



NS Chapter of CMAAC (the Chinese Medicine and Acupuncture Association of Canada)

1306 Bedford Hwy, Bedford
Nova Scotia, Canada B4A 1C5

**Membership Application Form - 入会申请表 (请填写工整)
(please print)**

Surname: 姓 _____ Given Name(s): 名 _____
Chinese Name: 中文名字 _____ Sex: 性别 _____
Date of Birth (d/m/y): 出生日期 ____ / ____ / ____ Marital Status: 婚姻状况 _____
Citizenship or Resident Status (according to the Canada Immigration Act): 国籍 _____
Home Address: 家住址 _____
City: 城市 _____ Province / State: 省/州 _____
Postal Code / Zip: 邮政编码 _____ Country: 国家 _____
(H) Phone: 住宅电话 _____ Fax: 传真 _____
Place of Employment: 工作单位 _____
Address: 地址 _____
City: 城市 _____ Province / State: 省/州 _____
Postal Code / Zip: 邮政编码 _____ (W) Phone: 工作电话 _____
Fax: 电传 _____ E-mail Address: _____

Education 學歷

	Name and Address 名稱和地址	Date (From-To) 時間	Degree Earned 所获学位
High School 高中			
College 學院			
University 大學			
Other 其他			

TCM and Acupuncture Education 中醫針灸教育

Education Facility 學校	Location 地點	Date (From - To) 時間	Degree Earned 所获学位

Apprenticeship 中醫針灸師徒教育

Teacher / Professor / Mentor 指导老师/教授/师傅	Location 地點	Date (From – To) 時間

Post-Graduate TCM and Acupuncture Training 中醫針灸培訓

Internship 實習

Discipline 学科	TCM School / Hospital 学校 / 醫院	Date (From – To)時間	Total Hours 學時

Clinical and/or Research Fellowships 臨床研究獲獎

Type / Discipline 学科	TCM School / Hospital 学校 / 醫院	Date (From – To)時間	Total Hours 學時

Post-Graduate TCM and Acupuncture Qualifications 中醫針灸資格

Examination (government sponsored) 考试	Location 地點	Certification and Date 何時得到證書

TCM and/or Acupuncture License(s) 中醫針灸執照

License 執照	Province/State/Country 省 / 州 / 國家	Date of Issue 發照日期	Date of Expiration 有效期至

Continuing Education 再教育學習

Name / Program 名称 / 项目	Location 地點	Date (From – To)時間	Hours 学时

Practice History 工作簡歷

In chronological order, list the names of every jurisdiction where you have practiced TCM and Acupuncture, including all training appointments, since your graduation from TCM School. 按時間順序列出你從TCM學校畢業以後所從事的所有與專業有關的工作

Establishment 工作單位	Date (From – To) 時間	Address 地點	Contact 證明人

How many patients do you treat each year? : 每年治療病人次數: _____

Affiliations 隸屬組織

List all professional associations with which you have held / currently hold membership. 列出您曾加入或正在加入的專業組織

Association Name 組織名稱	Date (From – To) 時間	Membership No. 會員號	Contact 證明人

Questionnaire 問卷

The following questions are to be answered yes or no. For every affirmative answer, please attach a comprehensive explanation to the application and identify the registering authority, health care facility, attending practitioner, or other institutions/persons involved in the situation. 請用“是”或“否”回答下列問題。回答為“是”的問題，請附上詳細說明，並指出與此事有關的註冊部門，醫療主管部門，工作單位，或其他機構或個人。

Have you ever applied for a medical license, certificate of registration, or permit to practice and had such application rejected? 你曾申請過醫療執照，註冊證書，或執業許可，並且申請被拒絕過？ Yes DEL No DEL

Have you ever had a medical license, certificate of registration, or permit to practice suspended, restricted, or revoked? 你曾經被停止，限制或吊銷過醫療執照，註冊證書，或執業許可嗎？ Yes DEL No DEL

Have you ever voluntarily surrendered your medical license, certificate of registration, or permit to practice for any reason other than avoidance of renewal fees? 除因未交納會費外，你曾因其他任何原因自願終止你的醫療執照，註冊證書，或執業許可嗎？ Yes DEL No DEL

Have you ever, in expectation of, or during the pendency of an investigation/disciplinary proceeding, voluntarily restricted your medical license, certificate of registration, or permit to practice? 你曾在某项调查未裁决前或惩戒期间，自愿限制你的医疗执照，注册证书，或执业许可吗？

Yes DEL No DEL

Have you ever been found guilty of professional misconduct or deemed incompetent/ incapacitated? 你曾经被发现有过职业不良行为或不称职吗？

Yes DEL No DEL

Have you ever agreed to a settlement to avoid any proceeding or disciplinary action in respect to your professional conduct, competence, or capacity? 你曾经同意就你的职业行为，能力予以调解可以避免任何惩戒吗？

Yes DEL No DEL

Have you ever been charged with and/or convicted of a criminal offence? 你曾经被指控犯罪吗？

Yes DEL No DEL

Are there any criminal charges pending against you? 你有尚未判决的指控吗？

Yes DEL No DEL

Has a court or governing body ever made a finding against you related to the practice of medicine (i.e., malpractice, failure to honour confidentiality oath)? 你曾被法庭或政府机构认为行医不当吗？如方式不当，误诊，治疗不当，保密信誉不良等。

Yes DEL No DEL

Have you ever been withdrawn from, suspended from, or expelled from a medical school? 你曾经从医学院退学，被停学或被开除吗？

Yes DEL No DEL

Have you ever been withdrawn from a post-graduate training program or been suspended/removed from practice during a post-graduate training program? 你曾经在培训期间退学，或在实习期间被开除吗？

Yes DEL No DEL

Are you now abusing, addicted to, or being treated for abuse/addiction to alcohol, narcotics and/or any other controlled substance? 你现在吸毒或酗酒，或曾因吸毒或酗酒而被治疗过吗？

Yes DEL No DEL

Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions with respect to your character, conduct, competence, or capacity that may be an impediment to your application for membership at The Chinese Medicine and Acupuncture Association of Canada? 是否有任何事件，状况或环境未包括在以上关于你的性格，品行，能力的问题的回答中，但可能妨碍你的申请加入加拿大中医药针灸学会？

Yes DEL No DEL

Declaration 聲明

I hereby apply for membership in accordance with the Constitution of the Chinese Medicine and Acupuncture Association of Canada (CMAAC). In the event of cessation of membership with CMAAC, the membership certificate, being the property of CMAAC will be duly returned. 我在此申請加入加拿大中醫藥針灸學會，擁護和遵守學會的章程。當退出學會時，會員證書必須退還。

Dated this _____ day of _____ month _____ year

Applicant's Signature: 申請人簽名: _____

Witness (print) 證明人

Signature 簽名

Witness (print) 證明人

Signature 簽名

Note: With your application form, please enclose the following: 附注：請隨同申請表附上下列資料：

Membership fee 申請費: Cheque 支票 () Cash 現金 () Money order 匯單 ()

Two passport size photographs signed by a CREDIBLE GUARANTOR 兩張護照尺寸近照並在照片背面簽字

CERTIFIED Copies of credentials (Academic & Clinical) 正式的學歷，實習證件的副本

Signed Code of Ethics 簽道德原則宣誓表

Two letters of reference 兩封推荐信

Copy of Education Transcripts 學習成績單

Please note: The processing fee for the membership application is NON-REFUNDABLE. As well, certified copies of credentials submitted will NOT be returned. 注意：入會申請費以及所有證件副本一概恕不退還。

For Office Use Only: Membership Qualification: _____

For Office Use Only: 學會填寫:

Membership Qualification: 會員資格 _____

Membership Number: 會員號碼 _____

Date of Issue: 簽發日期 _____

**AFFIX PHOTOGRAPH
HERE**
貼照片處
*Photograph must be passport size and
signed by an accredited guarantor, i.e.
Notary Public, etc.*
必須使用護照規格近照
並在照片背面簽字