



Application for Safety Course 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) **Gender:** Male / Female

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

2. CONTACT INFORMATION

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

MANDATORY CONTACT INFORMATION		
Address: _____		
City / Prov: _____		Postal Code: _____
Tel: Home (___) _____		Cell : (___) _____
E-mail Address (confirmation and results will be sent by e-mail) _____		
OTHER ADDRESS	<input type="checkbox"/> HOME ADDRESS	<input type="checkbox"/> CLINIC ADDRESS
Address: _____		
City / Prov: _____		Postal Code: _____
Tel: Home (___) _____		Cell: (___) _____
E-mail: _____		

3.FEES: Safety Course Fee: \$50.00 Payable to the MPAA, Unit A-2810 Pembina Highway, Winnipeg, Manitoba, R3T 2H8

Course and Test date— Sunday, April 15, 2018 10a.m.-2p.m. Test Location—Unit A-2810 Pembina Hwy

4.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.

I understand that the Safety Course and Test is offered in English. The Safety test is an open book, multiple choice test.

Applicant's signature _____

Date _____