CTCMA

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

CONFIRMATION FORM OF EDUCATION STANDING
TO BE COMPLETED BY INSTITUTION

A separate form must be completed for each student. Please print clearly.

TO BE COMPLETED BY INSTITUTION	
Student's CTCMA Registration Number (if applicable)	
Student's Full Legal Name	
Institution	
Program of Study	
Enrollment Date (mm/yyyy)	
Expected Graduation Date (mm/yyyy)	
Clinical Practice Period (mm/yyyy – mm/yyyy)	
Clinical Supervisors (name & registration number)	

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 certify that:

(1) the student named above is enrolled in an acupuncture/TCM program in my institution during the clinical training;

(2) the person is/will be properly supervised in clinical practice, and my institution and the clinical supervisors have the required liability insurance for the period specified above.

_____ Signature of Principal/President of Institution	_____ Date