

Mission Statement

Public confidence in receiving safe, competent, and ethical diagnostic and therapeutic care from regulated professionals.

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.



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Section 1: Your Information			
Name			ACMDTT #
Email			Phone
Signature			Date (dd/mm/yyyy)
Section 2: Information for Correction			
Please identify where the information is that needs to be corrected (check all that apply):			
☐ Website	☐ Public Register	☐ 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:			
Remove this information (explanation below)			