



CTCMA

CONFIRMATION FORM OF EDUCATION STANDING TO BE COMPLETED BY INSTITUTION

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

A separate form must be completed for each student. Please print clearly.

Original signed signature is preferred. *Upon completion, please return it to the student for submission.*

TO BE COMPLETED BY INSTITUTION

Student's Full Legal Name _____ CTCMA Registration Number _____

Institution Name _____

Program of Study Registered Acupuncturist Registered TCM Herbology Registered TCM Practitioner Dr.TCM

Enrollment Date (mm/yyyy) _____ Expected Graduation Date (mm/yyyy) _____

LIABILITY INSURANCE (REFER TO CTCMA BYLAWS SECTION 90)

Name of Insurance Company _____ Policy Number _____

Coverage period (mm/yyyy – mm/yyyy) _____ Amount of coverage per occurrence \$ _____

INSTITUTION'S CERTIFICATE

I, _____ (print name of President/Principal), as President/Principal of
_____ (print name of the training institution) certify that:

- (1) the student named above is enrolled in an acupuncture/TCM training program in the above stated institution which is listed or applying to be listed in Schedule H of CTCMA Bylaws;
- (2) the student named above will undertake or is undertaking clinical training involving direct patient care in an acupuncture/TCM training program in the above stated institution with appropriate CTCMA student registration;
- (3) the student named above is or will be properly supervised in clinical training;
- (4) the student named above is insured against professional liability as described in S60.2 of CTCMA Bylaws during the clinical training period;
- (5) the above stated institution and its clinical and didactic instructors have met and complied with the requirements set out by the CTCMA; the Education Program Review (EPR); and the Private Training Act or University Act or the College and Institute Act;
- (6) the above stated institution has received the appropriate (interim) designation certificate issued by Private Training Institutions Branch (PTIB), or approval or designation to grant credentials under the *University Act* or the *College and Institute Act*.

I declare that all submitted information and statements are true, complete and correct, and I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of Principal/President of Institution

Date

