



加拿大中醫藥針灸學會
THE CHINESE MEDICINE AND ACUPUNCTURE ASSOCIATION OF CANADA
L'ASSOCIATION DE MEDECINE CHINOISE ET D'ACUPUNCTURE DU CANADA
154 Wellington Street, London, Ontario N6B 2K8 Phone: (519) 642-1970 Fax: (519) 642-2932

MEMBERSHIP APPLICATION FORM (PLEASE PRINT)

入会申请表 (请填写工整)

☐ Professional Member ☐ Student Member ☐ Ordinary Member

Surname: 姓 _____ Given Name(s): 名 _____

Chinese Name: 中文名字 _____ Sex: 性别 _____

Date of Birth (d/m/y): 出生日期 ____ / ____ / ____ Marital Status: 婚姻状况 _____

Citizenship or Resident Status (according to the *Canada Immigration Act*): 国籍 _____

Home Address: 家住址 _____

City: 城市 _____ Province / State: 省/州 _____

Postal Code / Zip: 邮政编码 _____ Country: 国家 _____

(H) Phone: 住宅电话 _____ Fax: 传真 _____

Place of Employment: 工作单位 _____

Address: 地址 _____

City: 城市 _____ Province / State: 省/州 _____

Postal Code / Zip: 邮政编码 _____ (W) Phone: 工作电话 _____

Fax: 电传 _____ E-mail Address: _____

For Office Use Only:

Membership Qualification: _____

**AFFIX PHOTOGRAPH
HERE**

贴照片处

*Photograph must be passport size
and signed by an accredited
guarantor, i.e. Notary Public, etc.*



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EDUCATION 學歷

	Name and Address名稱和地址	Date (From – To) 時間	Degree Earned 所获学位
High School 高中	1.		
	2.		
College 學院	1.		
	2.		
University 大學	1.		
	2.		
Other 其他	1.		
	2.		

TCM AND ACUPUNCTURE EDUCATION中醫針灸教育

Education Facility學校	Location地點	Date (From – To) 時間	Degree Earned 所获学位

APPRENTICESHIP 中醫針灸師徒教育

Teacher / Professor / Mentor	Location地點	Date (From – To) 時間
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指导老师/教授/师傅		

POST-GRADUATE TCM AND ACUPUNCTURE TRAINING 中醫針灸培訓

Internship 實習

Discipline 学科	TCM School / Hospital 学校 / 醫院	Date (From – To) 時間	Total Hours 學時

CLINICAL AND/OR RESEARCH FELLOWSHIPS 臨床研究獲獎

Type / Discipline 学科	TCM School / Hospital 学校 / 醫院	Date (From – To) 時間	Total Hours 學時



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POST-GRADUATE TCM AND ACUPUNCTURE QUALIFICATIONS 中醫針灸資格

Examination (government sponsored) 考試	Location地點	Certification and Date 何時得到證書

TCM AND/OR ACUPUNCTURE LICENSE(S) 中醫針灸執照

License執照	Province/State/Country 省 / 州 / 國家	Date of Issue 發照日期	Date of Expiration 有效期至

CONTINUING EDUCATION 再教育學習

Name / Program名称 / 項目	Location地點	Date (From – To)時間	Hours学时



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PRACTICE HISTORY 工作簡歷

In chronological order, list the names of every jurisdiction where you have practiced TCM and Acupuncture, including all training appointments, since your graduation from TCM School. 按时间顺序列出你从TCM学校毕业以后所从事的所有与专业有关的工作

Establishment 工作单位	Date (From – To) 時間	Address 地點	Contact 證明人

How many patients do you treat each year? : 每年治療病人次數 : _____

AFFILIATIONS 隸屬組織

List all professional associations with which you have held / currently hold membership. 列出您曾加入或正在加入的专业组织

Association Name 組織名稱	Date (From – To) 時間	Membership No. 會員號	Contact 證明人



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QUESTIONNAIRE 問卷

The following questions are to be answered yes or no. For every affirmative answer, please attach a comprehensive explanation to the application and identify the registering authority, health care facility, attending practitioner, or other institutions/persons involved in the situation.

请用“是”或“否”回答下列问题。回答为“是”的问题，请附上详细说明，并指出与此事有关的注册部门，医疗主管部门，工作单位，或其他机构或个人。

- a) Have you ever applied for a medical license, certificate of registration, or permit to practice and had such application rejected? 你曾申请过医疗执照，注册证书，或执业许可，并且申请被拒绝过？

Yes ☐

No ☐

- b) Have you ever had a medical license, certificate of registration, or permit to practice suspended, restricted, or revoked? 你曾经被停止，限制或吊销过医疗执照，注册证书，或执业许可吗？

Yes ☐

No ☐

- c) Have you ever voluntarily surrendered your medical license, certificate of registration, or permit to practice for any reason other than avoidance of renewal fees? 除因未按时交纳会费外，你曾因其他任何原因自愿终止你的医疗执照，注册证书，或执业许可吗？

Yes ☐

No ☐

- d) Have you ever, in expectation of, or during the pendency of an investigation/disciplinary proceeding, voluntarily restricted your medical license, certificate of registration, or permit to practice? 你曾在某项调查未裁决前或惩戒期间，自愿限制你的医疗执照，注册证书，或执业许可吗？

Yes ☐

No ☐



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- e) Have you ever been found guilty of professional misconduct or deemed incompetent/ incapacitated? 你曾經被發現有過職業不良行為或不稱職嗎？

Yes ☐

No ☐

- f) Have you ever agreed to a settlement to avoid any proceeding or disciplinary action in respect to your professional conduct, competence, or capacity? 你曾經同意就你的職業行為，能力予以調解可以避免任何懲戒嗎？

Yes ☐

No ☐

- g) Have you ever been charged with and/or convicted of a criminal offence? 你曾經被指控犯罪嗎？

Yes ☐

No ☐

- h) Are there any criminal charges pending against you? 你有尚未判決的指控嗎？

Yes ☐

No ☐

- i) Has a court or governing body ever made a finding against you related to the practice of medicine (i.e., malpractice, failure to honour confidentiality oath)? 你曾被法庭或政府機構認為行醫不當嗎？如方式不當，誤診，治療不當，保密信譽不良等。

Yes ☐

No ☐

- j) Have you ever been withdrawn from, suspended from, or expelled from a medical school? 你曾經從醫學院退學，被停學或被開除嗎？

Yes ☐

No ☐

- k) Have you ever been withdrawn from a post-graduate training program or been suspended/removed from practice during a post-graduate training program? 你曾經在培訓期間退學，或在實習期間被開除嗎？



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Yes ☐

No ☐

- l) Are you now abusing, addicted to, or being treated for abuse/addiction to alcohol, narcotics and/or any other controlled substance? 你现在吸毒或酗酒，或曾因吸毒或酗酒而被治疗过吗？

Yes ☐

No ☐

- m) Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions with respect to your character, conduct, competence, or capacity that may be an impediment to your application for membership at *The Chinese Medicine and Acupuncture Association of Canada*?
是否有任何事件，状况或环境未包括在以上关于你的性格，品行，能力的问题的回答中，但可能妨碍你的申请加入加拿大中医药针灸学会？

Yes ☐

No ☐

DECLARATION 聲明

I hereby apply for membership in accordance with the Constitution of the Chinese Medicine and Acupuncture Association of Canada (CMAAC). In the event of cessation of membership with CMAAC, the membership certificate, being the property of CMAAC will be duly returned. 我在此申请加入加拿大中醫藥針灸學會，擁護和遵守學會的章程。當退出學會時，會員證書必須退還。

Dated this _____ day of _____ month _____ year

Applicant's Signature: 申請人簽名 : _____

Witness (print) 證明人

Signature 簽名



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Witness (print) 证明人

Signature 签名

Note: With your application form, please enclose the following:

附注：请随同申请表附上下列资料：

1. Membership fee 申请费: Cheque 支票 () Cash 现金 () Money order 汇单 ()
2. Two passport size photographs signed by a **CREDIBLE GUARANTOR**
两张护照尺寸近照并在照片背面签字
3. **CERTIFIED** Copies of credentials (Academic & Clinical) 正式的学历，实习证件的副本
4. Signed Code of Ethics 签道德原则宣誓表
5. Two letters of reference 两封推荐信
6. Copy of Education Transcripts 学习成绩单

Please note: The processing fee for the membership application is **NON-REFUNDABLE**. As well, certified copies of credentials submitted will **NOT** be returned.

注意：入会申请费以及所有证件副本一概恕不退还。



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The Chinese Medicine and Acupuncture Association of Canada

C ode of Ethics

The Code of Ethics for CMAAC members sets out a basic guideline for ethical acupuncture and traditional Chinese medicine practice. The code is based on a set of core values to ensure its members will adhere to high standards of clinical expertise and ethical conduct. In return, the profession maintains continued public trust in the acupuncture and traditional Chinese medicine practice.

These principles are based on the core ethical values of integrity, accountability, fairness, beneficence, compassion, and respect for patient autonomy.

The Principles

1. The responsibility of a practitioner is to the health and well-being of patients.
2. Be truthful, obey the law, and provide care with respect for human rights and dignity and without discrimination.
3. Commit to the highest level of professionalism by maintaining current competency.
4. Respect the right of patients to be cared for by the practitioner of their choice.
5. Provide timely and competent care that is consistent with the standards of the profession.
6. Provide unbiased explanation of options with associated risks and costs, and obtain consent before proceeding with assessment(s) or treatment.
7. Recognize limitations and refer patients to others more qualified when appropriate.
8. Make the well-being of patients the primary consideration when making referrals to other health-care workers.
9. Never overstate or embellish qualifications, including advertising or speech that could mislead a reasonable person.
10. Maintain a safe and healthy office environment for both patients and staff.
11. Accept responsibility for the care provided by authorized practitioner.
12. Only provide compromised or unconventional treatment with full disclosure and consent of patients.
13. Only make evaluative remarks about the work of others after making reasonable efforts to understand the prior treatment history of patients.
14. Maintain appropriate and dignified boundaries in the patient/practitioner relationship.
15. Protect the confidentiality of the personal and health information of patients.

Core Values

AUTONOMY

Understanding and respecting patients' rights to make informed decisions based on personal values and beliefs.

ACCOUNTABILITY

Responsibility to the client, profession, or other healthcare providers, and to the public.

BENEFICENCE

Maximizing benefits and minimizing harm for the welfare of the patient.

COMPASSION

Acting with sympathy and kindness to all patients in alleviating their concerns and pain.

FAIRNESS

Treating all individuals, patients, colleagues and third parties in a just and equitable manner.

INTEGRITY

Being truthful, behaving with honour and decency and upholding professional standards. This also includes billing patients and third party payers accurately and fairly.

Effective July 07, 2015



Promoting. Leading. Advocating.
www.cmaac.ca



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☐ I have read and agreed with the Code of Ethics