

AUTHORIZED ACUPUNCTURE INFORMATION – 2011-2013 AGREEMENT

Signature _____

Print Name _____

Date _____

REGISTERED ACUPUNCTURIST CHIROPRACTOR PHYSICAL THERAPIST PHYSICIAN

PROVIDER NAME: _____

CLINIC NAME: _____

STREET ADDRESS: _____

BOX #: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

TELEPHONE #: _____

FAX #: _____

PLEASE SUBMIT

1. Proof of Acupuncture Registration

- College and Association of Acupuncturists of Alberta (CAAA)
- Physiotherapy Alberta – College + Association (PACA)
- College of Physicians & Surgeons (CPSA)
- Alberta College & Association of Chiropractors (ACAC)

2. Proof of Professional Liability Insurance. The Provider shall maintain Professional Liability Insurance in an amount not less than **TWO MILLION (\$2,000,000.00) DOLLARS** per occurrence.

3. Proof of Clinic Comprehensive or General Insurance. The Provider shall insure his operations under a contract of General Liability Insurance, in accordance with Alberta Insurance Act, in an amount not less than **TWO MILLION (\$2,000,000.00)** per occurrence.

PLEASE COMPLETE AND RETURN TO:

**JOHN ROSE
HEALTH CARE SERVICES
MILLARD HEALTH CENTRE
131 AIRPORT ROAD
EDMONTON, AB T5G 0W6
FAX: 780-498-3998**