



Request for Withdrawal 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	
Grounds for Withdrawal	<input type="checkbox"/> Illness <i>Attach medical documentation as described in the Examination Appeals Policy section 6.1</i>	<input type="checkbox"/> Personal Emergency <i>Attach relevant documentation as described in the Examination Appeals Policy section 6.2</i>
Description for Withdrawal	<i>In this section, please explain the reason for your withdrawal. Provide detailed information, as CARB-TCMPA will use this solely to process your withdrawal 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 withdrawal request.

Signature

Date