



# 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.

Please use an original signature (not electronic signature). Upon completion, please return to the student.

### 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 S90 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

\* Keep copies of all application documents for your file. NO document will be returned to you.

