

## **General Information**

### **Alberta Association of Traditional Chinese Medical Doctors**

#### **OBJECTIVES**

- To represent our members in liaison with Alberta government in the process of establishing legislation for Traditional Chinese Medical Doctors in Alberta.
- To promote the recognition of the profession of Traditional Chinese Medical Doctor among the public.
- To maintain the professional standards of practice of Traditional Chinese Medicine among our members.

#### **TYPES OF MEMBERSHIP**

##### **Full Membership**

An applicant is eligible to apply for full membership if the applicant

- Has satisfactorily completed a formal, comprehensive, institution-based training in Traditional Chinese Medicine with a curriculum of minimum 2800 hours, or has satisfactorily completed another form of training that is substantially equivalent to the training program as mentioned above; and
- Has met the TCM competency requirement as defined by the Association, and
- Has satisfactorily completed an examination approved by the Association; and
- Has completed and submitted the application form prescribed by the Association and has paid the applicable fees; and
- Is practicing Traditional Chinese Medicine, and must have their clinic approved by the Association.

Full members are eligible to hold office, are entitled to all benefits provided by the Association and have the right to vote.

##### **Associate Membership**

An applicant is eligible to apply for Associate Membership if the applicant

- Has satisfactorily completed a training, in Traditional Chinese Medicine or other medical science, approved by the Association; and
- Has completed and submitted the application form prescribed by the Association and has paid the applicable fees.

Associate members can apply at any time for full membership status after fulfilling the requirements for Full Membership as determined by the Association.

Associate members are entitled to the benefits as determined by the Association. They are not eligible to hold office and don't have the right to vote.

## **Student Membership**

An applicant is eligible to apply for Student Membership if the applicant

- Is full or part time studying Traditional Chinese Medicine or Acupuncture; and
- Has completed and submitted the application form prescribed by the Association and has paid the applicable fees.

Student members can apply at any time for full membership status after fulfilling the requirements for Full Membership as determined by the Association.

Student members are entitled to benefits as determined by the Association. They are not eligible to hold office and don't have the right to vote.

Notwithstanding any justifiable qualifications the Association has the discretion and right to refuse admission of the applicant without giving any explanation. The Association reserves the right to revoke the membership of the member.

## **CHARACTER**

A provincial, non-partisan and non-profit organization founded in Calgary, Alberta, Canada in 2001.

## **PERMITTED MODES OF PRACTICE**

The technical modes of practice that the members of the Association may use are all the safe techniques, which are based on the theory of Traditional Chinese Medicine, as described in the TCM Competency requirement defined by the Association.<sup>1</sup>

**Alberta Association of Traditional Chinese Medical Doctors**  
**亞 省 中 醫 師 公 會**

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Box 51168, Beddington Postal Outlet NW, Calgary, Alberta T3K 3V9  
Tel: 403-355-2346 Fax: 403-252-7940

**APPLICATION for STUDENT MEMBERSHIP**  
**學生會員申請表**

Personal Information 個人資料 :

Name (English): \_\_\_\_\_ 姓名: \_\_\_\_\_

Date of Birth (Y/M/D) 出生日期(年/月/日): \_\_\_\_\_

Mailing Address 郵寄地址:

\_\_\_\_\_

Telephone 電話: (Work 工作): \_\_\_\_\_ (Home 住宅): \_\_\_\_\_

Fax (傳真): \_\_\_\_\_ Cellular Phone 手機: \_\_\_\_\_

E-mail 電子信箱: \_\_\_\_\_

Your current employment 目前正從事 :

Self-employed 自雇  Employee 受雇  Full time 全職  Part time 兼職

Is your current job related to TCM profession? 目前工作是否與中醫藥相關?  Yes 是  No 否

If "Yes" is selected, please specify your work place: 若目前工作與中醫藥相關, 請註明

Name of practice 診所 / 商號名稱 : \_\_\_\_\_

Address of practice 診所 / 商號地址 :

\_\_\_\_\_

Current program/training and school 學校及專業科系名稱

Program 專業科系: \_\_\_\_\_ School 學校: \_\_\_\_\_

Hours of Program 總計培訓時數: \_\_\_\_\_

Endorsement of Applicant's Good Character to Practice 推薦人保證：

( Please obtain the signatures of TWO referees who are the members of Alberta professions. At least one of your referees should be a Traditional Chinese Medicine professional. )

(請附兩位推薦人簽名，推薦人需具專業認可，其中至少一人需為從事中醫藥職業。)

REFEREE'S DISCLOSURE STATEMENT 推薦人聲明

I am not a relative of the applicant, and I have known him / her personally for more than 12 months. I certify that he / she is person of good character and integrity, who, in my judgement, will apply his / her knowledge in a responsible, ethical, and honest manner for the ultimate benefit of the public seeking Chinese medical treatment.

茲聲明本人并非被推薦人之親屬。本人認識被推薦人超過十二個月。本人特証明被推薦人品行端正，誠實可信。本人相信被推薦人將以負責，道德，誠實的態度運用中醫藥專業知識服務于大眾。

Referee (1) 推薦人(一): Name 姓名: \_\_\_\_\_ (please print)

Signature 簽名: \_\_\_\_\_

Name and Professional Title (please print) 專業職稱: \_\_\_\_\_

Name of Professional Body or Organization 專業機構名稱:  
\_\_\_\_\_

Telephone (day) 電話(日間): \_\_\_\_\_

Referee (1) 推薦人(二): Name 姓名: \_\_\_\_\_ (please print)

Signature 簽名: \_\_\_\_\_

Name and Professional Title (please print) 專業職稱: \_\_\_\_\_

Name of Professional Body or Organization 專業機構名稱:  
\_\_\_\_\_

Telephone (day) 電話(日間): \_\_\_\_\_

**Criminal Conviction Records 過去犯罪紀錄：**

Have you had any criminal conviction record? 是否有犯罪紀錄?  Yes 有  No 沒有

If "Yes" is selected, please specify the year(s), place(s) and details of all your conviction(s) 如果有犯罪紀錄，請註明所有過去犯罪之年份、罪名、地區及詳情:

**The Association may reserve the right to refuse membership based on related or relevant criminal convictions. 依據所犯罪行之性質，本協會有權拒絕您的申請。**

**DECLARATION 申請人陳述：**

I, \_\_\_\_\_, declare that all the information and statements made in or submitted with this application are true, complete, and correct, and I make this declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath. I also understand that misstatements or omissions of materials facts may be cause for denial of this application, or for suspension or revocation of the membership.

本人，\_\_\_\_\_，特此保證所填資料及所附文件均屬實，併完整無誤。本人意識到本陳述將被視同于宣誓。本人明白如有誤述或遺漏將會導致此申請被拒絕，或會員資格被取消。

Signature of Applicant 申請人簽名: \_\_\_\_\_

Date (Y/M/D) 日期(年/月/日): \_\_\_\_\_

\*\*\*\*\* From this point and on, for office use only 以下欄位僅供內部使用 \*\*\*\*\*

Approved	Not Approved	Authorization Name (Print) and Signature	Date
	Comments:	1 <sup>st</sup> Officer Name:	
		Signature:	
		2 <sup>nd</sup> Officer Name:	
		Signature:	

Please send completed application, application fee plus the first year membership fee to  
ALBERTA ASSOCIATION OF TRADITIONAL CHINESE MEDICAL DOCTORS  
請填好此申請表后送交亞省中醫師公會  
Box 51168, Beddington Postal Outlet NW, Calgary, Alberta T3K 3V9

## Check List

Your membership application is considered submitted only when the AATCMD office has received ALL pieces of information required in order to process the application including the full payment amount.

Please attach the following documents 其他所需證明文件:

1. 1 copy of photo identification (Drivers License, Passport or Citizen Card) 附照片的身份證明影本
2. Proof of student status (copy of valid student ID or a letter from the school.) 中醫就學證明 (學生證影本, 或學校證明信函)
3. Application Fee \$50.00, non-refundable, plus the first year membership fee, refundable, (see the schedule below). Please make cheque payable to AATCMD. 支票一張, 金額含申請費 \$50.00 及第一年會員費 (詳見下表)

### **Membership Fee Schedule**

	Initial Registration Fee	The First Year Membership Fee	
		Jan. 1 – Dec. 31	Jul. 1 – Dec. 31
Student Member	Fee Waived	\$50	\$25

Please contact Dr. Andrea Hejtmanek at [membership@aatcmd.ca](mailto:membership@aatcmd.ca) if you have any questions.