



**Council of Traditional Chinese Medicine & Acupuncture Schools of Ontario**  
*Working together to achieve the highest educational and professional standards*

## 2016 MEMBERSHIP APPLICATION/RENEWAL

**Please check one:**

- Initial membership application       Renewal application

*Educational institutions applying for or renewing membership must complete and submit this CTCMASO Application Form and a cheque for the required fees. All information requested on the application must be filled in.*

### School Ownership

Name(s):
Legal Corporate Name:

### Contact Information

School Name:				
Mailing Address:		City:	Province	Postal Code / code postal:
Telephone (main)	Direct Line / local:	Mobile :	Fax:	
E-mail Address:		Website:		
Additional Contacts				
Name	Telephone		E-Mail Address:	

### Type of membership

<b>Please check if you have one or more than one location</b>	
<input type="checkbox"/> Single school	
<input type="checkbox"/> Institution with more than one location, (fill the adjacent section)	<b>Please check only one in this section</b> <input type="checkbox"/> All locations registered under one membership, write down only one name <input type="checkbox"/> Associate membership, register each location separately



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### Membership fees

Fees are determined by the Council with the same flat fee applying to all members, regardless of the number of Students or locations.

Membership fees are due no later than January 31<sup>st</sup> of each year. Please remit your cheque and completed application form to the Secretary of the Council.

The 2015 yearly fee is **\$500** payable by check or money order to: Council of TCM and Acupuncture Schools of Ontario. The yearly fee is prorated on a monthly basis beginning January 1st.

### School Authorization of Representative

I am the owner or senior employee with signing authority. The school(s) represented in this application is a registered business. The institution I represent will act in compliance with CTCMASO By-laws and Policies and Procedures.

<b>Name (please print)</b>
<b>Signature:</b>
<b>Position or Title :</b>
<b>Date:</b>

**The Council representative and contact person for my/our institution(s) for the current membership year is:**

Name	Direct Line	E-mail	Campus location

**Please indicate if the person named above:**

- has the voting authority for your institution(s)
- does not have the voting authority for your institution(s)



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**Program Assessment**

The intention of the CTCMASO's program assessment is to ensure that each member complies with the core competencies and educational requirements of the province. The following section reflects the educational requirements of the CTCMPAO. Please attach additional supporting documentation if necessary.

**Programs Offered**

List of TCM or Acupuncture Diploma Program(s)	Total Program Hours	Program Duration

- Attach a detailed curriculum or course outline for your program, certified by your educational institution. This should include:
  - Theoretical and Practical Component
    - o a detailed list of course requirements for each program offered
    - o a description of the content of each course completed during education and training
    - o the numbers of clock hours for each course
  - Clinical Component
    - o Attach a copy of the detailed description for the supervised clinical training / experience completed as a part of traditional Chinese medicine/acupuncture program, including:
      - the number of clock hours of direct patient contact spent in clinical training/experience;
      - and number of weeks of clinical experience
  - Sample Transcript
  - Sample Diploma
  - Government Documentation
- Has at least one graduate that has successfully qualified to write the Pan-Canadian regulatory examinations

**Program Overview**

Please complete the chart below. Identify the number of hours from your academic record / transcript demonstrating that your completed program aligns with the definition of “full time education” as defined in Section 1 of the [Ontario Regulation 27/13 Registration](#).



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Year	Completed Theory (Hours)	Completed Practical (Hours)	Supervised Clinical Experience (Hours)	Total Hours Per Year
1				
2				
3				
4				
<b>Total Hours</b>				

I have attached additional pages (if applicable)

**Name of Clinical Supervisors and Registration Number with CTCMPAO:**

Name of Supervisor	Registration Number



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### Core Competencies Assessment

Please complete the below chart by listing name of courses from your academic record/transcripts demonstrating that your completed education program aligns to the required competencies as referenced in the [Entry-Level Occupational Competencies for the Practise of Traditional Chinese Medicine in Canada](#). Based on your transcripts/academics records, indicate the percentage of total hours of practical instruction and/or theoretical instruction spent in each competency area.

Core Competencies	Name of courses that specifically addressed the competencies identified in each area	Percentage of total hours of theoretical and/or practical instruction/course
TCM FOUNDATIONS		
DIAGNOSTICS AND TREATMENT		



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ACUPUNCTURE TECHNIQUES		
HERBAL DISPENSARY MANAGEMENT		
FUNDAMENTALS OF BIOMEDICINE		
INTERPERSONAL SKILLS		



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PROFESSIONALISM		
SAFETY		
PRACTICE MANAGEMENT		
<input type="checkbox"/> I have attached additional pages ( <i>if applicable</i> )		

## **Application Submission**

*Please submit your application and supporting documents by email to:*

**info@ctcmaso**

*or by mail to :*

**Council of Traditional Chinese Medicine and Acupuncture Schools of Ontario,  
455 Spadina Avenue #300, Toronto, ON M5S 2G8**