



MEMBERSHIP APPLICATION/RENEWAL

Please check one:

- Initial membership application Renewal application

Educational institutions applying for or renewing membership must complete and submit this CTCMASO Application Form and a cheque for the required fees. All information requested on the application must be filled in.

School Ownership

Name(s):
Legal Corporate Name:

Contact Information

School Name:				
Mailing Address:		City:	Province	Postal Code / code postal:
Telephone (main)	Direct Line / local:	Mobile :	Fax:	
E-mail Address:		Website:		
Additional Contacts				
Name		Telephone	E-Mail Address:	

Type of membership

Please check if you have one or more than one location	
<input type="checkbox"/> Single school	
<input type="checkbox"/> Institution with more than one location, (fill the adjacent section)	Please check only one in this section <input type="checkbox"/> All locations registered under one membership, write down only one name <input type="checkbox"/> Associate membership, register each location separately



Membership fees

Fees are determined by the Council with the same flat fee applying to all members, regardless of the number of Students or locations.

Membership fees are due no later than January 31st of each year. Please remit your cheque and completed application form to the Secretary of the Council.

The yearly fee is **\$500** payable by check or money order to: Council of TCM and Acupuncture Schools of Ontario. The yearly fee is prorated on a monthly basis beginning January 1st.

School Authorization of Representative

I am the owner or senior employee with signing authority. The school(s) represented in this application is a registered business. The institution I represent will act in compliance with CTCMASO By-laws and Policies and Procedures.

Name (please print)
Signature:
Position or Title :
Date:

The Council representative and contact person for my/our institution(s) for the current membership year is:

Name	Direct Line	E-mail	Campus location

Please indicate if the person named above:

- has the voting authority for your institution(s)
- does not have the voting authority for your institution(s)



Program Assessment

The intention of the CTCMASO's program assessment is to ensure that each member complies with the core competencies and educational requirements of the province. The following section reflects the educational requirements of the CTCMPAO. Please attach additional supporting documentation if necessary.

Programs Offered

List of TCM or Acupuncture Diploma Program(s)	Total Program Hours	Program Duration

- Attach a detailed curriculum or course outline for your program, certified by your educational institution. This should include:
 - Theoretical and Practical Component
 - o a detailed list of course requirements for each program offered
 - o a description of the content of each course completed during education and training
 - o the numbers of clock hours for each course
 - Clinical Component
 - o Attach a copy of the detailed description for the supervised clinical training / experience completed as a part of traditional Chinese medicine/acupuncture program, including:
 - the number of clock hours of direct patient contact spent in clinical training/experience;
 - and number of weeks of clinical experience
- Has at least one graduate that has successfully qualified to write the Pan-Canadian regulatory examinations

Application Submission

Please submit your application and supporting documents by email to:

info@ctcmaso.ca

or by mail to :

**Council of Traditional Chinese Medicine and Acupuncture Schools of Ontario,
455 Spadina Avenue #300, Toronto, ON M5S 2G8**