



COLLEGE OF
ACUPUNCTURE
of Prince Edward Island

Annual Registration Renewal Form

Please complete all sections of this form and submit to info@acupuncturepei.ca with your **Name** followed by “**Registration Renewal**” as the subject line.

Send your renewal fee by eTransfer to payment@acupuncturepei.ca between September 15th and October 15th. Specify your **Name** and “**Registration Renewal**” in the eTransfer note.

1. Personal Information

Full Name:

Date of Birth:

Mailing Address:

Phone Number:

Email Address:

2. Professional Information

Employer/Clinic Name:

Primary Practice Location:

3. Declaration

Please check each box to confirm.

- I declare all the information provided is accurate and complete.
- I understand that false or misleading statements may result in suspension or revocation of registration.

Signature:

Date:

4. Required

- Proof of Identity (Driver's License or Passport). Submit copy with completed form.
- CPR-C or CPR-BLS Certificate. Submit copy with completed form.
- Professional Liability Insurance. Submit copy with completed form.
Valid professional liability insurance of not less than \$2,000,000 per claim or occurrence and an aggregate limit of not less than \$2,000,000 excluding legal or court costs
- Criminal Record Check (with Vulnerability Sector Check).
Submit copy with completed form.
- Registration Fee of \$800. eTransfer payment completed.