



## Application Authorization to use needles

Applicant name: \_\_\_\_\_

Registration number: \_\_\_\_\_

### Details of post entry-level education program

Name of program: \_\_\_\_\_

Country where program was completed: \_\_\_\_\_

Year program was completed: \_\_\_\_\_

Detailed description of theoretical component of program:

Detailed description of practical component of program:

### OFFICE USE

Date received: \_\_\_\_\_ Date approved: \_\_\_\_\_ File number: \_\_\_\_\_





Detailed description of safety instruction/content covered in the program:

Detailed description of final evaluation method or process:

**Declaration statements:**

- I declare I have completed a post entry-level needling education program that includes as part of the curriculum: theory, practice, safety instruction and final (summative) evaluation conducted by the course instructor which resulted in a passing grade.
- I declare I have read, understand and agree to comply with the practice standards related to the performance of restricted activities.
- I certify and declare that the information provided in this application is true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Enclosure:**

- Certificate of completion

Completed application: Suite 300, 10357 109 Street, Edmonton AB T5J 1N3 | [registration@physiotherapyalberta.ca](mailto:registration@physiotherapyalberta.ca) | Fax: 780.436.1908

