

**Dear Interested Applicant:**

**Regulation of Acupuncture**

Acupuncturists in Alberta are registered and governed under the province's *Health Disciplines Act* and *Acupuncture Regulation*. This means only individuals who are registered under the Act are entitled to present themselves to the public as Acupuncturists. Enclosed is a copy of *Regulation* as well as general information regarding the *Act* as it relates to the profession of Acupuncture in Alberta.

**Registration Process**

To become registered as an Acupuncturist in Alberta, the *Regulation* requires a candidate to:

- have completed a program of studies approved by the Health Disciplines Board for the purposes of registration, or to have completed a program of studies that is substantially equivalent to the approved programs. The programs which have been approved or conditionally approved by the Health Disciplines Board are: 1.) Acupuncture Diploma Program at Grant MacEwan College in Edmonton; 2.) Acupuncture Diploma Program at the Alberta College of Acupuncture & Traditional Chinese Medicine in Calgary, Alberta; 3.) Acupuncture Diploma Program at the Canadian Institute of Traditional Chinese Medicine in Calgary, Alberta; 4.) Acupuncture Diploma Program at the Calgary College of Traditional Chinese Medicine and Acupuncture in Calgary Alberta; and 5.) Reeves College Acupuncture Diploma Program in Edmonton.

These programs include approximately 1440 hours of theoretical instruction and 650 hours of clinical instruction/practical experience.

- have, within the two (2) years immediately preceding the date of the application, carried out the practice of acupuncture for at least 500 hours or has completed a satisfactory level of studies and/or additional training as deemed appropriate by the Committee. It is mandatory for all applicants to have completed a Safety/Clean Needle Course before being registered as an Acupuncturist in Alberta and it is **strongly recommended** that this course is successfully completed before the clinical examination date; and
- have satisfactorily completed Alberta's Provincial Registration Examination for Acupuncturists, as deemed appropriate by the Committee.

**Acupuncture Registration Application**

The Acupuncture Committee is currently accepting Applications for Registration as an Acupuncturist. Enclosed in this package are the forms you must complete to apply for registration. Any documents you wish to submit in support of your application (e.g. certificates of completion of program) should be in English. Documents that are written in a language other than English are acceptable if they are accompanied by a notarized translated copy in English.

The two character declarations forms must be completed by two persons who know you well enough to vouch for your character. Before registration can be assessed, the completed application form, supporting documents, character declarations, and application fee (payable by cheque or money order to the Minister of Finance), must be mailed to:

**Ms. Heather Cameron**  
**Registrar for Acupuncturists and Midwives**  
**Health Professions Branch, Alberta Health and Wellness**  
**10<sup>th</sup> Floor, North Tower Telus Plaza**  
**10025 Jasper Avenue**  
**Edmonton, Alberta T5J 2N3**

### **Provincial Registration Examination**

Candidates who are found to have adequate education and practical experience, and have met all of the other requirements stated in the Acupuncture Regulation, will be eligible to attempt the Provincial Registration Examination for Acupuncturists. Once the 2008 *Provincial Registration Examination for Acupuncturists in Alberta Candidate Handbook* is available, a copy will be provided to all eligible candidates.

The deadline for submission of a completed, signed application form, including the fee of **\$120.00**, must be received by **JULY 15, 2008**. All candidates are accepted on a 'first come, first serve' basis and once the maximum quota of examination candidates is filled, **all** other eligible candidates will be entered on the *Candidate Examination Waiting List*. The next provincial registration examinations are scheduled for October 3, 4 and 5<sup>th</sup>, 2008 in Calgary, Alberta.

### **Mutual Recognition Agreement (Labour Mobility)**

The Mutual Recognition Agreement (MRA) for the Profession of Regulated Acupuncturist in Canada is now in effect. An applicant from either British Columbia or Quebec who wishes to be registered in Alberta under the MRA, must be aware of the following important points:

- ✓ 'Regulated Acupuncturist' means acupuncturists recognized by an Acupuncture Regulatory Authority (ARA).
- ✓ 'License' means a license, permit, certificate or registration, issued by an ARA.
- ✓ 'Applicant' means a person who currently holds a License with one (or more) ARA(s) and who is seeking licensure with an additional ARA. (*NOTE: If you wish to apply for registration in Alberta under the MRA, you must be a Registered Acupuncturist in Good Standing from either B.C. or Quebec.*)

If you have any questions concerning becoming registered in Alberta as an Acupuncturist, please contact me directly by telephone: (780) 422-2733, by fax: (780) 415-1094 or by email: [heather.cameron@gov.ab.ca](mailto:heather.cameron@gov.ab.ca).

Sincerely,

**Ms. Heather Cameron**

Registrar for Acupuncturists and Midwives

Enclosures: Acupuncture Application for Registration  
Acupuncture Regulation  
Standards of Competency and Practice for Acupuncturists

**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.*

*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 declaration:*

**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.**

\_\_\_\_\_  
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 \$1000.00. If you are considered eligible for registration, you will be notified of all of the examination information.**

**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. Of this fee, \$40.00 is a non-refundable administration fee and the balance (\$80.00) is a registration fee that is fully refundable if, for any reason, your application for registration is not approved.**

**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 MINISTER OF FINANCE.**

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

**Ms. Heather Cameron  
Registrar for Acupuncturists  
Alberta Health and Wellness  
Health Professions Branch  
10<sup>th</sup> Floor Telus Plaza North Tower  
10025 Jasper Avenue  
Edmonton, AB T5J 2N3**

**Telephone: (780) 422-2733; Fax: (780) 415-1094  
Email: [heather.cameron@gov.ab.ca](mailto:heather.cameron@gov.ab.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

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.

**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

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:

**Ms. Heather Cameron, Registrar for Acupuncturists  
ALBERTA HEALTH AND WELLNESS  
Health Professions Branch  
10<sup>h</sup> Floor, TELUS Plaza North Tower  
10025 Jasper Avenue  
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