

Each application is customized to its purpose. The following instructions cover all sections that may be required in your form and are in no particular order. Use the table of contents to find the instructions for the sections that are applicable to your application form.

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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.

Applications



#### **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 Applications in Member Portal



|        | College of Acupuncturists of Alberta | 3 Type in your username. |
|--------|--------------------------------------|--------------------------|
|        | A Login                              | Type in your password.   |
| 3<br>4 | first.last@webdomain.ca              | Click the login button.  |
| 5      | Login                                |                          |

Note: If you have not yet created an account, instructions on how to do so are available on the member portal support page on our website.

6

On the Home page, locate the application you would like to apply for. Depending on which application you will be completing, Click on the "Apply", "Change", or "Reinstate" button.

Applications



### **Application Types**

There are 9 different application types. Depending on your status, applications that are relevant to you will be available to you on the home page of your member portal. More information on these applications, their requirements, the situations in which to use them, and answers to frequently answered questions are available on the <u>applications page</u> on our website.

| Exam Candidate (Default)       Apply         This is an exam application for:       • applicants trained in an approved acupuncture program in Alberta;         OR       • applicants trained elsewhere who have had their education credential pre-approved by the College. | General       Change         This is a registration application for:       • exam candidates who have successfully completed the Alberta         Acupuncture Registration Examinations. |
|--|---|
|  |   |
|  | General Change  |
| Non-Practicing Change  | This is an application for:   |
| This is an application for:  | <ul> <li>non-practicing registrants who wish to resume their practice of</li> </ul>   |
|  | acupuncture.  |
| <ul> <li>general registrants who wish to take a temporary leave from</li> </ul>  |   |
| their practice for reasons such as parental leave, travel, or illness.   |   |
|  |   |
|  | General Change  |
|  | General   |
| Provisional Change   | This is a registration application for:   |
|  |   |
| This is a provisional application for:   | <ul> <li>provisional registrants who have successfully completed the Alberta</li> </ul>   |
| <ul> <li>exam candidates who are in the process of meeting their registration</li> </ul>   | Acupuncture Registration Examinations.  |
| requirements;  |   |
| AND  |   |
| <ul> <li>wish to practice under the supervision of a regulated member</li> </ul>   |   |
| registered on the General Register.  | Courtesy Apply  |
|  |   |
|  | This is a registration application for acupuncturists:  |
|  | <ul> <li>who wish to practice on a temporary basis for a period of six</li> </ul>   |
| General (Labour Mobility) Apply  | months or less:   |
| This is a sector size on lighting for  | AND   |
| This is a registration application for:  | <ul> <li>are in good standing in another jurisdiction with substantially</li> </ul>   |
| <ul> <li>acupuncturists currently registered in British Columbia, Ontario,</li> </ul>  | equivalent competencies and practice requirements.  |
| Quebec, or Newfoundland.   |   |
|  |   |
|  |   |
| Conoral  |   |
| General Reinstate  |   |
| This is an application for   |   |
| This is an application for:  |   |
| <ul> <li>individuals who were previously registered with the College and wish</li> </ul>   |   |
| to reinstate their registration.   |   |

Applications

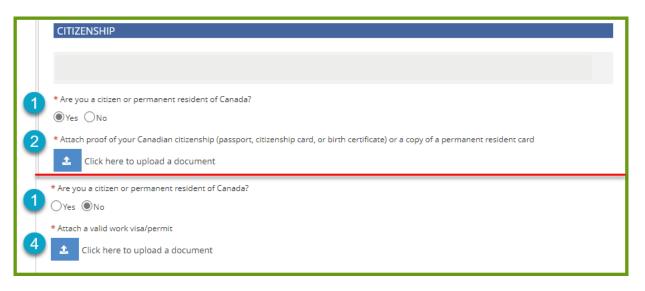


#### **Application Sections**

Each application is customized to its purpose. The following instructions cover all sections that may be required in your form and are in no particular order. The section types are listed in alphabetical order and you can use the table of contents to find the instructions for the sections that are part of your application form.

\*Any item with a red asterisk is mandatory. Any items without one are voluntary.

## Citizenship



Answer whether you are a citizen or permanent resident of Canada.

If yes, use the upload button and upload an image or a PDF file of the one of the listed

If no, use the upload button and upload an image or a PDF file of your work visa/permit.



## **Courtesy Register – Application Path**

| APPLICATION PATH  |
|---|
| The clinical courtesy register is for acupuncturists who will provide care and acupuncture services to the public.  |
|   |
| The educational courtesy register is for educational purposes only. Educational courtesy registrants are not licensed to provide acupuncture<br>services. |
| * Select one of the options below:  |
| ◯ Clinical  |
| C Educational   |
|   |

Choose an application path.

The **clinical path** is for acupuncturists registered in another jurisdiction that wish to practice acupuncture for a short time and for a specific purpose in Alberta.

The **education path** is for acupuncturists registered in another jurisdiction that wish to teach and perform acupuncture for demonstration purposes for a short time, but will not be providing acupuncture care to the public.

#### **Courtesy Registry – Purpose**

|   | PURPOSE   |
|---|---|
|   | * Outline the <b>specific</b> purpose of your application for the courtesy register, the location in which you will be performing your stated purpose, and the timeline in which it will take you to complete it. Examples of purposes may include: conducting a training course, doing a presentation, teaching, or researching. |
| 1 |   |
| 2 | Documentation       Click here to upload documentation  |

1

Outline the purpose of your application for the Courtesy Register.

If applicable, upload any supporting documentation that may inform the College regarding your need for a courtesy application.



## **Criminal Record and Vulnerable Sector Check**

#### CRIMINAL RECORD AND VULNERABLE SECTOR CHECK

The name appearing on your Criminal Record and Vulnerable Sector Check must match the name appearing on your registration application. The report must also indicate that a search was completed on all other names the applicant has used.

|   | * Date Issued 😮                  |  |
|---|----------------------------------|--|
| 1 | yyyy-mm-dd                       |  |
|   | * Criminal Record and Vulnerable | jector Check   |
| 2 | 2 Click here to upload you       | r Criminal Record and Vulnerable Sector Check from your computer |

Input the date the Criminal Record and Vulnerable Sector Check was completed. It must be dated within 30 days of the application submission date to be considered valid.

Use the upload button to include your Criminal Record and Vulnerable Sector Check.

### **Declarations**

| DECLARATIONS |  |   |
|--------------|--|---|
|              | C * I acknowledge and accept the above declaration | _ |
|              |  |   |
|              | * I acknowledge and accept the above declaration   |   |
|              |  |   |
| -            | *I acknowledge and accept the above declaration    |   |
|              |  |   |
|              | 1 acknowledge and accept the above declaration     |   |

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.

Applications



## **Education**

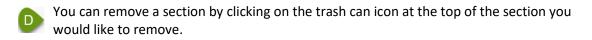
A

B

С

| EDUCATION                                 |  |                     |   |
|---|--|---------------------|---|
|   |  |                     |   |
|   |  |                     |   |
|   |  |                     |   |
| Acupuncture Degree                        |  |                     |   |
| Add Click here to add add                 | itional qualifying education                 |                     |   |
| New qualifying education                  | n  |                     | D |
|   |  |                     | - |
| * Credential                              | Institute                                    | * Degree name       |   |
| -   | ~  | ଷ୍                  |   |
| * Have you completed this<br>program?     |  |                     |   |
| ⊖ <sub>Yes</sub> ⊖ <sub>No</sub>          |  |                     |   |
| lf your institute is not availab<br>here. | ole in the list above please enter the name, | address and phone # |   |
|   |  |                     |   |
|   |  |                     |   |
|   |  | 1                   |   |
| Supporting documentation                  |  |                     |   |
| 🕹 Click here to uploa                     | d a file                                     |                     |   |
|   |  |                     |   |

- Fill in your information regarding your education.
- Upload supporting documentation here. This can include a transcript or diploma.
- If you would like to add another qualifying education, you can click the "Add" button.



Applications



## **Emergency Contact**

| Add                            |                                    |                   |                  |     |
|--------------------------------|------------------------------------|-------------------|------------------|-----|
| * Contact name                 |                                    |                   | * Delecte entrie | 2 🖻 |
| Contact name                   |                                    |                   | * Relationship   |     |
|                                |                                    |                   |                  | *   |
|                                |                                    |                   |                  |     |
| * Apartment / Box No. / Addres | ss or Street No.                   |                   |                  |     |
| * Apartment / Box No. / Addres | ss or Street No.                   |                   |                  |     |
| * Apartment / Box No. / Addres | ss or Street No.                   |                   |                  |     |
| * Apartment / Box No. / Addres | ss or Street No.                   |                   |                  |     |
| * Apartment / Box No. / Addres | ss or Street No.                   | * Postal/Zip code |                  |     |
|                                | ss or Street No.                   | * Postal/Zip code |                  |     |
|                                | ss or Street No.<br>Home phone # 😯 |                   |                  |     |

To add an emergency contact, click the "ADD" button and fill in the contact information.

You can remove a section by clicking on the trash can icon at the top of the section you would like to remove.



## Employment

|   | EMPLOYMENT  |  |            |            |
|---|---|--|------------|------------|
|   | Please add in employment records below.           |  |            |            |
|   | Add Click here to add an employer(s)              |  |            |            |
|   | Employer  |  |            | 4          |
|   | Organization                                      |  |            | ଭ          |
|   | * Title/position                                  | Contact phone                                | Start date | End date   |
|   | - v   | Example: 403-555-5555                        | yyyy-mm-dd | yyyy-mm-dd |
|   | If your employer is not available in the list abo | we please enter the name, location and phone | e # here   |            |
| ſ |   |  |            |            |
|   |   |  |            |            |
|   |   |  |            | 6          |

- Employment information is not required. If you wish to add an employer, click the "ADD" button.
- 2 Fill in your employer information. The organization field will auto-populate when you start typing.
- <sup>3</sup> If your employer is not in the drop-down list, add their information in the text box and the College will review and add them to the list.
- 4 You can remove an employer by clicking on the trash can icon at the top of the section you would like to remove.



## English Language Proficiency

| ENGLISH LANGUAGE PROFICIENCY   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 1 * Is English your first language?<br>○ Yes ● No                        |  |  |  |  |  |  |  |
| 2 * Did you complete your acupuncture education in English?              |  |  |  |  |  |  |  |
| ○ Yes ● No   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 3 * Proof of English language proficiency                                |  |  |  |  |  |  |  |
| Click here to upload your English Proficiency Results from your computer |  |  |  |  |  |  |  |

1 Answer whether English is your first language.

2 Answer if your acupuncture education was completed in English.

3

If no to both questions, upload one of the listed documents to prove your English language proficiency. This is a requirement laid out in the *Health Professions Act* and the College of Acupuncturists of Alberta's bylaws.



## **Examinations**

|   | EXAMINATIONS               |                                      |                       |     |
|---|----------------------------|--------------------------------------|-----------------------|-----|
| 1 | Add                        |                                      |                       |     |
|   | Name of Examination        | * Jurisdiction                       | * Date of Examination | 6 💼 |
| 2 | -                          | × 3                                  | 4 2023-05-08          |     |
|   | * Supporting documentation |                                      |                       |     |
| 5 | Lick here to upload a su   | pporting document from your computer |                       |     |

- 1 If applicable, you can click "Add" to add an examination record to your profile.
- 2 Choose which exam you completed from the drop-down menu.
- 3 Type in the jurisdiction you completed the exam in (ex: Alberta, Ontario, etc).
- 4 The date field will open up to a calendar. Choose the date you took the exam.
- 5 You can remove an exam by clicking on the trash can icon at the top of the section you would like to remove.
- 6 Use the upload button to include proof of passing your examination.



### **Good Standing Declarations**

| GOOD STANDING DECLARATIONS |               |
|----------------------------|---------------|
|                            | 1 *○ Yes ⑥ No |
|                            | *○ Yes ○ No   |
|                            | * Yes 🔿 No    |
|                            | * Yes No      |
|                            | * Yes No      |
|                            | *○ Yes ○ No   |
|                            | * Yes No      |

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.

Applications



## Identification

| DENTIFICATION                                |  |  |
|--|--|--|
|  | IDENTIFICATION                               |  |
|  | Bielenholdscheite bielen.                    |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Lick here to upload primary identification   |  |  |
| Lick here to upload primary identification   |  |  |
| Lick here to upload primary identification   | •  |  |
| Lick here to upload primary identification   | •  |  |
| Lick here to upload primary identification   |  |  |
| Lick here to upload primary identification   | 1223   |  |
| Likk here to upload primary identification   | •  |  |
| Likk here to upload primary identification   |  |  |
| Lick here to upload primary identification   |  |  |
| Lick here to upload primary identification   | * Primary identification                     |  |
|  |  |  |
|  |  |  |
| Secondary identification                     | Lick here to upload primary identification   |  |
| Secondary identification                     |  |  |
| * Secondary identification                   | •  |  |
| * Secondary identification                   |  |  |
| * Secondary identification                   | •  |  |
| * Secondary identification                   | •  |  |
| * Secondary identification                   |  |  |
| * Secondary identification                   |  |  |
| * Secondary identification                   |  |  |
| * Secondary identification                   | •  |  |
| * Secondary identification                   | •  |  |
| * Secondary identification                   |  |  |
| * Secondary identification                   |  |  |
|  | •  |  |
|  |  |  |
|  |  |  |
|  | * Secondary identification                   |  |
| Lick here to upload secondary identification |  |  |
| Lick here to upload secondary identification |  |  |
|  | Lick here to upload secondary identification |  |
|  |  |  |

Use the two upload buttons to upload two different forms of identification. Acceptable forms of identification are listed in this section on your member portal.

2

#### Applications



#### Insurance

#### Insurance:

You are required to carry up-to-date insurance in order to apply for/renew your registration.

|   | INSURANCE  |  |                           |   |
|---|--|--|---------------------------|---|
| 9 | Add Click below to add an insurance reco           | ord to your profile                          |                           | _ |
|   | Provider   | * Policy #                                   | * Coverage amount         |   |
| • | C  |  | d :                       |   |
| Þ | If your insurance provider is not available in the | e list above please enter the provider name, | location and phone # here | l |
| е | Supporting documentation                           | ocument from your computer                   |                           |   |
| P |  |  |                           |   |

Choose your insurance provider from the drop-down list.

- 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*.
- 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.
- Input the policy number that is located on your insurance certificate.
  - 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.
- Upload your insurance documentation.

b

d

- 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.
- b Click the" Trash Can" icon to remove an insurance record.



## **Internationally Educated**

|   | INTERNATIONALLY EDUCATED   |
|---|--|
| 1 | * Did you complete your acupuncture education/training outside of Canada?<br>Yes<br>No |
| 2 | * Documentation  |

Answer whether you were education outside of Canada.

If yes, you will need to upload proof of an education creditential assessment. More information on what qualifies as an education credential assessment can be found at acupunturealberta.ca on the applications page.

# Applications



## **Personal Information**

| PERSONAL INFORMATION                          |                   |
|---|-------------------|
| * First name                                  | * Last name 😧     |
| * Do you have a Middle name?<br>◯Yes ◯No      |                   |
| * Do you have a preferred first name?         |                   |
| Date of birth     Sender     Jyyyy-mm-dd      | ~                 |
| Other name(s)                                 |                   |
| Other names not reported above, e.g., married | l or maiden name. |
| Add Add another name.                         |                   |

Fill in your personal information. You may also add another name if applicable.

## Applications



## Practice Experience

|   | PRACTICE EXPER                                    | IENCE                       |                              |                                 |                                       |
|---|---|-----------------------------|------------------------------|---------------------------------|---------------------------------------|
| 1 | * Have you passed yo                              | ur acupuncture program      | education or registration ex | aminations within the past thre | e years?                              |
| _ | ⊖Yes ◉No  |                             |                              |                                 |                                       |
| 2 | * In the past three yea<br>consultant, contractor |                             | s a self-employed acupunctu  | ist or provided acupuncture se  | ervices as a paid or unpaid employee, |
|   | ●Yes ○No  | , 51 15.21.22.11            |                              |                                 |                                       |
| 3 | Add Click here to                                 | add additional practice e   | xperience                    |                                 |                                       |
|   | Name of clinic or en                              | nployer                     |                              |                                 |                                       |
|   | * Apartment / Box N                               | lo. / Address or Street No  | λ.                           |                                 |                                       |
|   | * City  |                             |                              | * Postal/Zip code               |                                       |
|   |   |                             | Q                            | Ex: T5T 2B2                     |                                       |
|   | Start date  | End date                    | Direct practice hours        | Practice hours                  |                                       |
|   | yyyy-mm-dd  | yyyy-mm-dd                  |                              |                                 |                                       |
|   | * Employment verifi                               | cation letter or proof of e | employment record            |                                 |                                       |
| 4 | 1 Click here t                                    | o upload a document         |                              |                                 |                                       |
|   |   |                             |                              |                                 |                                       |

- Answer whether you have completed your acupuncture program education or registration examinations within the past three years.
- 2 Answer whether you have worked as an acupuncturists in the past three years.
- 3 Depending upon your answers, you may need to provide information regarding your work experience. If you have more than one experience to add, use the "Add" button.
  - Use the "Upload" button to provide proof of your experience.



## **Professional Affiliations**

| to registration@acup            | uncturealberta.ca. 3  |                     |                       |                          |
|---------------------------------|---|---------------------|-----------------------|--------------------------|
| * Have you ever been<br>Yes ONo | registered with any other regulatory body in Canada other than    | the College of Acu  | puncturists of Albe   | erta?                    |
|                                 |   | d or emailed direc  | tly to the College of | f Acupuncturists of Albe |
| Please complete the             | Letter of Standing from those regulatory authorities to be mailed | u or emaneu urrec   | iy to the conege of   | respondenties of not     |
| _                               | Letter of Standing from those regulatory authorities to be mailed | u or emailed direct | ny to the concept of  |                          |
| Add Click here to               |   |                     | Start date            | * Expiry date            |

1 Answer whether you have ever been registered with a regulatory body in Canada other than the College.

If the answer is yes, fill in the information regarding the regulatory bodies you have been registered with. If you have more than one regulatory body to add, use the "Add" button.

If the answer is yes, you are also required to email a letter of standing from those regulatory bodies to registration@acpupuncturealberta.ca.

### **Protecting Patients from Sexual Abuse and Misconduct**

#### PROTECTING PATIENTS FROM SEXUAL ABUSE AND MISCONDUCT

- \* Upload proof of successful completion
  - Click here to upload a document

You are required to complete the Protecting Patients from Sexual Abuse and Misconduct course offered by Alberta Federation of Regulated Health Professions. Use the link provided to access the free modules. These modules are self-directed and can be completed at your own pace.

Once you have completed the modules, use the upload button to submit proof of successful completion.



#### References

#### REFERENCE INFORMATION

You must submit two written references with respect to your acupuncture practice, which may be from an employer, educational institution or, where applicable, colleagues. The written references must be mailed or emailed directly to registration@acupuncturealberta.ca by the person providing the reference.

Click here to find the required reference form.

You will need to submit two references. Use the link to find the required reference form and email the completed forms to references to registration@acpuuncturealberta.ca.

#### **Standard First Aid and CPR**



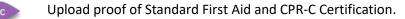
Standard First Aid and CPR Training are mandatory for all regulated members. Click <u>here</u> to find out more information regarding certification requirements, accepted levels of First Aid and CPR Training and approved training agencies.

| STANDARD FIRST AID AND CPR-C                        |   |
|---|---|
| The proof of Standard First Aid and CPR-C certifica | tion is mandatory for your renewal each year. Please click the link to access more information. |
| * Training Agency                                   | b * Expiry Date   |
|   | <b>Q</b> yyyy-mm-dd   |
| * Upload proof of Standard First Aid and CPR-C cer  | ification   |
| Click here to upload a document                     |   |



Type your Training Agency into the text box. This must be a Agency from the list of <u>approved training</u> <u>agencies</u>.

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.





#### Save Progress, Submit, or Withdraw

SUBMIT, SAVE FOR LATER, OR WITHDRAW:

Click **Save for Later** to save your progress. You can save your progress at any time.

| Submit | Save for later | Withdraw |
|--------|----------------|----------|
|--------|----------------|----------|

Click **Submit** once you have completed all elements of your Exam Application form.

• All mandatory fields will need to be completed for your form to be submitted.

Click **Withdraw** to withdraw from Exams you have applied to write.