

\_\_\_\_\_  
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: 

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