



APPLICATION FOR REGISTRATION AS AN ACUPUNCTURIST

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.

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
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When complete, please send this form to:
registration@acupuncturealberta.ca