



**OFFICE USE ONLY**

Application/Registration #:

Date of Application Received:

Month | Day | Year

## CONFIRMATION FORM OF EDUCATION STANDING

**TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION OR PROPOSED SUPERVISOR** (A separate form must be completed for each student.)

Complete application form in full (please print clearly). Incomplete forms will delay the registration process. Please refer to the Candidate's Guide.

If there are changes to any of the following information, you must immediately provide written details to CTCMPAO.

### 1. STUDENT INFORMATION

<b>Legal First Name</b>	<b>Legal Middle Name (if any)</b>	<b>Legal Last Name</b>
_____	_____	_____

### 2. PROGRAM ENROLLED

<b>Name of the institution</b>	<b>Address of the institution</b>
_____	_____
<b>Name of the program</b>	_____
_____	_____
<b>Enrollment Date (mm/yyyy)</b>	<b>Expected completion date (mm/yyyy)</b>
_____	_____

**Expected total program hours upon completion:**

\_\_\_\_\_

### 3. PROPOSED SUPERVISOR'S INFORMATION

All applicants are required to provide name of a supervisor under whose supervision the Student member expects to practise, as per the [Supervision Policy](#). The Supervisor must be holding a Grandparented or General Class registration with CTCMPAO, complete and submit the Acknowledgment and Undertaking for Registrar's approval.

<b>Proposed Supervisor's Name</b>	_____
<b>Registration Number with CTCMPAO</b>	_____



#### 4. PROFESSIONAL LIABILITY INSURANCE (Refer to CTCMPAO BY-LAWS)

Members of the Student Class must be covered for professional liability in one of the following ways:

- Be covered by their clinic supervisor's professional liability insurance
- Be covered by insurance held by their education institution
- Applicant will maintain their own professional liability insurance

If the applicant is covered for insurance held by their education institution or supervisor, please attach a copy of the certificate of professional liability insurance.

#### 5. DECLARATION

I certify that:

1. The student named above is enrolled in a post-secondary TCM and/or TCM acupuncture program that aligns with the definition of "full time education" as defined in Section 1 and Section 9(1) paragraph 1 of the [Ontario Regulation 27/13 Registration](#) or a clinical experience program that conforms with the requirements in s. 9(1) paragraph 2 of Ontario Regulation 27/13;
2. The student will only practise the profession while under the supervision of the Supervisor.
3. The Supervisor can communicate with the student in the student's language.

Signature of Representative of Institution or Supervisor

Date of Signature (mm/dd/yyyy)