



CONFIRMATION FORM OF EDUCATION STANDING [TCMA] - COMPLETED BY INSTITUTION
(For Student Registration Applicants in the Designated Health Profession of Traditional Chinese Medicine and Acupuncture [TCMA])

TO BE COMPLETED BY INSTITUTION

Student's Full Legal Name _____ CCHPBC [TCMA] Registration # _____

Institution Name _____

Program of Study:

☐ Registered Acupuncturist ☐ Registered TCM Herbologist ☐ 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 5 Table 1 of CCHPBC Bylaw;
- (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 CCHPBC [TCMA] 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 schedule 5 paragraph 9.0 of CCHPBC Bylaw 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 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