College of
HEALTH AND CARE
PROFESSIONALS OF BC

CERTIFICATION PROGRAMS

APPLICATION TO PERFORM DRY NEEDLING

APPLICANT INFORMATION

Applicant name _____ Licence No. _____

Are you currently a full registrant of CHCPBC? ☐ Yes ☐ No

Have you practised for at least 2 years? ☐ Yes ☐ No

Does your registrant profile show that you have reported a minimum of 3,900 practice hours? ☐ Yes ☐ No

If you answered **No** to the question above, how many practice hours have you accrued since last April 1?

_____

PROGRAM COMPLETION

Which dry needling program did you successfully complete? ***(Please attach your certificate.)***

☐ Acupuncture Canada Dry Needling Program Certificate
(Certification in Dry Needling – Dry Needling Level 1 and Level 2)

☐ Acupuncture Canada Certification, Level 1

☐ Acupuncture the Art and the Science (Manitoba):
A Comprehensive Introduction to Acupuncture: the Art and the Science

☐ * Evidence in Motion Functional Dry Needling Weekend Intensives (3-day version of each)
- Functional Dry Needling Level 1
- Dry Needling: Clinical Integration
- Functional Dry Needling Level 2

☐ Foundations Health Education Modern Dry Needling ANIMS (formerly AN-IMS 1)

☐ McMaster University Contemporary Medical Acupuncture

☐ * On Point Physiotherapy – On Point Needling – Comprehensive Dry Needling

☐ OPPQ Puncture Physiothérapique avec Aiguilles Sèches : Cours de Base

☐ SMART Seminars Certification in Biomedical Dry Needling

☐ UBC Gunn IMS (Certification) Course

☐ UBC Gunn IMS Foundational Dry Needling (Level 1 and Level 2)

☐ Uplands Physiotherapy Clinic – Dry Needling Canada Courses Level 1 and 2

* Only course certificates dated *on or after August 1, 2023* will be accepted.
Courses taken before this date will not be accepted.

DECLARATION AND ACKNOWLEDGEMENT STATEMENTS

- ☐ I declare I have read, understand, agree to comply, and demonstrate compliance as required, with the Standards of Practice (e.g. Infection Control, Consent) of the College in the context of dry needling. Failure to do so may result in the loss of the ability to perform dry needling.
- ☐ I declare I am competent to practice dry needling as part of my physical therapy practice.
- ☐ I understand that I may need to fulfill continuing competency requirements in order to continue to perform dry needling.
- ☐ I have a documented plan in place for adverse events.
- ☐ I certify and declare that the information provided in this application is true.

Signature _____ Date _____