

## IMTQA APPLICATION FOR MEMBERSHIP

This form is intended for Tai Chi and/or Qigong instructors who have qualified to practice.

<p><b>Type of Membership</b> I am requesting membership in the following membership category</p> <p>Refer to the membership information sheet for explanations</p>	<p><input type="checkbox"/> <b>Professional membership</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> Full member (full certification)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Provisional member (without certification)</p> <p style="margin-left: 40px;"><i>Fill out all sections completely for Professional membership.</i></p> <p><input type="checkbox"/> <b>Non-professional membership (non – accredited)</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> Student member</p> <p style="margin-left: 20px;"><input type="checkbox"/> Medical Tai Chi &amp; Qigong interest group member</p> <p style="margin-left: 40px;"><i>Complete personal details section only for Non-professional membership.</i></p>	
<p><b>Accreditation</b></p> <p>I am requesting accreditation in the following CMTQI designation and specialty registration category.</p> <p>Refer to the membership information sheet for explanations</p>	<p><input type="checkbox"/> I am applying for a Certified Medical Tai Chi &amp; Qigong Instructor (CMTQI) Designation for Health Promotion in General</p> <p><input type="checkbox"/> CMTQI Level 1</p> <p><input type="checkbox"/> CMTQI Level 2</p> <p><input type="checkbox"/> CMTQI Level 3</p> <p><input type="checkbox"/> CMTQ Master</p> <p><input type="checkbox"/> Honorary CMTQ Master – Life members</p>	<p><input type="checkbox"/> In addition to the General CMTQI Designation, I am applying for Specialty Registration</p> <p><input type="checkbox"/> Arthritis Care</p> <p><input type="checkbox"/> Antenatal Care</p> <p><input type="checkbox"/> Cancer Care</p> <p><input type="checkbox"/> Cardiopulmonary Care</p> <p><input type="checkbox"/> Diabetes Care</p> <p><input type="checkbox"/> Pain Management</p> <p><input type="checkbox"/> Stress and Emotional Wellbeing</p> <p><input type="checkbox"/> Weight Management</p> <p><input type="checkbox"/> Wellbeing for Seniors</p> <p><input type="checkbox"/> Other: please specify.</p> <p>_____</p>


PERSONAL DETAILS						
<b>Title</b>	Prof <input type="checkbox"/>	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Full Name</b>	<i>First name/Given name</i>		<i>Middle name</i>		<i>Last name/Family Name</i>	
	Preferred Name:					
	If you have previously been known by other name(s), provide all previous names used:					
<b>Gender</b>	Male: <input type="checkbox"/>		Female: <input type="checkbox"/>		Other: <input type="checkbox"/>	
<b>Details of birth</b>	DOB: <i>mm / dd / yyyy</i>			Country of Birth:		
	City/Town of birth:					
	<i>email address</i>					
<b>Residential address</b> <small>(Please state your street address, a post office box is not acceptable)</small>	<i>Unit No:</i>		<i>Street No:</i>		<i>Street Name:</i>	
	<i>City/Town</i>			<i>State/Province</i>	<i>Postcode</i>	<i>Country</i>
	<i>Work Phone Number</i>		<i>Mobile/ Cell Number</i>			
<b>Business Mailing Address</b> <small>Your practice address is required for posting on the IMTQA website as a qualified instructor.</small>	<i>Unit No:</i>		<i>Street No:</i>		<i>Street Name:</i>	
	<i>City/Town/Suburb</i>			<i>State/Province</i>	<i>Post code</i>	<i>Country</i>
	<i>Phone Number</i>		<i>Business email address</i>			
<b>Referral Details</b>	Do you wish to have referrals made to your business address?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
<input type="checkbox"/> I wish to have my name, practice, city, contact number and specialties listed on the IMTQA website. <b>(You must undertake the courses in clinical medicine aspects and/or biomedicine recommended by the IMTQA to be listed on the website as a qualified instructor.)</b>						

	If you have more than one practice address, please supply all relevant details on a separate sheet and indicate whether you would like referrals for each practice address. (e.g. Practice Address 2, 3, 4, 5 etc.)
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<b>Details of Training and Qualifications</b>	<b>Have you completed a Tai Chi and/or Qigong Instructor Training Course?*</b> A minimum qualification is required of 250 hours, with at least 200 hours plus 50 hours teaching experience. Before you apply, check your eligibility with the membership categories and certification standards on the IMTQA website. Yes <input type="checkbox"/> No <input type="checkbox"/> Total Number of Hours of Training from all sources: _____			
	<b>What is the main style of Tai Chi and/or Qigong that you learned and teach?*</b> <b>Specialized Styles</b> (check all that apply)			
	Chen Style <input type="checkbox"/>	Sun Style <input type="checkbox"/>	Yang Style <input type="checkbox"/>	Wu Style <input type="checkbox"/> Wu Hao Style <input type="checkbox"/>
	<input type="checkbox"/> Other (please specify) .....			
	Buddhist Qigong <input type="checkbox"/>	Daoist Qigong <input type="checkbox"/>	Medical Qigong <input type="checkbox"/>	Martial art Qigong <input type="checkbox"/>
	<input type="checkbox"/> Other (please specify) .....			
	<b>1. Primary training and highest qualification:</b> Name of your primary or current instructor, school and period you have trained in Tai Chi and/or Qigong with this instructor or school.			
	Name of Instructor			
	Name of School			
	Address of School or website			
Period of Training/ Practice	<i>Mm / dd / yyyy format</i>	From: _____	To: _____	
Highest certification /qualification:				
<b>2. Please address additional training and qualifications in your Curriculum Vitae and attach it to this application.</b>				

<b>Teaching Experience</b>	<b>How many total hours have you taught Tai Chi and/or Qigong? (please estimate from all sources.)</b> ..... .....
<b>References</b>	List two (2) character referees (name and telephone number) from persons other than family who have known you for the last two years:
	Name: _____ Telephone number: _____
	_____ Email: _____
	Name: _____ Telephone number: _____
_____ Email: _____	
<b>Other Certifications</b>	Do you have other health-related licenses and/or certifications? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, please describe: _____
<b>CPR Certificate</b>	I have a current cardiopulmonary resuscitation (CPR) certificate. YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Police history or Criminal history check certificate</b>	Do you have any criminal history in the US or overseas? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, you <b>must</b> attach a signed and dated written statement with details of your police clearance or criminal history in the US and overseas and an explanation of the circumstances.
<b>Supportive Documents</b>	<input type="checkbox"/> Curriculum Vitae to include: (a) applied degrees, licenses, registrations, certifications, (b) a detailed description of Tai chi/Qigong education including type of instruction, area of application, hours, instructor(s), and dates, (c) a detailed description of Tai chi/Qigong teaching experience to include length of experience, setting and populations served, (d) scholarly work, if any,

	<p>(e) leadership roles, if any, (f) discipline-related awards, if any.</p> <p><input type="checkbox"/> Reference letters.</p> <p><input type="checkbox"/> Copy of your Tai Chi and/or Qigong training certificate(s) and/or letter(s) validating level of training from your teacher(s).</p> <p><input type="checkbox"/> Copy of certification or transcript record of training in anatomy and/or clinical medicine aspects/ biomedical program.</p> <p><input type="checkbox"/> Copy of two forms of valid ID.</p> <p><input type="checkbox"/> A high-quality digital photo (portrait) for print and online registry.</p> <p><input type="checkbox"/> Copy of your current cardiopulmonary resuscitation certificate (CPR).</p> <p><input type="checkbox"/> Any additional documents to support your application.</p>
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<p><b>Declaration and Agreement</b></p>	<p>The information given on this form is true and correct. I make the following declarations:</p> <ul style="list-style-type: none"> <li>• I declare that I will abide by the IMTQA Code of Ethics and any applicable rules, codes and regulations.</li> <li>• I declare that I will abide by all applicable health fund provider terms and conditions.</li> <li>• I declare that I am not currently under criminal investigation.</li> <li>• I declare that I have not had any licensure board or professional association ever discipline me.</li> <li>• I declare that I have not had my hospital privileges, license, certification, or registration suspended or revoked by any licensure board, professional association or healthcare agency.</li> <li>• I declare that I have not ever had my malpractice insurance revoked.</li> <li>• I understand that I must pay all my subscriptions and other monies due until I resign my membership.</li> </ul> <p>If you cannot make this declaration due to a specific situation, please address the issue in an explanatory statement.</p>	
	<p>Signature</p>	<p>Date mm / dd / yyyy</p>
<p><b>Payment Method</b></p> <p>You are eligible to register with promotional application fees if you apply in the next 3 years: from Nov 2019 to Nov 2021</p>	<p>Your application will not proceed without your application fee. You may also pay first year membership fees now, or wait until your application has been processed.</p> <p><input type="checkbox"/> Initial Application Fee (non-refundable): US \$100.00</p> <p><input type="checkbox"/> Professional Annual Membership Fee: US \$295.00 (January 1 – December 31)</p> <p>Submit your application fees online by going to <a href="https://www.imtqa.org">https://www.imtqa.org</a> and enter your information through the secured payment system from  (It is NOT necessary for you to create a PayPal account to use this system of payment).</p> <p>Alternatively, enter your information below: Enclosed is payment in the amount of \$ .....</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Bank Transfer</p> <p>Make checks payable to <b>IMTQA</b>. Check must be for US Dollars.</p>	
<p><b>Submission Instructions</b></p>	<p>Please convert your packet of forms and supporting documentation into an electronic PDF document and email to Membership@IMTQA.org. If not possible, then mail the packet and payment to: <b>IMTQA, PO Box (need to update)</b></p>	

<b>OFFICE USE ONLY</b>		
Date Received:	Date Approved:	Member number

