

\_\_\_\_\_  
Name of Applicant

Are you a member of the provincial College of Traditional Chinese Medicine Practitioners and Acupuncturists or its equivalent?  Yes  No

Do you adhere to the College's standards of practice?  Yes  No

Are Customers supplied with comprehensive information on the procedures and possible risks and side effects?  Yes  No

Is every new customer required to complete and sign a consent form?  Yes  No

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

How long do you keep your patient's information/documentation on file? \_\_\_\_\_  
Year

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

DATE: 

D	D	M	M	Y	Y
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