

APPLICATION FOR AUTHORIZATION TO USE NEEDLES
ALL DETAILS MUST BE COMPLETE - PRINT OR TYPE ONLY

Applicant's name _____ CPTNB Reg # _____

DETAILS OF EDUCATION PROGRAM

Name of program: _____

Program was completed in: COUNTRY _____ and YEAR: _____

Detailed description of **THEORETICAL COMPONENT** of program

Detailed description of **PRACTICAL COMPONENT** of program:

Detailed description of **SAFETY INSTRUCTIONS/CONTENT** covered in program:

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Detailed description of **FINAL EVALUATION METHOD** of the program:

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Applicant's Declaration:

I declare I have completed a needling education program that included as part of the curriculum, theory, practice, safety instruction and a final (summative) evaluation completed by the course instructor which resulted in a passing grade.

I declare I have read, understand and agree to comply with practice standards related to the performance of activities in a sub-register.

I certify and declare that the information provided in this application is true.

I enclose/attach proof of successful completion of the education program as described in this application.

Signature: _____ Date: _____ / _____ / _____
Month Day Year

Send completed application and certificate to CPTNB by e-mail to info@cptnb.ca
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OFFICE USE	Date received: _____, _____, _____
	Date approved: _____, _____, _____