The Basic Tung's Orthodox Acupuncture Course 董氏鍼灸實用課程

Form of Application 報名表 (2007Canada/USA) 2 *Photos*

1. Surname: _____
   (block capitals)
2. Other Name(s):_____
   (block capitals)
3. Male/Female (delete as required) Date of Birth:_____
4. Address:_____
   (block capitals)_____
   _____Postcode:_____
   Telephone No:_____ Fax No:_____
   e-mail address:_____
5. Medical Qualification:_____ Date Conferred:_____
   University/Medical College:_____
   Country of Qualification:_____
6. Acupuncture Qualification:_____ Date Conferred:_____
   Acupuncture College:_____
   Country of Qualification:_____
7. If you a medical/para-medical student state your date of enrolment:_____
   of which College/School:_____
   Why you want to attend this course?_____
8. Are you practice acupuncture in Ontario/USA at present? _____(Yes or No)
   If not please state reason why?_____
   _____
9. Are you covered with professional liability in acupuncture? _____(Yes or No)
   If yes please quote your insurance No:_____
   If not please state reason why?_____
   _____
10. If you are an U.S.A.A.M.A. member? quote your membership No:_____
    If not please give the name of your association:_____
    _____and your membership No:_____

Signature of Applicant:…… Date: ……/……/2007

The Applicant is a Citizen of ……..(Canada or USA)

This form to be completed and returned to W.T.A.A. (Attn. Dr. P. Carson) 28 Byng Avenue, Unit 303 Toronto, ON, M2N 7H4 Canada by the closing date Enquiry hot line Tel: 416-575-1405 or 416-730-8598.

Date Received……. Fee Received ☐ Resume ☐ Copy of current License/Membership Cert.☐