

The information in this form is to be completed by a regulatory authority and returned directly to the address below:

College of Acupuncturists of Alberta
201-9612 51 Avenue NW
Edmonton AB T6E 5A6

OR

registration@acupuncturealberta.ca

Regulated Member Information

Full legal name of regulated member:	Registration/license number:
Date of initial registration:	Date of registration expiry:
Current registration status (active; suspended; cancelled; lapsed):	Registration designation (authorized titles):

Registration record (suspension, cancellation, lapses or breaks in registration, if applicable.)		
Date	Status	Reason for Change

Professional Conduct Record

<p>Has the applicant ever been the subject of a complaint, investigation, or disciplinary proceeding respecting their practice, conduct, competence, or professionalism?</p> <p><i>A proceeding can include, but is not limited to, appearance before a committee or panel, alternative complaint resolution process, hearing or appeal.</i></p>	<p>Yes No</p>
<p>If Yes, please provide details/documentation. Please attach additional pages if space below is insufficient.</p>	

Has the applicant ever had conditions, limitations or restrictions imposed on their practice permit?	Yes No
If Yes , please provide details/documentation. Please attach additional pages if space below is insufficient.	

Are you aware if the applicant has received any judgments against them (current or previous) as a result of civil or criminal action related to their practice?	Yes No
If Yes , please provide details/documentation. Please attach additional pages if space below is insufficient.	

Regulatory Authority Information

Regulatory authority name:	
Regulatory authority address:	
Phone:	
Email:	
Date of issue:	

Registrar's signature

Registrar's printed name

Date signed

Please affix seal in space above