
Name of Applicant

Do you follow the Reflexology Association of Canada continuing education guidelines? Yes No

Are you a certified member of your provincial College of Reflexology or its equivalent? Yes No

Are patients made aware that reflexology should not be considered a substitute for scientific medical treatment performed by a Medical Doctor? Yes No

Are all your operatives fully qualified in accordance with the College of Reflexology? Yes No

Are patients supplied with comprehensive information on treatment procedures and possible risks and side effects? Yes No

Is every patient required to complete and sign a consent form for each treatment/procedure? Yes No

Does the consent form include a statement that the patient understands and accepts the risk? Yes No

How long do you keep your patient's information/documentation on file? _____
Years

Print Name and Title

Signature of Applicant or Authorized Representative

DATE: | D | D | M | M | Y | Y |