



**APPLICATION FOR REGISTRATION  
 AS AN ACUPUNCTURIST**

**INSTRUCTIONS**

*Please provide all the information requested. You may attach another sheet if you need more space to answer any questions or explain any of your answers. Where multiple choice questions appear, please circle the appropriate response.*

**PERSONAL INFORMATION**

(MR./MRS./MS./DR.)	SURNAME	FIRST NAME	INITIAL
MAIDEN NAME (if applicable):		DATE OF BIRTH: (day/month/year)	
MAILING ADDRESS:		CITY/TOWN:	
PROVINCE/STATE:		POSTAL/ZIP CODE:	
BUSINESS PHONE:		RESIDENCE PHONE:	
FAX #:		EMAIL ADDRESS:	

**TRAINING IN ACUPUNCTURE**

**In this section, please list the acupuncture training program(s) you have successfully completed. If possible, provide a certified copy of documentation (diploma, certificate, transcript, etc.), that verifies you have successfully completed the program(s) you list.**

***NOTE: Acupuncture Distance Learning or "On-Line" Courses/Programs ARE NOT APPROVED by the College and Association of Acupuncturists of Alberta or the Health Disciplines Board.***

***If you list more than one training program, please order them from most recent to most dated.***

NAME OF PROGRAM OF STUDY OR INSTITUTION	COUNTRY IN WHICH PROGRAM WAS ADMINISTERED (OR INSTITUTION LOCATED)	DURATION OF PROGRAM		DOCUMENTS ENCLOSED?	
		FROM	TO	YES	NO
1)					
2)					
3)					

**ACUPUNCTURE EXAMINATIONS**

**1. HAVE YOU PASSED ANY ACUPUNCTURE EXAMINATION(S) FOR THE PURPOSE OF REGISTRATION, CERTIFICATION OR LICENSING AS AN ACUPUNCTURIST IN NORTH AMERICA OR ELSEWHERE?**

**YES NO**

*If you answered "yes", please list the examination(s) you have passed. If you have passed the "Provincial Registration Examination for Acupuncturists in Alberta", include it in the list. If possible, provide documentation that verifies that you have passed the examination(s) you list.*

*If you list more than one examination, please order them from the most recent to most dated.*

NAME OF EXAMINATION	JURISDICTION	DATE OF EXAM MONTH/YEAR	DOCUMENTS ENCLOSED?	
			YES	NO
1)				
2)				
3)				

**STATUS AT PRESENT**

**1. ARE YOU PRESENTLY IN ACTIVE PRACTICE AS AN ACUPUNCTURIST IN ALBERTA OR IN ANOTHER JURISDICTION?** **YES NO**

*If you answered "yes":*

**a) WHAT IS THE NAME (IF APPLICABLE), ADDRESS AND TELEPHONE NUMBER AT YOUR PLACE OF PRACTICE?**

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**b) ARE YOU PRESENTLY SELF-EMPLOYED OR AN EMPLOYEE OF ANOTHER INDIVIDUAL, GROUP OR AGENCY?**

**SELF-EMPLOYED EMPLOYEE**

# PRACTICE DURING THE PAST TWO YEARS

## 1. DURING THE TWO YEARS IMMEDIATELY PRECEDING THE DATE YOU SUBMIT THIS APPLICATION:

- a) DID YOU PRACTICE AT ANY TIME AS A SELF-EMPLOYED ACUPUNCTURIST? YES NO
- b) WERE YOU AT ANY TIME EMPLOYED AS AN ACUPUNCTURIST BY ANOTHER INDIVIDUAL, GROUP OR AGENCY? YES NO

*If you answered "yes" to question (b) please provide, for each of your employers during the preceding two years, the following information:*

- i) the name of your employer (and immediate supervisor if different from your employer); and*
- ii) the name (if applicable), mailing address and telephone number at your place(s) of employment; and*
- iii) the duration of your employment.*

*If you list more than one employer, please order them from most recent to most dated.*

NAME OF EMPLOYER/IMMEDIATE SUPERVISOR	PLACE(S) OF EMPLOYMENT (NAME, MAILING ADDRESS AND TELEPHONE NUMBER)	DURATION OF EMPLOYMENT	
		FROM MONTH/YEAR	TO MONTH/YEAR
1)			
2)			
3)			

*Please complete the following declarations:*

- 1) I, THE UNDERSIGNED, HAVE CARRIED OUT THE PRACTICE OF ACUPUNCTURE FOR \_\_\_\_\_ HOURS DURING THE TWO YEARS IMMEDIATELY PRECEDING THE DATE ON WHICH I SUBMIT THIS APPLICATION.
- 2) I, THE UNDERSIGNED, DECLARE THAT THE ACUPUNCTURE EDUCATIONAL TRAINING OBTAINED (as listed on page 1 of this application) WAS NOT COMPLETED THROUGH DISTANCE LEARNING OR 'ON LINE' COURSES.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**REFERENCE INFORMATION**

1. ARE YOU PRESENTLY A MEMBER OF ANY ASSOCIATION(S) OF ACUPUNCTURISTS IN ALBERTA OR ELSEWHERE? YES NO

*If you answered "yes", please list the name(s) of the association(s) that you are a member of:*

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

2. ARE YOU OR HAVE YOU BEEN LEGALLY AUTHORISED TO PRACTICE ACUPUNCTURE IN ANY OTHER JURISDICTION(S) IN NORTH AMERICA OR ELSEWHERE? YES NO

*If you answered "yes",*

- *list the jurisdictions(s) in which you have legal authorisation to practice acupuncture;*
- *state the name of the governing agency or organisation which gave you the authorisation; and*
- *provide documentation of the authorisation (if possible).*

JURISDICTION	NAME OF AUTHORISING AGENCY OR ORGANISATION	DOCUMENTS ENCLOSED?	
		YES	NO
A)			
B)			
C)			

3. HAVE YOU EVER BEEN FORMALLY DISCIPLINED FOR IMPROPER CONDUCT OR INCOMPETENCE AS AN ACUPUNCTURIST? YES NO

*If you answered "yes", please state the year and reason(s) why you were disciplined, the name and address of the agency or organisation that disciplined you, and the disciplinary measure(s) you received. If you list more than one incident, please list them from most recent to most dated.*

REASON(S) FOR DISCIPLINE	YEAR	NAME AND ADDRESS OF DISCIPLINARY AGENCY OR ORGANISATION	DISCIPLINARY MEASURE(S)
a)			
b)			

**REGISTRATION EXAMINATION AND FEES**

Applicants who apply for registration as acupuncturists under the Health Disciplines Act are required to successfully pass the "Provincial Registration Examination (Written and Clinical Components) for Acupuncturists in Alberta." The fee for taking the examinations is currently set at \$1300.00. If you are considered eligible for registration, you will be notified of all of the examination information, including the dates and location of the licensing examinations.

APPLICATIONS FOR THE PROVINCIAL EXAMINATION ARE ACCEPTED ON A 'FIRST COME, FIRST SERVE' BASIS. ONCE THE MAXIMUM QUOTA OF CANDIDATES IS REACHED, ALL OTHER APPLICATIONS ARE PLACED ON A 'CANDIDATE WAITING LIST'.

The application fee for registration as an acupuncturist is \$120.00.

Please complete the following declaration:

I, THE UNDERSIGNED, DECLARE THAT ALL THE INFORMATION IN THIS FORM AND THE ENCLOSED DOCUMENTATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IN SUPPORT OF MY APPLICATION FOR REGISTRATION, I ENCLOSE THE REGISTRATION FEE OF \$120.00.

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DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

All fees must be paid by cheque or money order made payable to the College and Association of Acupuncturists of Alberta.

When completed, please send this application and the \$120.00 application fee to:

Attn: Registrar  
College and Association of Acupuncturists of Alberta  
Lynwood P.O. Box 37034, 8712 – 150 St.  
Edmonton, AB. T5R 1E0

Telephone: (403) 262-2833 Fax: (780) 455 - 3304  
Email: [registrar@acupuncturealberta.ca](mailto:registrar@acupuncturealberta.ca)

CHARACTER DECLARATION

Section 9(1)(b) of Alberta's Health Disciplines Act requires that a person be of good character and reputation to be eligible to become a registered practitioner of a designated health discipline (in this case, acupuncture).

This character declaration is on behalf of

SURNAME	FIRST NAME	MIDDLE INITIAL
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who is applying for registration as an acupuncturist in accordance with requirements in the Health Disciplines Act and Acupuncture Regulation.

How many years have you known the person named above? \_\_\_\_\_ years

Please describe how you know the person named above. If you need more space, attach a separate sheet.

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DECLARATION: I, THE UNDERSIGNED, DECLARE THAT I AM NOT A FAMILY RELATIVE OF THE PERSON NAMED ABOVE, AND CONSIDER THIS PERSON TO BE OF GOOD CHARACTER AND REPUTATION.

DATE	SIGNATURE
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Please print your name, mailing address, telephone number(s) and occupation below:

SURNAME	FIRST NAME	MIDDLE INITIAL
MAILING ADDRESS (APT./STREET/R.R./P.O. BOX/etc.)		CITY TOWN
PROVINCE/STATE	COUNTRY	POSTAL/ZIP CODE
BUSINESS PHONE NUMBER		RESIDENCE PHONE NUMBER

PLEASE STATE YOUR OCCUPATION: \_\_\_\_\_

When complete, please send this form to:

**Attn: Registrar**  
**College and Association of Acupuncturists of Alberta**  
**A- 51 Skyline Cres. NE**  
**Calgary AB. T2K 5X2**

Telephone: (403) 262-2833 Fax: (403) 262-2896  
 Email: [registrar@acupuncturealberta.ca](mailto:registrar@acupuncturealberta.ca)

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DATE	SIGNATURE
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SURNAME	FIRST NAME	MIDDLE INITIAL
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MAILING ADDRESS (APT./STREET/R.R./P.O. BOX/etc.)	CITY TOWN
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PROVINCE/STATE	COUNTRY	POSTAL/ZIP CODE
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BUSINESS PHONE NUMBER	RESIDENCE PHONE NUMBER
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PLEASE STATE YOUR OCCUPATION: \_\_\_\_\_

When complete, please send this form to:

**Attn: Registrar**  
**College and Association of Acupuncturists of Alberta**  
**A- 51 Skyline Cres. NE**  
**Calgary AB. T2K 5X2**

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