

Correction Request Form

This form may be used by the College's Regulated Members, 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:
Judy Clarke, Director, Registration
jclarke@acmdtt.com

See page 2 for the request form.

