



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

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

**STUDENT 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

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 student clinic training appointments. How many patients have you treated in student clinic so far?:

Establishment 工作单位	Date (From – To) 時間	Address 地點	Contact 證明人

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专业组织

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. 请用“是”或“否”回答下列问题。回答为“是”的问题，请附上详细说明，并指出与此事有关的注册部门，医疗主管部门，工作单位，或其他机构或个人。

Have you ever applied for a medical license, certificate of registration, or permit to practice and had such application rejected? 你曾申请过医疗执照，注册证书，或执业许可，并且申请被拒绝过？

Yes DEL

No DEL

Have you ever had a medical license, certificate of registration, or permit to practice suspended, restricted, or revoked? 你曾经被停止，限制或吊销过医疗执照，注册证书，或执业许可吗？

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? 除因未按时交纳会费外，你曾因其他任何原因自顾终止你的医疗执照，注册证书，或执业许可吗？

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 a student membership in the Nova Scotia Chapter 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 ()

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

Copy of Education Transcripts 學習成績單

For Office Use Only: Membership Qualification: STUDENT MEMBER