

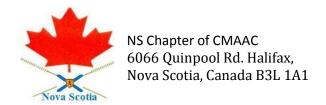
Name:	
Member #:	
Date:	

## Dear Colleague,

As discussed in our last AGM, we require a bit of information for your file for membership renewal. Please fill out this form, and send in the requested documents to the address above.

## **Member Information:**

1) Are you over 18 and legally entitled to work in Canada?	
2) Do you reside in Nova Scotia? If not, where do you live?	
3) Do you hold current malpractice insurance with at least 1 million general liability?	
4) Do you maintain a minimum of 15 CEUs or a recommended 30 each year?	
5) Can you provide copies of your Chinese Medicine school transcripts? If not, please indicate why.	
6) Name of school where you received training in Chinese Medicine and/or Acupuncture.	
7) How many years of <u>full time</u> , in <u>class</u> study have you completed from the school mentioned above.	
8) How many <u>in class</u> hours of instruction did you received from this school?	
9) How many hours of clinical training hours did you complete. (Clinical training hours refers to direct patient contact under supervision)	
10) Did you receive Needle Safety training as part of your school curriculum at a school of Chinese Medicine? Please give the course number so we can cross check it with your transcripts. If not, please explain.	



Please package all documents into the same envelope and send together to the above address.

## **Documents Check-list:**

- 1. Print the previous page of this letter and complete the form.
- 2. Photocopy of <u>Canadian Government issued picture ID</u> (can be either: Driver's License, passport or ID card from ACCESS NS)
- 3. Photocopy of ID <u>with current residential address</u> on it (such as a power bill, or bank statement)
- 4. **Proof of Insurance coverage**:

Copy of statement from your insurance company showing proof of current coverage for the upcoming year (must include location of practice, members name as registered with us, 1 mil general liability)

- 5. <u>Chinese Medicine Training information</u>: If you can provide copies of your transcripts, please do so. (Original, sealed copies of transcripts from your school of Chinese Medicine)
- 6. <u>Copy of your diploma</u> from your school of Chinese Medicine.
- 7. 2015 Criminal Record Check with the included Vulnerable Sectors check (see attachments)
- 8. Completed **Child Abuse Registry form** (see attachments)

Thank you for your membership renewal. We have a wonderful association.

Sincerely

Devorah Fallows Regulations & Standards of Practice Board Member Nova Scotia Chapter The Chinese Medicine & Acupuncture Association of Canada

加拿大中国医药针灸协会