	

7. ADDITIONAL DOCUMENTATION
<input type="checkbox"/> I have previously submitted proof of current First Aid at Standard Level and CPR Certification Level C. (Minimum)
<input type="checkbox"/> I have previously submitted a copy of the completion certificate of the mandatory sexual abuse and sexual misconduct prevention training. https://afrhp.org/bill21-protecting-patients/
<input type="checkbox"/> I have previously submitted a copy of my professional liability insurance certificate that meets the minimum coverage of at least \$2, 000, 000 per claim/occurrence.

8. FEES	
Application Fee (Non-refundable) - \$150.00	
*Practice Permit fees are due upon notice of approved registration application.	
STARTING DATE	GENERAL PRACTICE PERMIT (QUARTERLY PRO-RATED)
April 1 st - March 31 st	\$1200.00
July 1 st - March 31 st	\$900.00
October 1 st - March 31 st	\$600.00
January 1 ST - March 31 st	\$300.00



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9. PAYMENT OPTIONS

Credit Card/Debit Visa

Payable on Alinity upon receipt of completed application

Alternate

E-transfer to payment@acupuncturealberta.ca.

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.)

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

10. 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.
- a. I will disclose any physical or mental condition(s) or disorder(s) that may impair my ability to provide safe, competent, and ethical care. These conditions may include mental illness, physical illness, substance abuse, and addictions. This may include, but not limited to, my information under the care of a physician or healthcare team and any medical treatment and advice I am following.
- b. 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*.
- c. I undertake to immediately inform the College of Acupuncturists of Alberta in writing if any information on this form changes.
- d. 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