



APPLICATION FOR MEMBERSHIP

MANITOBA PROFESSIONAL ACUPUNCTURE ASSOCIATION

1. PERSONAL INFORMATION (must match formal legal documentation)

Full Legal Name: _____

(Please Print) Last/Family First Middle

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

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

Email Address (Required, as this will be the primary method of communication from the MPAA):

2. CONTACT INFORMATION - The member must notify the MPAA immediately of any change of address, name or any other information provided to the MPAA.

CONTACT INFORMATION	<input type="checkbox"/> CLINIC ADDRESS	<input type="checkbox"/> OTHER ADDRESS
This address will be available to the public. P.O. Box is acceptable. The MPAA will send all mail to this address.	Address: _____ City, Province: _____ Postal Code: _____ Tel: (____) _____ Fax: (____) _____	

3. EDUCATION – Please provide a list of Education completed. Please note that MPAA membership requirements include completion of a minimum 3 year Traditional Chinese Medicine acupuncture program (minimum 1900 hours plus 500 clinical hours), from an educational institution in Canada or other country, approved by MPAA.

School/Educational Institution	Diploma/Certificate/Degree obtained	# hours of education	Number clinical hours	Dates

4. EXAMINATION(S) COMPLETED – Please provide a list of acupuncture/TCM exams completed

Name of Exam	Written Exam passed (Province and Date)	Clinical Exam passed (Province and Date)

5. LANGUAGE

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

6. PROFESSIONAL ETHICS AND DISCLOSURE:

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 subject to complaints in relation to your practice?
 Yes No

Is there any pending inquiry or complaint with you in relation to your practice?
 Yes No

If you answered yes to any of the above, please provide information below. Please attach any documentation pertaining to the charge, accusations, or claims, the outcome and any remedial action taken (add extra sheets of paper as necessary)

Date	Nature of Event	Outcome and remedial action taken

7. PROFESSIONAL AFFILIATION

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

If your answer is yes, please provide details below:

Regulatory Body	Address	Dates

8. PROFESSIONAL LIABILITY INSURANCE

Name of Insurance Company/Underwriter: _____

Insurance Policy/Certificate Number: _____

9. CPR CERTIFICATION - Do you have current certification in CPR? Yes No

10. FEES

Application Fee - \$50 - Due upon submission of this membership application form

New Member Fee - \$550 - Due once application has been reviewed and accepted by MPAA. Includes exam fee (if required) and also annual membership fee for the first year.

Annual Membership Renewal Fee - \$150 - due by October 31st of each year

Please send payment via E-transfer to **acupunctureassociationmb@gmail.com**

Fees are subject to change at the discretion of MPAA

11. CRIMINAL RECORD CHECK

MPAA requires a criminal record check to be sent with membership application.

Has a criminal record check been requested? Yes No

12. 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 membership.

Applicant's signature _____

Date _____