



Request for Manual Review Form

To be Completed by the Candidate

First Name	
Last Name	
Email Address	
Phone Number	
Exam(s)	<input type="checkbox"/> TCM Practitioners Exam <input type="checkbox"/> Acupuncturists Exam <input type="checkbox"/> TCM Herbalists Exam
Date of Exam(s)	
Provincial Regulatory Body	<input type="checkbox"/> College of Acupuncturists of Alberta <input type="checkbox"/> College of Complementary Health Professionals of BC <input type="checkbox"/> College of Traditional Chinese Medicine Practitioners and Acupuncturists of NL <input type="checkbox"/> College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario <input type="checkbox"/> Ordre des acupuncteurs du Québec
Description for Manual Review	<i>In this section, please explain the reason for requesting a Manual Review. Provide detailed information, as CARB-TCMPA will use this solely to process your request for the credentialing examination(s).</i>

By signing below, I, _____, confirm that the information provided in this document is true and consent to the Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists' collecting, using, and disclosing my personal information for the purpose of processing this request. If providing supporting documentation from a registered professional, I authorize the physician or other registered professional to provide the requested information relating to my illness or personal emergency reasonably necessary to the review of this request.

Signature

Date