



PCE Program SME Application Form

First Name		Last Name	
Email Address		Phone Number	
Provincial Registration Information	<p>Please select your provincial regulatory body below:</p> <p>College of Acupuncturists of Alberta College of Complementary Health Professionals of British Columbia College of Traditional Chinese Medicine Practitioners and Acupuncturists of NL College of Traditional Chinese Medicine Practitioners and Acupuncturists of ON Ordre des acupuncteurs du Québec</p> <p>Registration Number:</p>		
Background and Experience	<p>Please briefly describe why you are interested in serving in as an SME for the PCE Program:</p> <p>Please include a resume outlining your background and experience in Traditional Chinese Medicine and Acupuncture when submitting your application form to CARB-TCMPA:</p> <p>My resume is enclosed with my application form</p> <p>Do you have prior experience with high-stakes licensing examinations (e.g., item review)? <i>Please note that experience is not required, and training will be provided.</i></p> <p>Yes No</p> <p>If yes, please briefly describe your experience:</p>		
Examination Options	<p>Exams you would like to support (select all that apply):</p> <p>TCM Practitioners TCM Herbalists Acupuncturists</p>		

<p style="text-align: center;">Activity Preferences</p>	<p>CARB-TCMPA works with SMEs to complete the following examination activities:</p> <ol style="list-style-type: none"> 1. Item Writing: Creating new exam questions. 2. Item Review: Evaluating draft exam questions to ensure quality and accuracy. 3. Enemy Item Review: Reviewing forms for conflicting or redundant questions. 4. Key Validation: Analyzing question performance following each examination. 5. Translation Review: Ensuring the quality and accuracy of translated questions. 6. Standard Setting: Assessing examination questions to support scoring decisions. 7. Special Examination Projects: Additional projects such as quality assurance review. <p>Based on CARB-TCMPA's examination activities, please indicate your areas of interest (select all that apply):</p> <p style="text-align: center;"> <input type="checkbox"/> Item Writing <input type="checkbox"/> Item Review <input type="checkbox"/> Enemy Item Review <input type="checkbox"/> Key Validation <input type="checkbox"/> Translation Review <input type="checkbox"/> Standard Setting <input type="checkbox"/> Special Projects </p>
<p style="text-align: center;">Availability Preferences</p>	<p>Preferred meeting days (select all that apply):</p> <p style="text-align: center;"> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday </p> <p>Preferred meeting times (select all that apply):</p> <p style="text-align: center;"> <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings </p> <p>Are you available to complete homework assignments related to examination activities, such as reviewing assigned readings or performing independent reviews?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p style="text-align: center;">Conflict of Interest Declaration</p>	<p>Are you currently an educator in a TCM or Acupuncture program? <i>To comply with industry standards and maintain impartiality, CARB-TCMPA does not accept educators actively involved in teaching TCM or Acupuncture as SMEs.</i></p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>Do you have any other potential conflicts of interest to declare (e.g., relationships with candidates, involvement with candidate examination preparation)?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If yes, please briefly describe the potential conflict of interest:</p>

Adherence to Requirements Declaration	I understand that if selected as an SME, I will be required to sign and adhere to both a confidentiality agreement and a code of conduct agreement to protect exam content and processes: Yes
Onboarding and Training Declaration	I understand that participation in onboarding and training sessions is a required part of the SME role and I commit to completing all necessary requirements (training and onboarding sessions are paid sessions): Yes
Approval of Regulatory Body Declaration	I understand that my participation as an SME is subject to approval by my provincial regulatory body: Yes
Additional Information (Optional)	Please provide any additional information that may be relevant to your application or preferences in participating in the examination process (e.g., accessibility needs):

Please email your completed form and resume to the Examinations Director at admin@carb-tcmpa.org.

By signing below and submitting this form, I affirm that all information provided is true and accurate. I understand that my participation as an SME is subject to the guidelines and requirements outlined by CARB-TCMPA.

Signature

Date

Click submit to open your default email application with this form as an attachment. You will need to attach your resume to the email. Please save a copy of your completed form before clicking submit.