CTCMA

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

CONFIRMATION OF UPGRADING PROGRAM
CLINICAL TRAINING COMPLETED IN A PRIVATE CLINIC

TO BE COMPLETED BY PRECEPTOR

Student's Full Legal Name _____ **CTCMA Registration Number** _____

Name of Private Clinic _____

Name of Program / Clinical Training _____

_____

Program begins (mm/yyyy) _____ **Program ends (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 $** _____

A copy of insurance policy with both preceptor and student's names clearly stated must be attached.

PRECEPTOR'S DECLARATION

I, _____ **(print name of the Preceptor), currently practicing at**

_____ **(print name of the private clinic) certify that:**

(1) the student named above will undertake clinical training involving direct patient care in an upgrading program in the above stated private clinic with appropriate CTCMA student registration;

(2) the student named above will be properly supervised during the clinical training;

(3) the student named above is insured against professional liability as described in S90 of CTCMA Bylaws during the clinical training period;

(4) the above stated program preceptor has met and complied with the requirements set out by the CTCMA;

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 Preceptor	_____ Date

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