

APPLICATION FORM INSTRUCTIONS

- Please ensure read the Education Program Review Application Guide carefully before you start this application.
- Please ensure that you complete all sections of the form and attach all required documents and fees.

1. FULL NAME OF TRAINING INSTITUTION

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2. CONTACT INFORMATION OF TRAINING INSTITUTION

Mailing Address	City	
Province	Country	Post Code
Telephone	Email	
Name & Title of Contact Person		

3. CURRENT STATUS WITH PTIB/DQAB

PTIB - <input type="checkbox"/> Accredited <input type="checkbox"/> Designation Certificate <input type="checkbox"/> Pending	<input type="checkbox"/> DQAB - <input type="checkbox"/> Approved <input type="checkbox"/> Pending
Institution #	Institution #

If not currently accredited/designated by PTIB, please complete and sign the following declaration:

I, _____ (name of President/Principal), as President/Principal of _____ (name of the training institution), understand that in accordance with CTCMA Bylaws, recognition of CTCMA will only be given to students for completion of programs offered by private training institution programs in British Columbia that are accredited or have received designation certificate issued by the Private Training Institutions Branch ("PTIB") or public institutions in British Columbia that are approved by the Degree Quality Assessment Board ("DQAB") I understand that our institution will be removed from Schedule H if we cannot satisfy the requirements of PTIB accreditation or designation certificate OR DQAB approval as set in CTCMA Bylaws.

_____ Print Name of President/Principal	_____ Title
_____ Signature of President/Principal	_____ Date

4. PROGRAM OFFERED

<input type="checkbox"/> Acupuncturist Program	<input type="checkbox"/> TCM Herbalist Program
<input type="checkbox"/> TCM Practitioner Program	<input type="checkbox"/> Doctor of TCM Program

5. APPLIED FOR

<input type="checkbox"/> Initial Curriculum Review (Deposit of \$2000 is required)	<input type="checkbox"/> Curriculum Change Review (Deposit of \$1000 is required)
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6. SUBMISSION CHECKLIST

All the following documents must be completed and submitted.

<input type="checkbox"/> Application Form
<input type="checkbox"/> Form As – CURRICULIM & SYLLABUS: Self-Study Report on Program Length and Structure
<input type="checkbox"/> Form Bs – Self-Study Report on Learning Outcomes
<input type="checkbox"/> Form C – Self-Study Report on Student Clinical Activity
<input type="checkbox"/> Payment on account \$2,000 for initial curriculum review OR \$1,000 for curriculum change review (online payment link will be emailed to you upon receipt of the application, due in 7 days)

7. DECLARATION

By signing this form, I declare that:

1. The operation of the training institution has no outstanding violations of Federal and Provincial statutes including the Private Training Act, the CTCMA Bylaws, Regulations and Policies and the Education Program Review requirements.
2. Each required document listed in Section 6 (Checklist) which is part of the Education Program Review has been provided.
3. All the information and statements made in or submitted with this application are true, complete and correct, and I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effects as if made under oath.
4. I understand that misstatements or omissions of material facts may be cause for denial of this application, or for suspension or revocation of the program's recognition status.
5. I am authorized to submit this application on behalf of the institution.
6. I understand that re-submissions/additional correspondences will be subject to additional fees in accordance with the Fee Schedule.
7. I consent to the collection of information concerning this training institution by the College and disclosure of such information for regulatory purposes by the College to PTIB and/or DQAB.

_____ Print Name of Applicant	_____ Title of Applicant
_____ Signature of Applicant	_____ Date

