

Suite 800, 4445 Calgary Trail  
Edmonton AB T6H 5R7  
T: 780.487.6130 | TF: 1.800.282.2165  
F: 780.432.9106  
www.acmdtt.com  
info@acmdtt.com

## Correction Request Form

This form may be used by the College's Regulated Member, Council, Hearing Tribunal, Registration Committee, Complaint Review Committee or Competence Committee to direct the Registrar to correct or remove any entry made in error in the public register or the College's website pursuant of sections 35 (1)(2) and 135.92 (5) of the *Health Professions Act*.

The Registrar may contact you for further information necessary to make the corrections you have requested.

To request a change, complete and submit this form:

In person or by mail:

ACMDTT  
Registration Department  
Suite 800, 4445 Calgary Trail  
Edmonton AB T6H 5R7

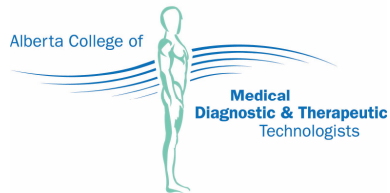
By fax:

780.432.9106

By email:

Attention:  
Ugie Ifesi, Director of Policy and Practice  
[uifesi@acmdtt.com](mailto:uifesi@acmdtt.com)

See page 2 for the request form.



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Your Information	
Name	ACMDTT #
Email	Phone
Signature	Date (dd/mm/yyyy)

Information for Correction	
Please identify where the information is that needs to be corrected (check all that apply):	
<input type="checkbox"/> Website <input type="checkbox"/> Public Register	<input type="checkbox"/> Other (explain)
Please identify the information that is to be corrected by the Registrar, including the applicable corrected information (provide additional pages if required):	
Incorrect information and explanation:	
Correct information and explanation:	
If this information should be <u>removed</u> from the website or public register please check this box and provide an explanation:	
<input type="checkbox"/> Remove this information (explanation below)	