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Note: The member portal and our website undergo changes over time. Screen shots presented in this document may contain small variations from live websites.

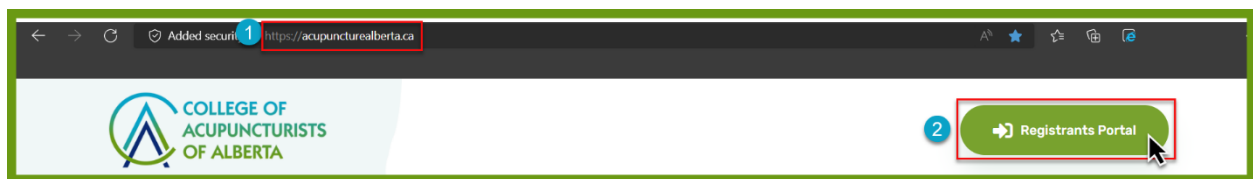
# MEMBER PORTAL STEP-BY-STEP GUIDE

## Registration Renewal

### Quick Tips

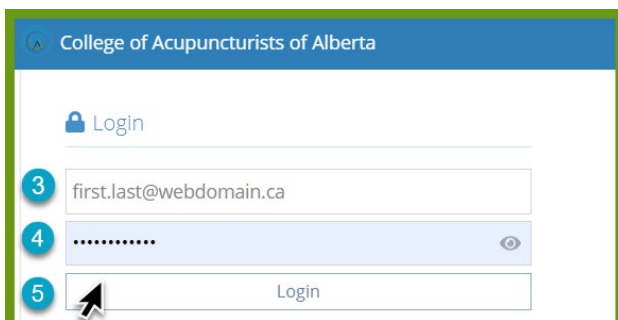
- 1. For best functionality:** It is recommended that you use the Google Chrome browser to access the member portal for best functionality.
- 2. Don't lose your work! Session expiration:** Your login expires after 40 minutes and the system does not provide a warning. Be sure to periodically click the "Save for Later" button before your session expires or you may lose your work.
- 3. Don't lose your work! Navigating pages:** Do not use the "back" button or arrow on your browser. Make sure to click on "Save for Later" before navigating to a new page or you may lose your work.

### Navigating to Registration Renewal in Member Portal



1 Navigate to the College of Acupuncturists of Alberta's website (acupuncturealberta.ca).

2 Click on Registrants Portal.

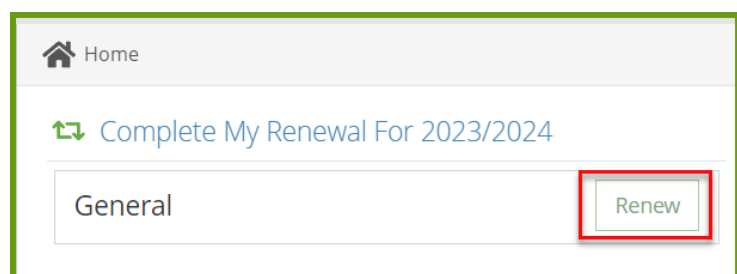


3 Type in your username.

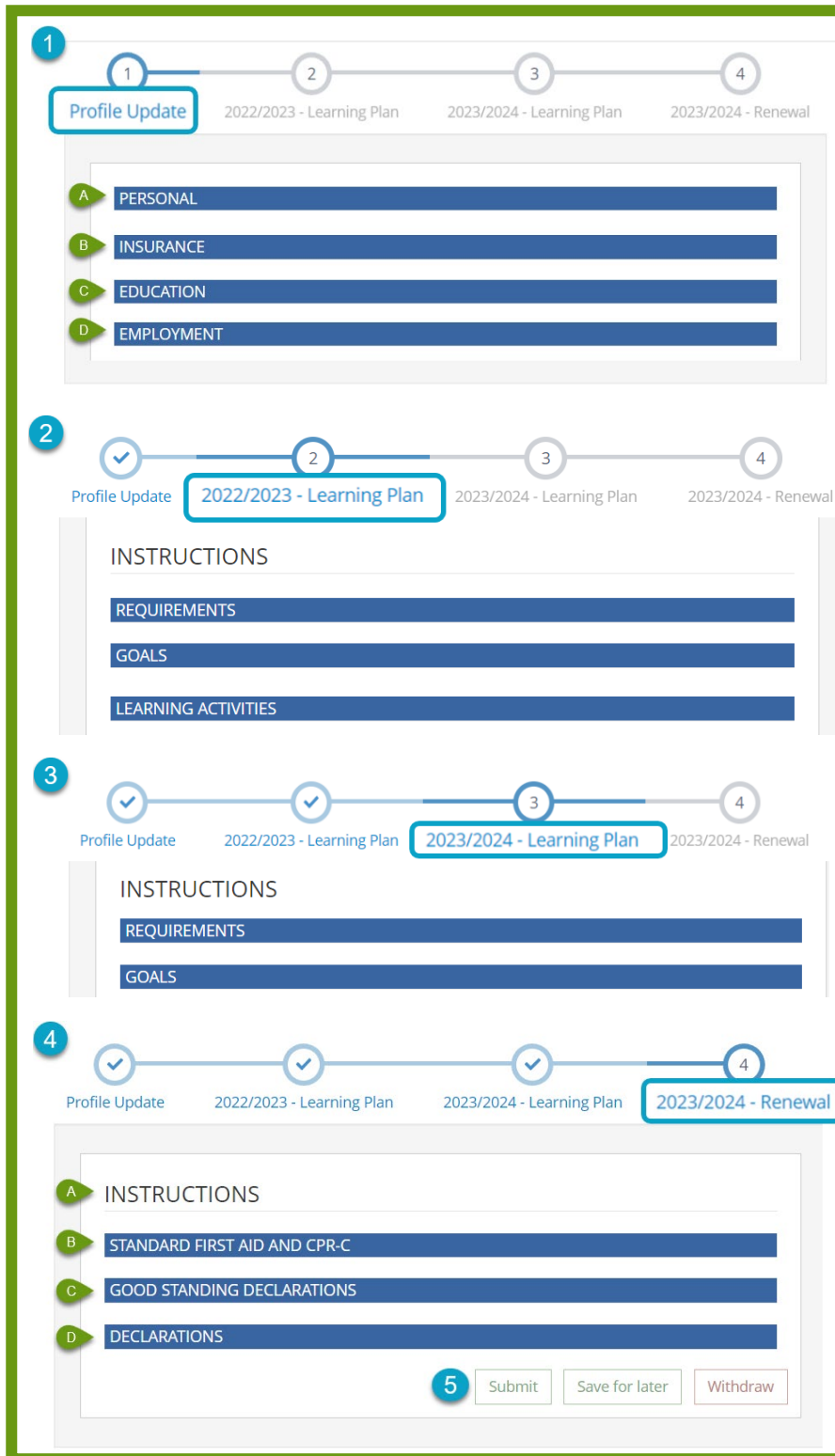
4 Type in your password.

5 Click the login button.

6 Click on "Renew" on the Home Page of the Member Portal.



### Registration Renewal: Overview



There are four forms that comprise Registration Renewal:

**1 PROFILE UPDATE:**  
Review this form and update if applicable.

**2 PREVIOUS YEAR LEARNING PLAN:**  
Complete your continuing competence information for the current year.

**3 UPCOMING YEAR LEARNING PLAN:**  
Set continuing competence goal(s) for the upcoming year.

**4 CERTIFICATES AND DECLARATIONS:**  
Upload your First Aid and CPR certifications and complete declarations.

**5 SUBMIT, SAVE FOR LATER, AND WITHDRAW BUTTONS**

### Form 1: Profile Update – Personal Information

The first form is a PROFILE UPDATE form. You will need to complete all mandatory fields (\*) on this form in order to progress to the next forms.

**1**

**A**

**PERSONAL**

Registration #  Age

\* Gender  \* Birth date

**Current Name**

First name  Preferred first name  Middle name(s)  Last name

Do you have a preferred name that is different from your first name?

Yes  No

**a** **Add** Click to request a change to your legal name

**Current Address**

Apartment / Box No. / Address or Street No.

City  Postal/Zip code

**Add** Click to request an address change

**Contact Information**

Mobile phone #  Home phone #  \* Email

**Add** Click to add additional languages to your profile

#### Personal Information:

Review this section and update if applicable.



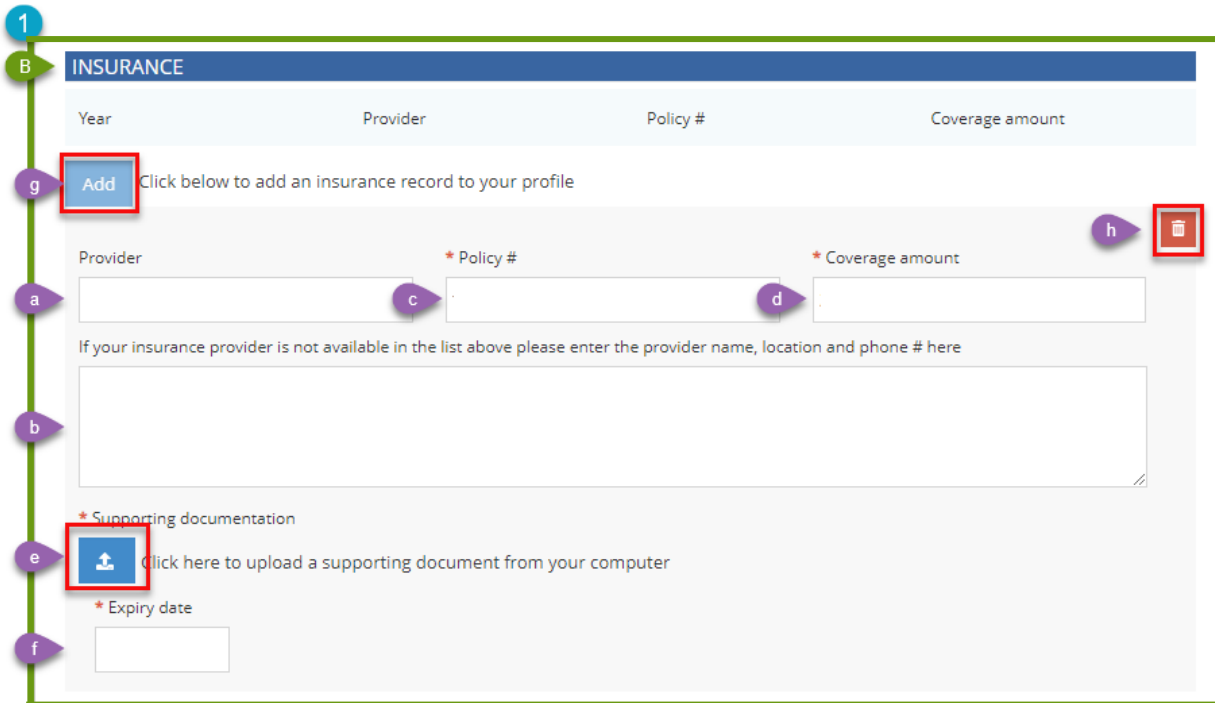
If you need to change your name or Current Address, press the **a** Add Buttons to send a change request. This will be reviewed by College staff within 1-2 weeks.

In order to change your name, you are required to upload supporting documentation. This may include a driver's license, marriage certificate, birth certificate, or certificate of name change.

Click the applicable boxes to update your phone numbers or email.

### Form 1: Profile Update – Insurance


**1** **B** **Insurance:**  
You are required to carry up-to-date insurance in order to renew your registration.



**1** **B** **INSURANCE**


Year	Provider	Policy #	Coverage amount

**g** **Add** Click below to add an insurance record to your profile

**a** **Provider** **c** **\* Policy #** **d** **\* Coverage amount** **h** 

If your insurance provider is not available in the list above please enter the provider name, location and phone # here

**b**

**e** **\* Supporting documentation**  Click here to upload a supporting document from your computer

**f** **\* Expiry date**

Choose your insurance provider from the drop-down list.

- a** Your insurance provider's name will be on your insurance certificate and is different from your insurance broker. Ex: HUB International would be an insurance *broker*, **Victor Canada** is the insurance *provider*.

**b** If your insurance provider is not available in the drop-down list, you can enter it in the box provided. College staff will then get a notification to add them to the drop-down list.

**c** Input the policy number that is located on your insurance certificate.

**d** Input the policy coverage amount that is located on your insurance certificate. The coverage amount needs to be typed in the following format – 2000000. Do not include commas, decimals, dollar signs or spaces.

**e** Upload your insurance documentation.

**f** Input the insurance expiry date that is located on your insurance certificate.

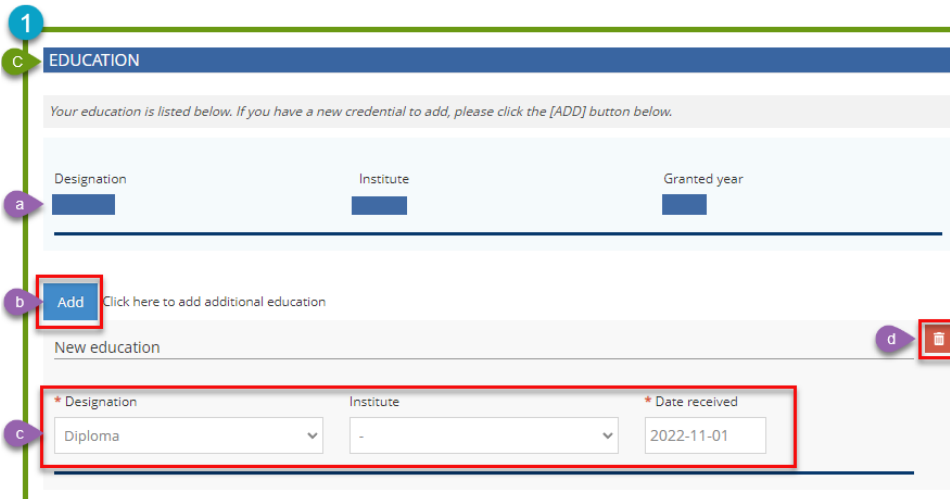
**g** If applicable, you can click “Add” to add an insurance record to your profile.

**h** Click the “Trash Can” icon to remove an insurance record.

# MEMBER PORTAL STEP-BY-STEP GUIDE

## Registration Renewal

### Form 1: Profile Update – Education



**1** **C**

**EDUCATION**

Your education is listed below. If you have a new credential to add, please click the [ADD] button below.

Designation	Institute	Granted year

**a**

**b** Add Click here to add additional education

New education

**c**

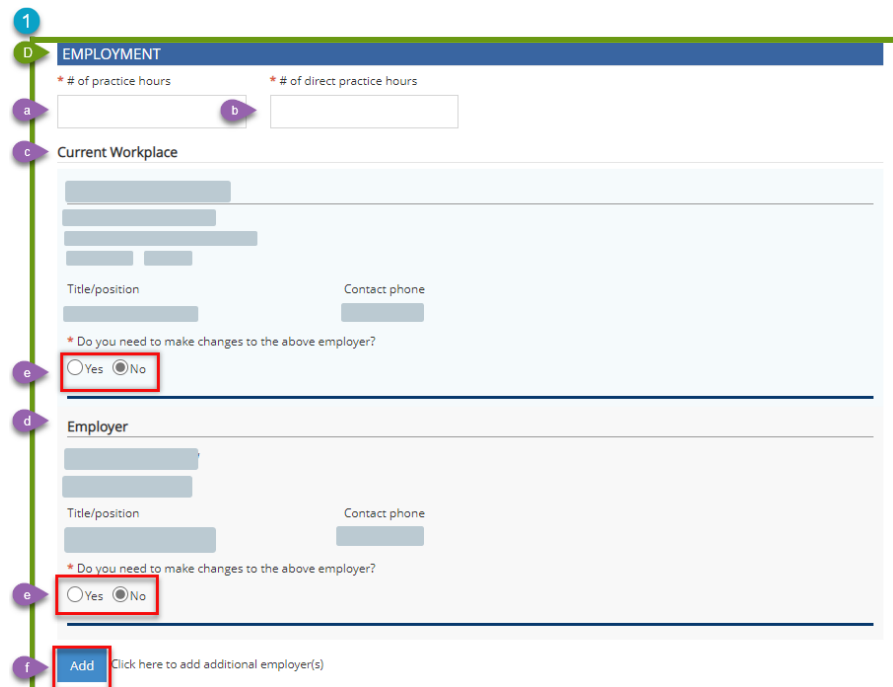
**d**

**1** **C**

#### Education:

- a** Review your Education information.
- b** If applicable, click the “Add” button to add an additional education credential.
- c** If applicable, input the information for your additional education credential.
- d** Click the “Trash Can” icon to remove an education credential.

### Form 1: Profile Update –Employment



**1** **D**

**EMPLOYMENT**

\* # of practice hours \* # of direct practice hours

**a** **b**

**c** Current Workplace

Title/position Contact phone

\* Do you need to make changes to the above employer?

**e**  Yes  No

**d** Employer

Title/position Contact phone

\* Do you need to make changes to the above employer?

**e**  Yes  No

**f** Add Click here to add additional employer(s)

**1** **D**

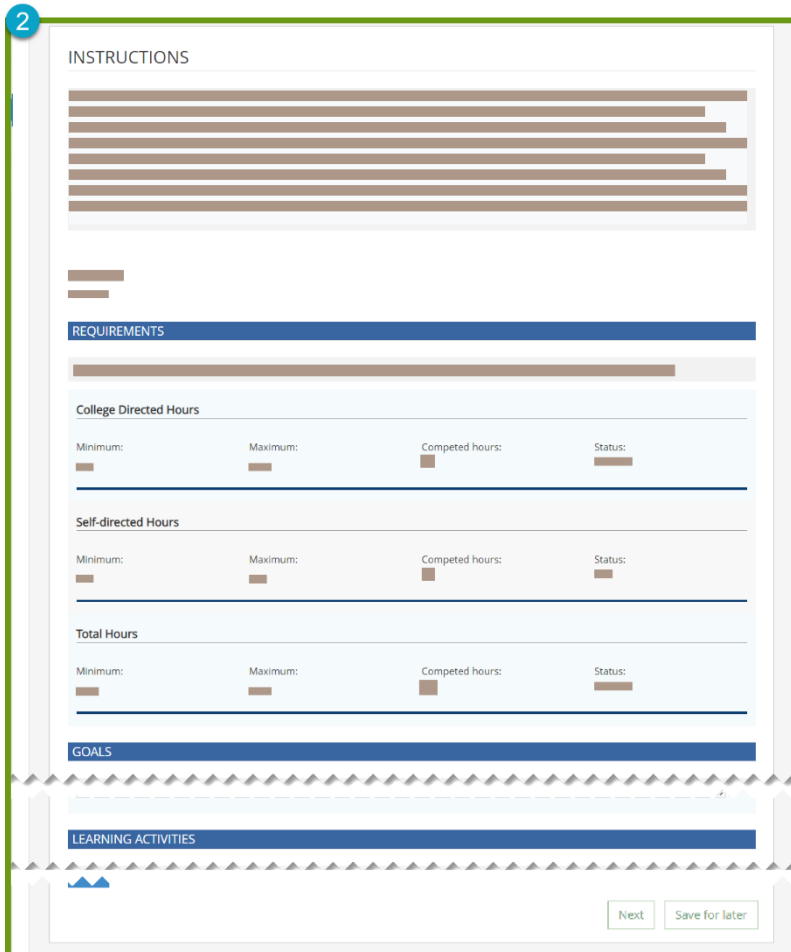
#### Employment:

- a** Type in your total number of practice hours here. This includes direct practice hours, as well as hours spent researching, charting, making patient plans, etc. Click [here](#) for more information regarding practice hours.
- b** Type in your total number of *direct* practice hours (hours spent doing acupuncture techniques on patients).
- c** Review your Current Workplace and Employer information.
- d**

**e** If you need to make changes to your Current Workplace or Employer information, click “Yes”.

**f** If applicable, you can click “Add” to add additional employers.

### Form 2: Previous Year Learning Plan



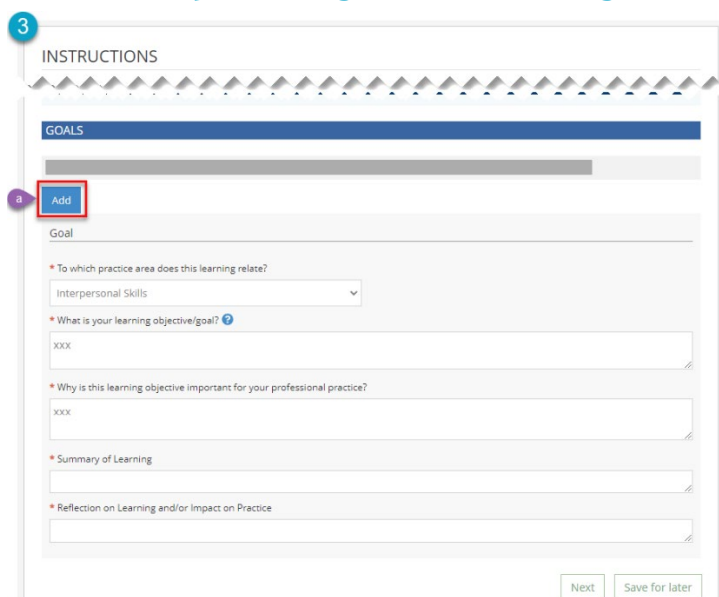
Form 2 (Learning Plan) will auto-populate any information you have added to the Continuing Competence form from the “My Learning” page on your Member Portal.

2

This form must be completed in order to submit your registration renewal form.

Detailed instructions on how to complete this portion of your registration renewal are available on the College’s [Member Portal Support](#) page under “Continuing Competence Form”.


### Form 3: Upcoming Year Learning Plan



In Form 3 you will set Continuing Competence goal(s) for the upcoming year.

The form requires you to complete at least one goal.

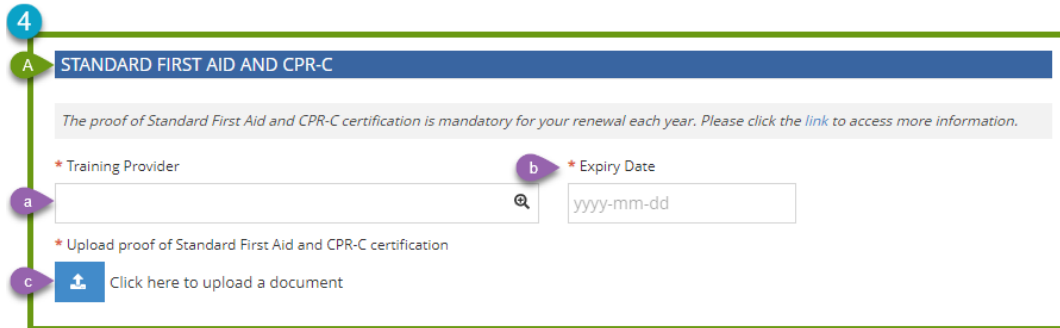
3

You can add more goals by clicking the  “Add” button.

Detailed information on how to Add or Delete goals is available on the College’s [Member Portal Support](#) page under “Continuing Competence Form”.

### Form 4: Renewal – Standard First Aid and CPR

**4** **A** Standard First Aid and CPR Training are mandatory for all regulated members. Click [here](#) to find out more information regarding certification requirements, accepted levels of First Aid and CPR Training and approved training agencies.



**4** **A** **STANDARD FIRST AID AND CPR-C**

The proof of Standard First Aid and CPR-C certification is mandatory for your renewal each year. Please click the link to access more information.

\* Training Provider **a** **b** \* Expiry Date

Upload proof of Standard First Aid and CPR-C certification

**c** Click here to upload a document

**a** Type your Training Provider into the text box. This must be a Provider from the list of [approved training agencies](#).

**b** Select the expiry date as displayed on your First Aid and CPR certificate. Note: it is helpful to select the month and year first and then the day.

**c** Upload proof of Standard First Aid and CPR-C Certification.

### Form 4: Renewal – Good Standing Declarations



**4** **B** **GOOD STANDING DECLARATIONS**

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 or drug 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

**4** **B**

Carefully read each question and select the appropriate response.

If “yes”, a textbox will appear for the registrant to provide a brief explanation.

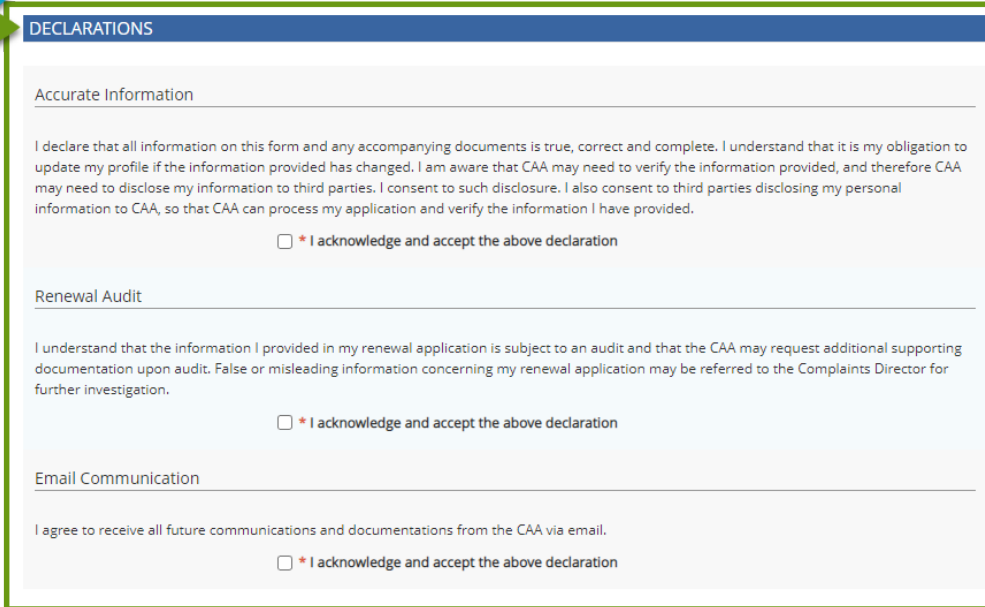
All questions are mandatory fields and must be answered to submit the renewal form.



### Form 4: Renewal – Declarations

4

C



**DECLARATIONS**

**Accurate Information**

I declare that all information on this form and any accompanying documents is true, correct and complete. I understand that it is my obligation to update my profile if the information provided has changed. 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.

\* I acknowledge and accept the above declaration

**Renewal Audit**

I understand that the information I provided in my renewal application is subject to an audit and that the CAA may request additional supporting documentation upon audit. False or misleading information concerning my renewal application may be referred to the Complaints Director for further investigation.

\* I acknowledge and accept the above declaration

**Email Communication**

I agree to receive all future communications and documentations from the CAA via email.

\* I acknowledge and accept the above declaration

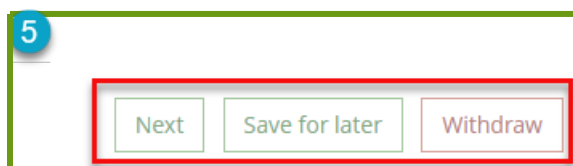
4

C

Carefully read each statement and click the boxes to acknowledge and accept the declarations.

All declarations are mandatory fields and must be answered to submit the renewal form.

### Submit, Save for Later, and Withdraw Buttons



#### SUBMIT, SAVE FOR LATER, and WITHDRAW:

Click **Submit** if all required fields and information is accurate and complete. save your progress. You can save your progress at any time.

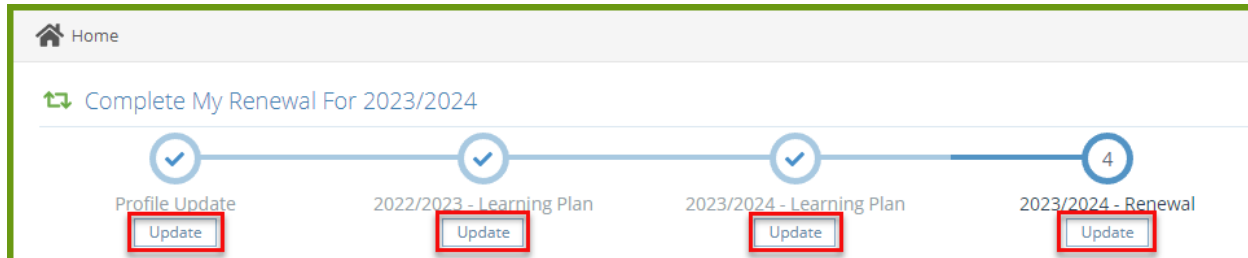
5

Click **Save for Later** to save your progress. You can save your progress at any time. Once you save your progress, you will be able to return to your renewal form to make changes make changes or add information/documentation.

Click **Withdraw\*** if you do not wish to continue with Registration Renewal.

**\* Clicking WITHDRAW will delete your application and cannot be reversed.**

## Returning to Saved Renewal Form



If you have saved your application for later and would like to update information or upload documentation, click on one of the “Update” buttons on the HOME page of your member portal. Each section of your renewal form will display a ✓ once its complete.

## What to Expect after Submitting Your Renewal Form

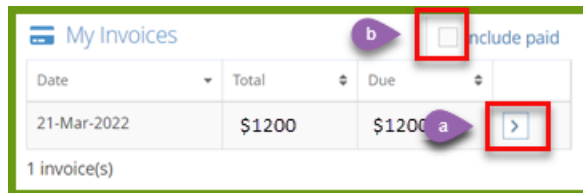
Once you submit your renewal form you can expect **ONE** of the following:

- a) You will receive an email stating that your renewal has been approved.
- b) You will receive an email stating that your form has been returned to you with feedback from our staff. If this is the case, you will be required to
  - i. Login to your Member Portal to view the feedback.
  - ii. Make changes or provide additional information as required.
  - iii. Resubmit your renewal form.

## After Your Renewal has been Approved

Once your application has been approved, you will be issued an invoice through your Member Portal. This invoice must be paid in order to complete your registration renewal.

### Paying your Registration Renewal Fee



Your invoice will be located on the Home Page of your Member Portal under “My Invoices”.



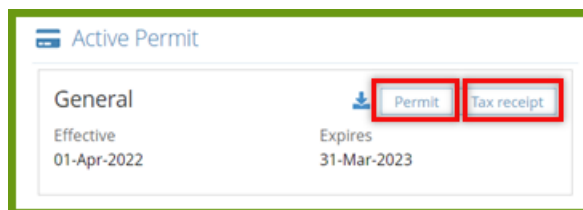
Click on the arrow to view your invoice.



If you would like to view previously paid invoices, click on “Include Paid” button.

After payment is complete, you will receive an email stating your renewal has been approved.

### How to Access your Practice Permit and Tax Receipt



Once payment is complete, your Practice Permit and Tax Receipt will be located on the Home Page of your Member Portal.