



**Application for Admission to the Medical Acupuncture Program**

www.cpl.ualberta.ca/Home/Events/acupuncture.cfm

First-time applicants to the program must complete this form.  
Incomplete registration forms will be returned to the applicant.

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Initial (s) \_\_\_\_\_  
\* PLEASE PROVIDE FULL LEGAL NAME

Residence Address: Preferred Mailing Address  Yes  No

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

email \_\_\_\_\_

Please check method of payment. Application Fee: \$100.00

- Cash  Money Order  MC  HRDF/IND  Invoice  
 Cheque  AMEX  VISA  Debit

CREDIT CARD #

Expiry Date: \_\_\_\_\_  Personal  Business  Government

- Male  
 Female

<b>FOR OFFICE USE ONLY</b>	<b>PROGRAM</b>	<b>GENERAL INTEREST</b>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N

Business Name \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

email \_\_\_\_\_

The personal information requested on this form is collected under the authority of section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* for the purpose of registering students, contacting alumni, and tracking enrollment statistics. Questions concerning the collection, use or disposal of this information should be directed to: FOIP Officer, Office of the Dean, Faculty of Medicine & Dentistry, 2J2.00 Walter Mackenzie Health Sciences Centre, Edmonton, AB T6G 2R7. Phone (780) 492-6621

If employer is to be invoiced, please include a letter of authorization or an authorized purchase order. Registered students are ultimately responsible for payment of fees regardless of a third party being invoiced for such fees. GST exempt corporate payments (credit card, invoice, cheque) must be accompanied by a letter confirming the GST exemption number. If paying by cheque, please make payable to **University of Alberta**.

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**HOME TELEPHONE NUMBER:** \_\_\_\_\_

**WORK TELEPHONE NUMBER:** \_\_\_\_\_

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<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N

How did you hear about this program?

- Brochure  Website  Word of Mouth  Advertisement

Please provide a specific description eg) FYI section of Messenger newsletter

**Education** (Please list the highest level of education achieved in school, university, other post-secondary institution, and other courses completed) An official transcript must accompany your application for admission or check here to indicate that you have requested an official medical, dental, physiotherapy, occupational therapy or chiropractic transcript to be sent directly to the Certificate Program Office.

Transcript ordered Date Requested: \_\_\_\_\_

School	Degree/Diploma/Certificate and Major Field of Study	Year

- Photocopy of medical, dental, physiotherapy, occupational therapy or chiropractic registration card included.  
 Letter of good standing from professional body.  
 Hepatitis B Immunization Status or Refusal form completed (can be found on U of A CPL website in Acupuncture Program section)

**Employment Experience** (Please list most recent employer first)

Company/Institution	Position	Start Year – End Year

I hereby certify the information provided on this application form to be true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return completed Application form to:** Medical Acupuncture Program, Continuous Professional Learning Office, 2-126 Li Ka Shing Centre, University of Alberta, Edmonton, AB, T6G 5E1, or fax back to (780) 248 5845 if paying by credit card or purchase order.