

## IMTQA APPLICATION FOR MEMBERSHIP-GRANDFATHER PROVISION

This form is intended for Tai Chi and/or Qigong instructors who have met iMTQA criteria for eligibility to practice.


<b>Type of Membership</b>  <small>Refer to the membership information sheet for explanations</small>	<input type="checkbox"/> <b>Professional membership</b> <input type="checkbox"/> Grandfather Provision (full certification) <i>The grandfather provision will apply during the interim period from <b>January 2023 to December 2026.</b></i>
<b>Accreditation</b>	<input type="checkbox"/> I am applying for a Certified Medical Tai Chi & Qigong Instructor (CMTQI) <ul style="list-style-type: none"> <li>• Designation for Health Promotion in General</li> </ul>

PERSONAL DETAILS			
<b>Full Name</b>			
	First name/Given name	Last name/Family Name	
<b>Gender</b>	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Other: <input type="checkbox"/>
<b>Email and mailing address</b> <small>(Please put your street address, a post office box is not acceptable)</small>	Email address		
	Unit No:	Street No:	Street Name:
	City/Town	State/Province	Postcode
		Country	

<b>Details of Training and Qualifications</b>	<p>Do you have experience of teaching Tai Chi/Qigong for a minimum of three years full-time or five years part-time and are currently teaching Tai Chi/Qigong?  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>How many total hours have you taught Tai Chi and/or Qigong? (please estimate from all sources.)</b>          _____ hours  <i>(eg xxx hours per year / xx years)</i></p> <p><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)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%;">Chen Style <input type="checkbox"/></td> <td style="border: 1px solid black; width: 25%;">Sun Style <input type="checkbox"/></td> <td style="border: 1px solid black; width: 25%;">Yang Style <input type="checkbox"/></td> <td style="border: 1px solid black; width: 25%;">Wu Style <input type="checkbox"/></td> <td style="border: 1px solid black; width: 25%;">Wu Hao Style <input type="checkbox"/></td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Other (please specify) .....</td> </tr> <tr> <td style="border: 1px solid black;">Buddhist Qigong <input type="checkbox"/></td> <td style="border: 1px solid black;">Daoist Qigong <input type="checkbox"/></td> <td style="border: 1px solid black;">Medical Qigong <input type="checkbox"/></td> <td colspan="2" style="border: 1px solid black;">Martial art Qigong <input type="checkbox"/></td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Other (please specify) .....</td> </tr> </table>	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) .....				
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<b>References</b>	<p>List three (3) character referees (name and telephone number) from persons other than family who have known you for the last two years:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 50%;">Name:</td> <td style="border: 1px solid black; width: 50%;">Telephone number:</td> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;">Email:</td> </tr> <tr> <td style="border: 1px solid black;">Name:</td> <td style="border: 1px solid black;">Telephone number:</td> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;">Email:</td> </tr> <tr> <td style="border: 1px solid black;">Name:</td> <td style="border: 1px solid black;">Telephone number:</td> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;">Email:</td> </tr> </table>	Name:	Telephone number:		Email:	Name:	Telephone number:		Email:	Name:	Telephone number:		Email:
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<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>Assessment of TQ Skills and Competency</b>	<input type="checkbox"/> Provide a 4-6 minute video for assessment that can demonstrate your level of TQ skills and competency (refer to video submission instruction)												

	<p>or</p> <input type="checkbox"/> Participate in the iMTQA workshop/ conference and demonstrate your TQ skills to the accreditation committee members.
<b>Supportive Documents</b>	<input type="checkbox"/> Reference letters. Three or more recommendation letters from their students and their previous Tai Chi/ Qigong teachers/masters <input type="checkbox"/> Copy of two forms of valid ID. <input type="checkbox"/> A high-quality digital photo (portrait) for print and online registry. <input type="checkbox"/> Letter of intent to undertake basic education in clinical aspects approved by the iMTQA (see sample) <input type="checkbox"/> Provide evidence of completion of the course “How to deliver Tai Chi/ Qigong safely (more than 2 hours program)” or have made arrangements to undertake the course within 6 months of applying for membership. <input type="checkbox"/> Any additional documents to support your application.
<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>Declaration and Agreement</b>	The information given on this form is true and correct. I make the following declarations: <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 never had my malpractice insurance revoked.</li> <li>• I understand that I must pay all my subscriptions and other monies due to iMTQA until I resign my membership.</li> </ul> If you cannot make this declaration due to a specific situation, please address the issue in an explanatory statement.	
	Signature	Date mm / dd / yyyy
<b>Payment Method</b>  You are eligible to register with promotional application fees if you apply in the next 3 years: from Nov 2019 to Nov 2021	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. <input type="checkbox"/> Initial Application Fee (non-refundable): US \$100.00 <input type="checkbox"/> Professional Annual Membership Fee: US \$295.00 (January 1 – December 31) 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  <i>(It is NOT necessary for you to create a PayPal account to use this system of payment).</i>  <i>Alternatively, enter your information below:</i> Enclosed is payment in the amount of \$ ..... <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Bank Transfer Make checks payable to <b>IMTQA</b> . Check must be for US Dollars.	
<b>Submission Instructions</b>	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>(Please check the IMTQA contact address on iMTQA website)</b>	

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

## **IMTQA requirements for submitting a video demonstration for assessment of Tai Chi and/or Qigong skills and competency.**

### **Requirements for submission:**

- iMTQA holds the right to request that an application for membership be accompanied by video evidence demonstrating an applicant's skills in Tai Chi and/or Qigong.
- An evaluation of each video will be undertaken by the Accreditation Committee, whose decision whether to accept or reject the application will be final.
- This assessment will particularly apply to those applications for membership where a request is made by an applicant for "grandfathering" provisions to apply.
- Applicants can register and submit their videos supporting their application for membership via the iMTQA website ([www.imtqa.org](http://www.imtqa.org)) or email ([membership@imtqa.org](mailto:membership@imtqa.org)).
- At the time of submitting a video, the applicant must also submit their "Video Registration Details" via email which will include:
  - (in the subject line of the email) – "(Insert Name) – Video Registration Details" and;*
  - (in the body of the email)*
    - ☉ Full Name,
    - ☉ Address,
    - ☉ Date of Birth,
    - ☉ Style of Tai Chi and / or style of Qigong
    - ☉ Date that the video was submitted and whether by uploading to the website or via email.

### **Requirements for the video:**

- Each video demonstration will be 4 to 6 minutes in duration. Video demonstrations of a longer duration than 6 minutes will only have the content of the video up to the 6-minute timeframe considered.
- Separate video demonstrations will be required for Tai Chi and Qigong.
- The video may be recorded using a camera or smartphone and has to be submitted in standard video formats of either MPG, MPEG, AVI, MP4 or MOV only. The recommended video resolution is 1080p: 1920 x 1080.
- The video must be clear, stable and smooth, recorded in a landscape orientation. Video editing including acceleration and video effects are not permitted. Lighting must be adequate for members of the iMTQA Accreditation Committee to easily view the demonstration.
- The full body of the applicant must fit into the video frame throughout the entire demonstration.