



Canadian College of Acupuncture And Traditional Chinese Medicine

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www.ccatcm.ca admissions@ccatcm.ca

05/15-LA

REFERRAL FORM

Do you know someone interested in a career in Acupuncture, and Traditional Chinese Medicine?

Complete a referral form and upon the student's enrolment, you will receive \$500 as appreciation from the college!

Section 1: Information (Party A)

This section must be **completed by you**, when referring a student to a CCATCM school program.

- Alumnus Graduation Year: _____
 Current Student Other: _____

	NAME: _____	STUDENT ID# _____
<input type="checkbox"/>	STREET ADDRESS: _____	APT#: _____
<input type="checkbox"/>	CITY: _____	POSTAL CODE: _____
HOME PHONE: (____) _____		CELL PHONE: (____) _____
EMAIL: _____		

Context as to how you know the student that you are referring (i.e. patient, client, family, neighbour)

Section 2: Student Referral Information (Party B)

This section provided below indicate the contact information for the person you wish to refer to a CCATCM program.

<input type="checkbox"/>	NAME: _____	STUDENT ID# _____
<input type="checkbox"/>	STREET ADDRESS: _____	APT#: _____
<input type="checkbox"/>	CITY: _____	POSTAL CODE: _____
HOME PHONE: (____) _____		CELL PHONE: (____) _____
EMAIL: _____		

REFERRAL FEE CONDITIONS:

- If the above named individual applies, registers and successfully completes the first six months in the Acupuncture Diploma Program at CCATCM, the person will receive \$500.00 at 6 months.
- To qualify for the referral incentive, this form must be submitted prior to the first day of classes and prior to the potential student corresponding with admissions and submitting the application form
- Only signed and dated forms prior to the first day of classes will be accepted.
- Referral does not imply endorsement of the prospective student's suitability for the program.
- All referrals should be recorded using this form then promptly directed to admissions@ccatcm.ca

DECLARATION:

I hereby submit this form for the purpose of referring a prospective student for admissions to the CCATCM Acupuncture Diploma Program. I certify that the information submitted in this application is true and complete to the best of my knowledge and belief. I have read and understood the Referral Fee Conditions.

Party A Signature : _____

Date: _____

Party B Signature _____ Date _____

CCATCM office use only

Form received by:

Name _____ Date _____
Initial here _____ to indicate form is appropriately signed and dated.

Reviewed by Admissions: (Y/N)

Name _____ Date _____

Date student agreement was signed

Six month enrollments verification:
(Y/No)

Admissions Signature _____ Date _____