



College of Traditional Chinese Medicine  
Practitioners and Acupuncturists of Ontario

Ordre des praticiens en médecine traditionnelle  
chinoise et des acupuncteurs de l'Ontario

**College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario**

- and -

\_\_\_\_\_  
(Name of Supervisor)

**ACKNOWLEDGEMENT AND UNDERTAKING**

I, \_\_\_\_\_, of \_\_\_\_\_, Ontario, acknowledge and undertake  
(Name of Supervisor) (City/Town)  
as follows:

1. I am an active member of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the "College"), in good standing with the College, and have a Grandparented/General certificate of registration that is not subject to any additional terms, conditions or limitations.
2. I have agreed to act as a Supervisor for \_\_\_\_\_ who is applying for a Student  
(Name of Applicant)  
Class Certificate of Registration with the College. For the purposes of this Acknowledgement and Undertaking, I will refer to \_\_\_\_\_ as the "Member."  
(Name of Applicant)
3. I acknowledge that my role is to allow the member to comply with a term, condition and limitation on the Member's certificate of registration, more specifically as set out in s. 13(1) of the Registration Regulation:  
  
*The member shall only practise the profession while under the supervision of a member who holds a Grandparented or General certificate of registration who can communicate with the member in the member's language and who has been approved by the Registrar.*
4. I confirm that I can communicate with the Member in the Member's language.
5. I confirm that I have the professional liability insurance in accordance with CTCMPAO By-laws and Registration Policy on *Professional Liability Insurance* as of the anticipated date of the issuance of a certificate; I confirm that my professional liability insurance will meet the minimum required coverage.
6. I acknowledge that the purpose of my supervision is to ensure that the Member is practising safely and meeting the expected clinical standard of care and displaying the expected knowledge, skill, judgment and attitude expected of a traditional Chinese medicine practitioner/acupuncturist.
7. I undertake that, starting from \_\_\_\_\_, I shall act as the Member's supervisor.  
(mm/dd/yyyy)

My obligations shall include, at minimum:

- (a) supervising the Member's practice and conducting regular reviews of it;
  - (b) directly observing patient care where appropriate;
  - (c) being available to the Member for support and guidance;
  - (d) reviewing the Member's patient assessment records and signing every patient record;
  - (e) discussing any concerns arising from chart reviews with the Member;
  - (f) making recommendations to the Member for practice improvements and ongoing professional development, and making inquiries of the Member to determine that he or she is complying with my recommendations; and
  - (g) any other activities, such as reviewing other documents or conducting interviews with or obtaining feedback from the Member's colleagues, co-workers and staff that I deem necessary to the Member's supervision.
8. I acknowledge that I may be asked to submit written reports to the College regarding my supervision of the Member. This report shall be in a form acceptable to the Registrar, and in reasonable detail and contain all information I believe might assist the College in evaluating the Member's standard of practice.
9. I undertake that, if I am concerned about the Member's clinical performance, knowledge, skill, judgment or professional conduct, or that the Member may not be complying with the terms, conditions or limitations imposed on his or her certificate of registration, and/or that his/her patients may be exposed to risk of harm or injury, I shall immediately notify the College.
10. I undertake to immediately inform the College in writing if:
- (a) the Member and I have terminated our supervision relationship;
  - (b) I cannot fulfill the terms of my undertaking;
  - (c) I become the subject of disciplinary or incapacity proceedings;
  - (d) I cease being in good standing with the College; or
  - (e) My certificate becomes subject to any additional terms, conditions or limitations.
11. I acknowledge that the Member has consented to my disclosure to the College of all information necessary to fulfill my undertaking to the College.
12. I undertake that I am not related to the Member in any way, and that I have no real or perceived conflict of interest with the Member.
13. I acknowledge that, if I breach the terms of this Acknowledgement and Undertaking, it may constitute an act of professional misconduct.

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Signature of Supervisor

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Date of Signature (mm/dd/yyyy)