



Complementary Medicine College of Canada

Evaluation Application

Note: Please print clearly or type all information requested; if additional space is required, please attach additional page

Name: _____

Home Address: _____

City/Province: _____

Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

Canadian Citizenship/Immigration Status

☐ Canadian Citizen ☐ Landed Immigrant ☐ Other (specify): _____

Provinces/Territories in which you are practicing or plan to practice: _____

Formal Education

Please list highest formal education level completed (high school, university); please provide copies of supporting documents

Year(s)	Level	Course/Diploma/Certificate	Institution

Other Education/ Alternative Medicine and Holistic Education and Training

Please list the relevant education and training starting from the most recent; please provide copies of supporting documents

Year(s)	Level	Course/Diploma/Certificate	Institution

Year(s)	Level	Course/Diploma/Certificate	Institution

Other Certificates: _____

Application Checklist

- ☐ Two recent passport-size photographs
- ☐ Copies of relevant supporting documentation (certificates, diplomas, transcripts, etc.)
- ☐ All information filled in correctly
- ☐ Signature of Witness
- ☐ Signature of Applicant

Other information you wish to provide to assist in evaluating your application: _____

Applicant

I hereby confirm the information listed in this application to be true and up to date. I understand the laws may vary from one Province to another. Should the process of my evaluation be completed successfully, I will make myself aware of, and abide by any and all Provincial regulations.

Signature of Applicant

Witness

Name: _____

Signed before me on this day of

Day Month Year

Signature of Witness