



# Application Form Acupuncture Approval

In order to be accredited in Alberta to perform acupuncture in medical practice, a physician must hold a certificate as noted below. Please indicate the certificate(s) you hold:

- Hold a certificate from the Acupuncture Foundation of Canada, Level 1 Part 1 or beyond; or
- Have successfully completed the Medical Acupuncture Certificate Program at the University of Alberta; or
- Hold a certificate of completion of Level I from the McMaster Medical Acupuncture Program; or
- Hold a certificate of attendance of Level 1 Part 1 and Level 1 Part 2A/3A courses with the Acupuncture Foundation of Canada Institute.

## A. Personal Identification

Name: \_\_\_\_\_

CPSA Registration #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Location of Practice \_\_\_\_\_

(if different than above): \_\_\_\_\_

Business Phone No: \_\_\_\_\_ Business Fax No: \_\_\_\_\_

Type of Practice: Family:

Specialty:  Type: \_\_\_\_\_

## B. Application Fee

- I have enclosed a signed cheque in the amount of \$200.00 + GST
- I have provided my Credit Card information on the attached form and approve the College to charge me \$200.00 + GST.

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Date

**Please forward your application to:**

Quality of Care Department – Registrar Approvals  
College of Physicians & Surgeons of Alberta  
2700, 10020 – 100 Street NW  
Edmonton AB T5J 0N3

Email: [tanya.wicks@cpsa.ab.ca](mailto:tanya.wicks@cpsa.ab.ca) / Phone: (780) 423-4764 / Toll Free: 1-800-320-8624 / Fax: (780) 428-2712



College of  
Physicians  
& Surgeons  
of Alberta

2700 - 10020 100 Street NW  
Edmonton, AB, Canada T5J 0N3

## Credit Card Payment Form

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**\$200.00 + GST application fee for Acupuncture application**

Full Name: \_\_\_\_\_

CPSA Registration or CPSA Tracking Number: \_\_\_\_\_

To pay by VISA, MasterCard or American Express complete and forward the following information to the College of Physicians & Surgeons of Alberta:

- VISA
- MasterCard
- American Express

Card Number: \_\_\_\_\_

Expiry Date (MM/YY): \_\_\_\_\_

Cardholder Name (Please Print): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

*Please note that this form and information will be destroyed 60 days following receipt.*