

Virtual Hearing

Observer Form



First Name:

Last Name:

Email Address:

Date(s) to observe:

Screen name identifier (The screen name you will be using when you join the virtual hearing):

I understand that the hearing in the above-noted matter will proceed virtually. I further understand that in accordance with section 78(1) of the *Health Professions Act*, the hearing is open to the public.

I agree to abide by the Virtual Hearing Guidelines for observers, including appearing with my camera off and my microphone muted.

To protect the integrity of these proceedings, I undertake and agree not to record, screenshot, or rebroadcast the proceedings in any manner.

As the hearing may involve private, confidential, and sensitive information, I agree not to forward the log-in information for the hearing to anyone else.

I acknowledge that if I breach this undertaking and agreement, or any of the Virtual Hearing Guidelines, I may be removed from the hearing and prohibited from observing future proceedings.

Signature:

Date:

Please complete and return this form to hearingsdirector@acupuncturealberta.ca prior to the hearing date.