



Feedback Form
Draft Quality Assurance Regulation
(Deadline for comments: September 30, 2011)

To: Registrar, Transitional Council
College of Traditional Chinese Medicine Practitioners and
Acupuncturists of Ontario
163 Queen Street East, 4/F
Toronto, Ontario M5A 1S1
Email: Survey@ctcmpao.on.ca Fax: (416) 874-4078

I, _____ am submitting my
(Last Name) (First Name)

comments on the draft Quality Assurance Regulation as:

- a TCM Practitioner a Health Professional
 a Public Member Other _____ (Specify)
- on behalf of _____
(Name of Organization)

Comments:

1. The draft QA Regulation adheres to the legislative requirements of the *Regulated Health Professions Act, 1991 (RHPA)*. Yes No

Comments

2. The intent of the draft QA Regulation is clear. Yes No

Comments

3. I support implementation of a basic program on proclamation of the TCM Act and subsequent evolution of the program as the College matures. Yes No

Comments

4. Other Comments

I **consent/ not consent** to posting of my comments on the transitional Council website. I am aware that the name of the organization will be posted, but not the name of the individual. I understand that the transitional Council shall review and edit submissions and has full discretion in determining not to post my comments and any other comments if it is a repetitive entry and/ or contain abusive, derogatory comments.

I am providing my contact information below for the transitional Council to contact me in case there are questions on my submission and to receive future update on the work of the transitional Council and/or the future College:

Mailing Address:

(Street)

(Town/City)

(Province)

(Postal Code)

Telephone _____

Email _____

Signature _____

Date _____
(on or before September 19, 2011)