



NS Chapter of CMAAC  
6066 Quinpool Rd. Halifax,  
Nova Scotia, Canada B3L 1A1

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 full time, in class study have you completed from the school mentioned above. \_\_\_\_\_

8) How many in class 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. \_\_\_\_\_



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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 **Canadian Government issued picture ID**  
(can be either: Driver's License, passport or ID card from ACCESS NS)
3. Photocopy of ID **with current residential address** 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. **Chinese Medicine Training information:** If you can provide copies of your transcripts, please do so. (Original, sealed copies of transcripts from your school of Chinese Medicine)
6. **Copy of your diploma** 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