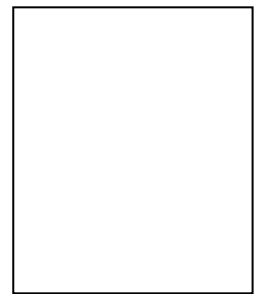


The Basic Tung's Orthodox Acupuncture Diploma Course 董氏鍼灸文憑課程

Application Form 報名表

2 Photos



1. Surname: _____
(Block Capitals)
2. First Name; _____
(Block Capitals)
- 3 Sex: Male/ Female(delete as required) Date of Birth: _____
- 4 Address: _____
(Block Capitals) _____
_____ Postcode: _____
Telephone No: _____ Fax: _____
e-mail address: _____
5. Medical Qualifications: _____ Date Conferred: _____
University/Medical College: _____
Country of Qualification: _____
6. Acupuncture Qualification: _____ Date Conferred: _____
Acupuncture College: _____
Country of Qualification: _____
7. If you are a medical/acupuncture student state your date of enrolment: _____
state your school/college name: _____
Why you want to attend this course? _____
8. You are practice Acupuncture in Ontario/USA at present? _____ (Yes or No)
If No please state reason why? _____

9. Are you covered with professional liability in acupuncture practice? _____ (Yes or No) If Yes
quote your insurance No: _____
If not please state reason why? _____
10. Are you a member of US A.A.M.A.? If so quote your membership No: _____
If not please give the name of your association _____
_____ and your membership No: _____

Signature of Applicant Date:...../...../ 201...

The applicant is a citizen of (Canada/ USA/others)

This form to be completed and returned to W.T.A.A.(Attn. Dr. P.Carson)106 Main Street, Unionville, Ontario L3R 2E9 Canada. Further information please check our website: www. Worldtaa.org Any courses enquiry please call World Tung's Acupuncture association at +1 905-947 4548

Date received..... Fee Received Resume Copy of Ac.Licence Membership Cert.