



2023 MPAA MEMBERSHIP RENEWAL

(For November 1, 2023– October 31, 2024)

Manitoba Professional Acupuncture Association

Application Form for Student Membership Renewal 2023

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
<p>The MPAA will send all mail to this address.</p>	<p>Address: _____</p> <p>City, Province: _____</p> <p>Postal Code: _____</p> <p>Tel: (____) _____</p> <p>Fax: (____) _____</p>	

3. 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

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

4. EDUCATION – Current Acupuncture/TCM Educational Program

Name of Educational Institution: _____

Type of Educational Program: _____

Current year of study: _____

Expected Date of Graduation: _____

5. CPR

Do you have current certification in CPR? Yes No

6. FEES

The annual MPAA student membership renewal fee for 2023-2024 is \$50.

(Any late payments made after October 31st, 2023 will be charged a \$50 late payment fee).

8. 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 _____

9. METHOD OF PAYMENT (due by October 31st, 2023)

1) E-transfer your payment to: **info@acupunctureassociationmb.com**

Please scan and email a copy of this renewal form to info@acupunctureassociationmb.com