College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l'Ontario

SELF-ASSESSMENT FORM FOR MEMBERS WHO HAVE BEEN REGISTERED IN THE INACTIVE CLASS FOR MORE THAN TWO YEARS

Name: _____

Registration Number: _____

Date since you have last practised in the profession: _____

STANDARDS OF PRACTICE QUESTIONNAIRE

Please provide an answer to the following questions relating to the College's Standards of Practice. If yes, please check the box. If improvement is required in any area, provide additional details.

Legislation, Standards and Ethics

	Yes	Needs Improvement
I am familiar with the current standards, policies, and by-laws of the College	❑	
I am familiar with the current Professional Misconduct Regulation of the College	❑	
I am familiar with the controlled acts members of this College are currently permitted and prohibited from using	❑	
I am familiar with the Protected Titles members of this College are currently permitted and prohibited from using	❑	
I am familiar with the College's current Jurisprudence Course Handbook	❑	
I possess the current knowledge, skill and judgement relating to the practice of the profession that would be expected of a member holding the type of certificate which is being applied for	❑	

Safety		
	Yes	**Needs Improvement**
I am familiar with the College's current Safety Program Handbook	❑	
I am familiar with the infection control procedures	❑	
I am familiar with procedures related to the disposal of sharps or contaminated materials	❑	
I am familiar with all risks and contraindications related to traditional Chinese medicine treatments	❑	
Diagnosis and Treatment		
	Yes	**Needs Improvement**
I am familiar with the requirement to obtain informed consent of the patient before providing an assessment or treatment	❑	
I am able to assess the patient's condition during the course of treatment	❑	
I am able to communicate a TCM diagnosis identifying a body system disorder as the cause of a person's symptoms	❑	
I am familiar with the World Health Organization's standard for the location of acupuncture points	❑	
Communication		
	Yes	**Needs Improvement**
I am able to provide clear and understandable information to my patients	❑	
I am familiar with the requirements associated with informed consent and my responsibility to provide patients with all relevant information regarding treatments	❑	
I am able to use a range of communication skills to develop and maintain effective professional relationships	❑	
I provide care to patients regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, or disability.	❑	

Record Keeping		
	Yes	**Needs Improvement**
I am familiar with the record keeping policy of the College	❑	
I am able to create and maintain a comprehensive file for each patient in accordance with the record keeping guidelines of the College	❑	
I am able to maintain complete and accurate records related to billing	❑	
I am able to maintain detailed inventory for supplies and equipment	❑	
Prohibition of a Sexual Relationship with a Patient		
	Yes	**Needs Improvement**
I am familiar with what constitutes a sexual abuse under the RHPA	❑	
I am familiar with the steps to ensure appropriate boundaries in a member/patient relationship	❑	
I am aware that a sexual relationship with a patient is strictly prohibited, and that engaging in such a relationship could result in the revocation of my certificate of registration	❑	
I am aware that members of this College are prohibited from providing treatment to their spouse, unless the treatment is incidental or in an emergency	❑	
I understand that a sexual relationship with a former patient, or treating a former sexual partner, may never be appropriate	❑	
I understand the mandatory duty to report suspected sexual abuse of a patient by another health care professional	❑	

RE-ENTRY PLAN

Please briefly describe your plan for re-entry to the profession:

CURRENCY OF KNOWLEDGE

Please briefly describe the steps you have taken to ensure that you have maintained the current knowledge, skill and judgement relating to each of the Entry Level Occupational Competencies for the Practice of TCM In Canada:

Traditional Chinese Medicine Foundations

Diagnostics and Treatment

Acupuncture Techniques

Dispensary Management (R. TCMP Only)

Fundamentals of Biomedicine
Interpersonal Skills
Professionalism

Safety

Practice Management

EDUCATION RELATED TO TRADITIONAL CHINESE MEDICINE

If you are enrolled in, or completed additional education related to your TCM profession since registering in the Inactive Class, complete this section, and attach all relevant documents.

Level of Education

- ❑ Diploma
- ❑ Bachelor's Degree
- ❑ Master's Degree
- ❑ Doctorate
- ❑ Professional Doctorate
- ❑ Other: _____

Institution of Graduation

- ❑ Canadian College or University (specify): _____
- ❑ Canadian Private Career College
- ❑ Out of Country

Country of Graduation

❑ Canada Province/Territory, if education completed in Canada: _____

❑ USA State(s) if education completed in the USA: _____

❑ Other (specify): _____

Year of Graduation: _____

PRACTICE EXPERIENCE OUTSIDE OF ONTARIO

If you have practised traditional Chinese Medicine and/or traditional Chinese acupuncture outside of Ontario since registering in the Inactive Class of registration, please complete this section.

Location of Patient Visits

Country:		**State/Province:**	

Dates

From				**To**			
	MM	**DD**	**YYYY**		**MM**	**DD**	**YYYY**

Patient Visits

Total number of TCM patient visits you have completed outside of Ontario since registering in the Inactive Class:

CONCURRENT REGISTRATION

Are you registered with another regulatory body responsible for the regulation of Traditional Chinese Medicine?

❑ Yes ❑ No

If yes, please provide the following information for every jurisdiction where you hold a certificate of registration:

Regulatory Body	Registration / Licence No.	Date of Initial Registration (mm/dd/yyyy)	Province / State	Country

DECLARATION

I solemnly declare that the contents of this self-assessment including all attachments are true and complete to the best of my knowledge and belief.

I understand and agree that any false or misleading statement may constitute professional misconduct and may result in the revocation of my certificate and/or I may face disciplinary proceedings.

I acknowledge that the information provided on this form is used by CTCMPAO to administer the Regulated Health Professions Act, 1991, the Traditional Chinese Medicine Act, 2006, the Regulations under these Acts, the By-Laws, Policies, Standards of Practice, Guidelines and programs related to the governance of the profession; and that the information is collected, used and disclosed in accordance with those documents.

Declared by:

Name of Member (Please print)	***Signature of Member***	***Date of Signature*** *(mm/dd/yyyy)*