

APPLICATION FORM – EDUCATION PROGRAM REVIEW

Please note that all fields in this form are mandatory

1. FULL NAME OF TRAINING INSTITUTION

2. CONTACT INFORMATION OF TRAINING INSTITUTION

Mailing Address	City	
Province	Country	Post Code
Telephone	Email	

Name & Title of Contact Person

3. CURRENT STATUS WITH PCTIA

<input type="checkbox"/> Accredited	<input type="checkbox"/> Registered
<input type="checkbox"/> Designation Certificate	PCTIA Institution # _____

If not currently accredited by PCTIA, 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 training institution programs in British Columbia that are accredited or have received designation certificate issued by PCTIA. I understand that our institution will be removed from Schedule H if we cannot satisfy the requirements of PCTIA accreditation or designation certificate 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. SUBMISSION CHECKLIST

All the following documents must be completed and submitted.

<input type="checkbox"/> Application Form
<input type="checkbox"/> Form A – CURRICULIM & SYLLABUS: Self-Study Report on Program Length and Structure
<input type="checkbox"/> Form B – 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 (Canadian dollars, money order payable to “CTCMA”)

6. 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 5 (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 PCTIA or its successor and/or DQAB.

<hr/> Print Name of Applicant	<hr/> Title of Applicant
<hr/> Signature of Applicant	<hr/> Date

