



CONFIRMATION FORM OF EDUCATION STANDING [TCMA] - COMPLETED BY INSTITUTION
(For Traditional Chinese Medicine and Acupuncture Institutions)

STUDENT INFORMATION

Students confirmed to be enrolled in the Traditional Chinese Medicine & Acupuncture Program in the school / institution and would like to renew their Student Registration in order to continue undertaking clinical training between April 1, 2025 and March 31, 2026 are included in the ATTACHED EXCEL SHEET.

PROFESSIONAL LIABILITY INSURANCE (REFER TO CCHPBC BYLAWS SCHEDULE HEADING 9.0)

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 students included in the attached excel sheet are enrolled in an acupuncture/TCM training program in the above stated institution which is listed or applying to be listed under CCHPBC Bylaws Schedule 5 Table 1;
- (2) the students included in the attached excel sheet will undertake or are undertaking clinical training involving direct patient care in an acupuncture/TCM training program in the above stated institution with appropriate CCHPBC [TCMA] Student Registration;
- (3) the students included in the attached excel sheet are or will be properly supervised in clinical training;
- (4) the students included in the attached excel sheet are insured against professional liability as described in CCHPBC Bylaws Schedule 5 Heading 9.0 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 CCHPBC [TCMA]; 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 Regulatory Unit (PTIRU), 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