



Application for Registration

Manitoba Professional Acupuncture Association

1. PERSONAL INFORMATION (must match formal legal documentation)

Full Legal Name: _____

(Please Print) Last/Family First Middle

Date of Birth: _____ / _____ / _____ (month / day / year)

Email Address: _____

Other names used that are not part of your legal name (a.k.a., alias): _____

2. CONTACT INFORMATION

A registrant must immediately notify the Registrar of any change of address, name or any other registration information previously provided to the Registrar.

MANDATORY CONTACT INFORMATION	
This address will be available to the public PO Box is acceptable MPAA will send all mail to this address	Address: _____ City / Prov: _____ Postal Code: _____ Tel: (___) _____ Fax: (___) _____ Gender: Male / Female
OTHER ADDRESS <input type="checkbox"/> HOME ADDRESS <input type="checkbox"/> CLINIC ADDRESS	
	Address: _____ City / Prov: _____ Postal Code: _____ Tel: (___) _____ Fax: (___) _____ Gender: Male / Female E-mail: _____

3. EXAMINATION(S) COMPLETED

You must pass the required provincial examination(s) to be approved for registration.

List the province and dates of the exam(s) you have already successfully completed.

Name of Exam	Written Exam Passing Province and Date (mm / yy)	Clinical Exam Passing Province and Date (mm / yy)
Acupuncture		
Herbology		
Doctor of TCM		

4. LANGUAGE

Please list the languages in which you are able to serve patients: _____

5. PROFESSIONAL ETHICS AND DISCLOSURE OF COMPLAINTS, DISCIPLINE OR CLAIMS

(a) PROFESSIONAL CONDUCT - please answer the following questions:

Have you ever been a defendant in a criminal or civil litigation connected with a health care practice?

Yes No

Have you ever been disciplined or dismissed from membership or positions by any professional bodies?

Yes No

Have you ever voluntarily surrendered a license to practice?

Yes No

Have you ever been a subject of complaints in relation to your practice?

Yes No

Is there any pending inquiry/complaint with you in relation to your practice?

Yes No

If you answer “yes” to any of the above questions, please provide the information listed below, and attach documents relating to the charge, accusations, or claims made against you, the outcome and remedial action taken *(add extra sheets of paper if necessary)*:

Date	Nature of Event	Outcome and remedial action taken

(b) Professional Affiliations

Have you ever been registered with any other professional body? Yes No

If your answer is yes, please provide the information below:

Regulatory Body & Location	# Years	Address

6. FEES: Annual Registration Fees: \$ 150

7. DECLARATION

I, declare that all the information and statements made in or submitted with this application are true, complete and correct, and I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath. I also understand that misstatements or omissions of material facts may be cause for denial of this application, or for suspension or revocation of registration.

Applicant’s signature _____

Date _____