

Dear Colleague,

Thank you for your interest in PTCMAAS.

We are a professional association for TCM practitioners in Saskatchewan. We have the same requirements as licensed acupuncturists and TCM practitioners in provinces where acupuncture and TCM are regulated by government legislation. With these high standards, our patients and our insurance companies know that all of our members have a high degree of education, safety and professional conduct. Also, if Saskatchewan adopts legislation to regulate acupuncture in the future, our members will be in the best position to comply with those requirements.

If you have difficulty with the form, please contact us. Sometimes, a Chinese member can explain.

To meet the standards for insurance company approval, we require several other things:

1. Education certificate or transcripts	Education is our most important membership requirement. We ask for the number of hours and years of TCM schooling based on current TCM university and college programs. We give special consideration to people who may not have the same programs and subjects if they went to school many years ago. If you do not have transcripts but you have a diploma or degree, please send copies of those. If you do not have any school records, please describe your schooling, including the school, program name, number of years, and clinical work. Your work experience also counts – number of years, places where you practiced, special training, etc.
2. Practicing (P) or non-Practicing (NP)	Members who will be practicing acupuncture (P) must meet all the requirements of the application. Members who will <i>not</i> be practicing acupuncture (NP) do not need to have a First Aid and CPR certificate, an Acupuncture Safety certificate, or Professional Liability insurance. However, NP members cannot buy our Professional Liability insurance, and their patient treatments will not qualify for insurance coverage. NP members must still provide a Criminal Record Check.
3. First Aid and CPR-C certificate	This certificate must be up-to-date and requires a 16-hour training course, which is provided by businesses (see <i>First Aid</i> in the Yellow Pages or on-line). It must be renewed every 3 years with an 8-hour training renewal course or online course. Please call us if you need more information about this requirement.
4. Clean Needle Technique and Acupuncture Safety Course certificate	This is the standard safety certificate required in all licensed provinces and states. We accept certificates from all provinces and NCAAOM (USA). It is usually part of modern TCM/Acupuncture college programs. Applicants who need to take the course and exam can take it at a Canadian school (for example, in Calgary, Edmonton, Victoria, etc.). Some years, we have arranged courses in Saskatchewan for our applicants, and we are trying to set up a regular approved course. Please call us if you need more information about this requirement.
5. Criminal record check	This is a common requirement for all health professionals, and anyone who works with people in vulnerable situations (sick, children, elderly, handicapped, etc.). If you live in Regina or Saskatoon, you request it at the city police station. In the rest of Saskatchewan, you request it from the RCMP station where you live. You can show them the letter attached to this application and they will ask you to fill out a form. The request usually takes a few days or weeks. Some police stations may charge a fee for this service.
6. Professional liability insurance	We require an insurance certificate showing a minimum \$1,000,000 professional liability insurance. This must be renewed each year. If you do not have insurance yet and you expect to purchase it from our supplier (or another supplier) after your application is approved, please write that on the application form.

We know that these requirements may seem very strict and a lot of work. However, our patients, our government agencies, and our insurance companies can see that our standards are very high and that our members make great efforts to protect the public. We will do our best to help you through our application process, and we hope that you will be proud to join with us in this great profession.

PTCMAAS Board of Directors

Membership Application

When completed, this application form is PRIVATE and CONFIDENTIAL and is only reviewed by the Board of Directors and assigned independent verifiers.

Application Date: _____

I) PERSONAL INFORMATION (Must match your government ID, such as a driver's license or passport)		
Full Legal Name: _____		
First	Middle	Last
Business Name: _____		
Business Address: _____		
Street		

City	Province	Postal Code
Other Business Operation Addresses _____		

Phone: _____		
Business	Other	
Email: _____		
Website: _____		
PTCMAAS provides members' contact information to insurance companies, to other PTCMAAS members, and on our website. Please check one of the following:		
<input type="checkbox"/> I give permission for PTCMAAS to provide this contact information as described.		
<input type="checkbox"/> I DO NOT give permission for PTCMAAS to provide this contact information as described.		

Other names (English name, nickname, alias, etc.) _____

Date of Birth: _____ / _____ / _____
Month Day Year

Mailing Address: _____
Street

City Province Postal Code

Preferred correspondence: email Mail Other _____

2) APPLYING FOR (Check applicable level of membership. P: currently practicing. NP: Non-practicing members – generally supporting the Society, not approved for patient insurance claims, and not required to complete Sections 5, 7, and 10).

✓	Level of membership	Education/training Requirements	Practicing (P) or Non-Practicing (NP)
	Acupuncturist	1,900 hrs including 450 hrs of practicum (or equivalent) completed in a minimum of 3 academic years. Safety exam. Valid certificate, diploma, degree, etc.	
	TCM Herbalist	1,900 hrs including 450 hrs of practicum (or equivalent) completed in a minimum of 3 academic years. Safety exam. Valid certificate, diploma, degree, etc.	
	TCM Practitioner (Herbal+Acupuncture)	2,600 hrs including 650 hrs of practicum (or equivalent) completed in a minimum of 4 academic years. Safety exams. Valid certificate, diploma, degree, etc.	
	Master of Traditional Chinese Medicine (Herbal+Acupuncture)	3,250 hrs including 900 - 1,050 hrs of practicum (or equivalent) completed in a minimum of 5 academic years. Safety exams. Valid certificate, diploma, degree, etc.	
	Other (specify)		

3) EDUCATION

Institution name and contact information ¹	Name of Degree, Diploma, or Certificate ²	Number of Years of study	Completed date	Class hours	Clinical hours	Total Hours

¹ Include copy of Degree, Diploma or Certificate and transcript(s). If your document is not in English, please provide a notarized translation. PTCMAAS can sometimes provide an independent verifier to verify an unnotarized translation.

4) APPRENTICESHIP/SUPERVISED INSTRUCTION

Master/Instructor or Institution and contact information	Name of Diploma or Certificate ²	Completed date	Class hours	Clinical hours	Total Hours

Include Master/Instructor Letter, Certificate, etc. If your document is not in English, please provide a notarized translation. PTCMAAS can sometimes provide an independent verifier to verify an unnotarized translation.

5) FIRST AID AND CPR C (Not required for non-practicing applicants.)

Current certificate included with application: Yes No Expiry Date _____

6) CRIMINAL RECORD CHECK including Vulnerable Sector

You may wish to show the request for the Criminal Record Check (at the end of this application) to your local police agency.

Included with application _____

Other _____

7) SAFETY EDUCATION/EXAMS (Not required for non-practicing applicants.)

Safety course	Location & Date completed
Acupuncture Safety Course	
Herbology Safety Course	

Include copy of Certificate. If your document is not in English, please provide a notarized translation. PTCMAAS can sometimes provide an independent verifier to verify an unnotarized translation.

8) PROFESSIONAL CONDUCT AND PRACTICE STANDARDS

- Have you ever been disciplined by any professional association or regulatory body? Yes No
 Have you ever voluntarily surrendered a license to practice? Yes No
 Do you have any current or past complaints in relation to your practice? Yes No

If you answered yes to any of the above, please complete the following information; attach additional sheets if needed.

Date: _____

Nature of Event: _____

Outcome and remedial action taken: _____

9) GOVERNMENT REGULATORY BODIES

Regulatory Body	Reg No.	Contact Information	Title	Member Since

10) PROFESSIONAL LIABILITY INSURANCE (Not required for non-practicing applicants.)

Acupuncturists require a minimum of \$1,000,000.00 professional liability insurance (also known as Errors and Omissions Insurance). Please include a copy of your current insurance certificate.

- Included: Yes Expiry Date _____
 No
 I would like to purchase insurance through the PTCMAAS provider (after application is approved)
 I will purchase insurance through another provider

11) PROFESSIONAL ASSOCIATIONS

Association	Reg No.	Contact Information	Designation	Member Since

12) AUTHORIZATION

I, _____, declare that I am authorized under Canadian law to work in Canada.
Name of Applicant

13) FEES

Application fee: \$50.00 (payable at time of application).
 Annual membership fee: \$100.00 (payable upon approval of completed application)
Please make cheque or money order payable to PTCMAAS, Inc. Contact PTCMAAS for information about eTransfer.

14) NOTIFICATION & REVIEW

Please notify PTCMAAS Inc. of changes to your information. Please review our bylaws.

15) APPLICANT'S DECLARATION

I, _____, declare that all the information made in or submitted with this application is true, complete and correct. I also understand that misstatements or omissions of facts may be cause for denial of this application, or for suspension or revocation of registration. I authorize the education providers (3, 4 & 7) and professional associations/regulatory bodies (9, 10 & 11) to disclose all information regarding my professional conduct to the PTCMAAS Inc.

 Applicant's Signature

 Date

16) GUARANTOR

(lawyer, doctor, chiropractor, dentist, accountant, or other registered professional who is unrelated to you who has known you for more than 2 years, or a Notary Public)

I, _____, certify this to be _____.
Guarantor/Notary Public Name of Applicant

 Guarantor/Notary Public Signature

 Date

Privacy Statement

PTCMAAS Inc respects your privacy. All application information will be kept private and confidential and is ONLY available to members of the Board or independent verifiers for CONFIDENTIAL review. The information you have authorized to be put in the public domain in Section 1 (Personal Information) may appear on our website list, membership list to our members, etc. Your name or registration number may be provided to insurance companies for confirmation of membership.

For office use only:

	Section	Status (Complete/Incomplete)	Comments
1	Personal Information		
2	Designation(s) applied for		
3	Education		
4	Apprenticeship / Supervised instruction		
5	First Aid and CPR C		
6	Criminal Record Check including Vulnerable Sector		
7	Safety Education/Exams		
8	Professional Conduct and Practice Standards		
9	Government regulatory bodies		
10	Professional liability insurance		
11	Professional associations		
12	Authorization		
13	Fees		
14	Notification and review	--	--
15	Applicant's declaration		
16	Guarantor		

Date application received:				
Date of approval:				
Approved qualification(s):				
Review Committee signatures (at least two required)				
Date Certificate issued:				
Date approval sent to applicant:				

Provincial Traditional Chinese Medicine And Acupuncture Society, Inc.
1, 105 McMurphy Avenue
Regina SK S4R 3G5
306-502-9671

RE: Request for Criminal Record Check with Vulnerability Sector check

To Whom It May Concern:

The Provincial Traditional Chinese Medicine And Acupuncture Society, Inc. (PTCMAAS Inc.) is a non-profit, volunteer-run Saskatchewan organization for the development of safe and professional standards in the practice of Traditional Chinese Medicine and Acupuncture (TCM/A) in Saskatchewan. Membership is voluntary.

Applicants require a written application, **a criminal record check including vulnerability sector check**, safety training, and fees. Persons in this profession may be assessing and treating minors, cognitively-impaired patients, and other patients at risk.

We ask applicants to obtain the above criminal record check from their local police agency. In Regina, Saskatoon, and some other municipalities, this would be the City Police Department. In most rural communities in Saskatchewan, it would be the local RCMP office. Persons applying from outside of Saskatchewan should contact the local police agency where they have been residing most recently.

The record check report may be sent to our above address by the issuing police agency or by the applicant.

Applicants are required to inform the Society if their criminal record status changes after this report is issued.

Please feel free to contact PTCMAAS Inc. for further information.

Sincerely,

David Ip
President, PTCMAAS Inc.
306-502-9671
info@saskacupuncture.ca