



Registrant Renewal Form

Please complete all sections of this form and submit to info@acupuncturepei.ca with your name as the subject line. Send the applicable renewal fee to payment@acupuncturepei.ca between September 15th and October 15th.

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 Documents

*Please ensure that CAPEI has current documentation on file. **Documents do not need to be resubmitted at every annual renewal unless they have expired or your information has changed.***

- ☐ Proof of Identity (Driver's License or Passport)—**Confirm current/submit only if expired or changed**
- ☐ CPR-C/BLS Certificate—**Confirm current/submit certificate only if expired or changed**
- ☐ Professional Liability Insurance—**Upload current certificate with renewal date**
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)—**Confirm current/submit if expired; valid 5 years from date of last check. Offence Declaration form to be completed and submitted annually in the intervening years.**
- ☐ Offence Declaration Completed
- ☐ Registration Fee of \$800