

Application for Registration

Character & Reputation Reference Form

This form is required for applicants applying to the General, Provisional, or Courtesy Register

Inst		cti	\mathbf{a}	ne
шэ	ш	ULI	U	ПЭ

As part of the registration process, applicants must submit **two** (2) written character references related to their acupuncture practice. References may be provided by individuals such as employers, instructors from educational institutions, or professional colleagues.

References must be sent directly to the College of Acupuncturists of Alberta by the individual providing the reference. When complete, please submit this form to: registration@acupuncturealberta.ca

Reference Information This reference is provided on behalf of (applicant's name)	reference. When complete, please submit this form to. <u>registration@acupuncturealberta.ca</u>							
Are you a family member of the applicant? Do you consider the applicant to be reliable? Do you consider the applicant to be ethical? Do you consider the applicant to be of good character? REFEREE FULL NAME OCCUPATION PROFESSIONAL TITLE ADDRESS DURATION OF RELATIONSHIP CITY PROVINCE/STATE POSTAL CODE PHONE NUMBER Describe how you know the applicant and comment on your knowledge of their acupuncture practice,	Reference Information							
Do you consider the applicant to be reliable? Do you consider the applicant to be ethical? Do you consider the applicant to be of good character? REFEREE FULL NAME OCCUPATION PROFESSIONAL TITLE ADDRESS DURATION OF RELATIONSHIP CITY PROVINCE/STATE POSTAL CODE PHONE NUMBER Describe how you know the applicant and comment on your knowledge of their acupuncture practice,	This reference is provided on behalf of (applicant's name)							
Do you consider the applicant to be ethical? Do you consider the applicant to be of good character? REFEREE FULL NAME OCCUPATION PROFESSIONAL TITLE ADDRESS DURATION OF RELATIONSHIP CITY PROVINCE/STATE POSTAL CODE PHONE NUMBER Describe how you know the applicant and comment on your knowledge of their acupuncture practice,	Are you a family member of the applicant?							
Do you consider the applicant to be of good character? REFEREE FULL NAME OCCUPATION PROFESSIONAL TITLE ADDRESS DURATION OF RELATIONSHIP CITY PROVINCE/STATE POSTAL CODE PHONE NUMBER Describe how you know the applicant and comment on your knowledge of their acupuncture practice,	Do you consider the applicant to be reliable?							
REFEREE FULL NAME OCCUPATION PROFESSIONAL TITLE ADDRESS DURATION OF RELATIONSHIP CITY PROVINCE/STATE POSTAL CODE PHONE NUMBER Describe how you know the applicant and comment on your knowledge of their acupuncture practice,	Do you consider the applic	cant to be ethical?						
OCCUPATION PROFESSIONAL TITLE ADDRESS DURATION OF RELATIONSHIP CITY PROVINCE/STATE POSTAL CODE PHONE NUMBER Describe how you know the applicant and comment on your knowledge of their acupuncture practice,	Do you consider the applicant to be of good character?							
ADDRESS DURATION OF RELATIONSHIP CITY PROVINCE/STATE POSTAL CODE PHONE NUMBER Describe how you know the applicant and comment on your knowledge of their acupuncture practice,	REFEREE FULL NAME							
CITY PROVINCE/STATE POSTAL CODE PHONE NUMBER Describe how you know the applicant and comment on your knowledge of their acupuncture practice,	OCCUPATION		PROFESSIONAL TITLE					
Describe how you know the applicant and comment on your knowledge of their acupuncture practice,	ADDRESS			DURATION OF RELATIONSH	HIP			
	CITY	PROVINCE/STATE	POSTAL CODE	PHONE NUMBER				
SIGNATURE	professional conduct, and	• •	n your knowledge o					
SIGNATURE DATE	SIGNATURE 			DATE				