

IMPORTANT NOTE

This form is required for Candidates who:

- have failed an examination two (2) or more times; **AND**
- plan to complete **the 50-hour upgrading program that ONLY involves the didactic study.**

Please note that current student registration is required for those who plan to complete the 50-hour upgrading program that involves clinical training.

This form requires **two submissions** to the College. The first submission is **prior to** the commencement of the proposed upgrading program in order to obtain pre-approval by the Education & Examination Committee. The second submission is to be submitted together with the exam application package before the exam application deadline in order to verify completion of the pre-approved upgrading program. **Please note that the upgrading program must be completed prior to submitting the exam application package.**

On first submission, you are required to complete Section A, B and C. When your proposed upgrading program has been reviewed by the Education & Examination Committee, it will be returned to you with a decision and/or comments in Section D. When your proposed upgrading plan has been completed, please have Section E completed by the preceptor(s) and returned to CTCMA.

SECTION A: APPLICANT INFORMATION

Legal First Name	Legal Last Name				Legal Middle Name (if any)
Registration or Application Number:	Date of Birth	MM	DD	YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Examination Failed <input type="checkbox"/> Acupuncturist Examination <input type="checkbox"/> Herbalist Examination <input type="checkbox"/> Practitioner Examination <input type="checkbox"/> Dr.TCM Examination <input type="checkbox"/> Written <input type="checkbox"/> Clinical					
Number of times that you have failed the above selected examination:					

SECTION B: MANDATORY CONTACT / MAILING ADDRESS

Mandatory Contact Address:		Country:
City:	Province:	Postal Code:
Mandatory Email:	Tel:	Cell (if applicable):

SECTION C: PROPOSED 50-HOUR UPGRADING PROGRAM

The purpose of this 50-hour upgrading program is to allow candidates an opportunity to improve on areas of weakness in order to increase the chance of passing the exam in the future. The candidate may complete upgrading programs through either:

- Training institutions – The standards of PTIB and Advance Education Commission will be referenced for the acceptability of training institutions; or
- Private clinics – The preceptor should be a registrant of the College with a minimum of 7-year experience in practicing/teaching.

You may attach course descriptions or course outlines etc. when submitting this form.

Subject	Hours	Name of Preceptor	Preceptor's Registration #

SECTION D: EDUCATION & EXAMINATION COMMITTEE DECISION/COMMENTS (TO BE COMPLETED BY CTCMA)

Proposed upgrading plan was pre-approved on _____

Proposed upgrading plan was not approved (please adjust your proposed upgrading plan according to the comments stated below and submit another Upgrading Program Application Form to the College)

Comments:

SECTION E: COMPLETION OF UPGRADING PROGRAM (TO BE COMPLETED BY PRECEPTOR)

The proposed upgrading program has been completed on, _____.

The whole program was a total of _____ hours and was completed from _____
to _____.

PRECEPTOR 1

Signature of Preceptor

Date

PRECEPTOR 2

Signature of Preceptor

Date

PRECEPTOR 3

Signature of Preceptor

Date