

MEMBERSHIP APPLICATION FORM

≡ The Japanese Shiatsu &
Holistic Medicine Society of Canada ≡



Head office: 2350 Yonge Street, Toronto, Ontario M4P 2E6
Tel: 416-488-4669 Fax:416-488-4669 E-mail jshmsc@bellnet.ca
Website <http://www.jshmsc.ca/>

Membership Fee

1. Certified Practitioner Member (Practitioner Level)

Application / Processing Fee: \$60

Annual Fee: \$120

2. Associate Member (Non Practitioner Level)

a) Associate Member of Student: \$80

b) Associate Member of Instructor: \$180

c) Associate Member of Education: \$360

d) Associate Member of Administrator: \$360

e) Associate Member of Supporting

* Please contact us for the detail.

How to apply JSHMSC Membership

Please print out the Application form and the JSHMSC Code of Ethics. Please read carefully, then fill out and sign in the signature box.

Please enclose;

- 1) the signed Application form
- 2) the signed JSHMSC Code of Ethic
- 3) 2 photos <1.5” (wide) x 1.75” (high)>
- 4) copy of your School or Institute Certificate
- 5) payment (personal cheque or money order)
- 6) other necessary documents (refer kind of membership and requirement)
- 7) two reference letters (preferably from JSHMSC’s members)

Mail to;

The Japanese Shiatsu and Holistic Medicine Society of Canada

Head Office: 2350 Yonge Street, Toronto, Ontario M4P 2E6 Canada

In order to process your membership application in a timely manner, please supply all requested information in this form. It is the applicant’s responsibility to verify that they have submitted the most current application, supplied all requested materials, and included payment. Applications received with information missing cannot be processed and will be returned to you for completion.

If you have any inquiries, please contact the JSHMSC head office at 416-488-4669 or email jshmsc@bellnet.ca

December 2013

Membership Application Form

Prefer communication in:

<input type="checkbox"/>	English
<input type="checkbox"/>	French
<input type="checkbox"/>	Either

Please indicate the category of Membership you wish to apply for:

<input type="checkbox"/>	Certified Practitioner Member (Practitioner Level)
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<input type="checkbox"/>	Associate Member (Non Practitioner Level)
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***If you choose the Associate Member, please check one of the following categories.**

<input type="checkbox"/>	Associate Member of Student
<input type="checkbox"/>	Associate Member of Instructor
<input type="checkbox"/>	Associate Member of Education
<input type="checkbox"/>	Associate Member of Administrator
<input type="checkbox"/>	Associate Member of Supporting

Personal Information

Name	
Home Address	
Postal Code	
Tel	
Fax	
E-mail	
Date of Birth (MM/DD/YY)	
Gender	<input type="radio"/> Male <input type="radio"/> Female

Business/Work Information

Company Name	
Address	
Postal Code	
Tel	
Fax	
E-mail	
Website	

Please use: my ___ Personal ___ Business/Work Information for receiving communication from the JSHMSC.

1. Please provide *copies* of Certificates of Completion for each modality you would like to be recognized for by the JSHMSC. Please note the following information on the back of each certificate.

School Name	
Address	
Postal Code	
Tel	
Fax	
Website	
Name of Program	
Year Completed	
Number of Hours of Program	

2. Have you been practicing as a professional in your field?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No (If no, proceed to question 5)

Number of years in practice	
How many hours do you practice per week?	
Do you consider your present practice Fulltime or Part-time?	<input type="radio"/> Fulltime <input type="radio"/> Part-time

3. In what type of setting do your practice? (Please check all that apply.)

<input type="checkbox"/>	Private practice in a clinic or office
<input type="checkbox"/>	Sports medicine facility
<input type="checkbox"/>	Private practice in home
<input type="checkbox"/>	Chiropractor/Physiotherapy office
<input type="checkbox"/>	On-site (company or client's home)
<input type="checkbox"/>	Group practice-rehabilitation
<input type="checkbox"/>	Fitness center, Spa/Health club
<input type="checkbox"/>	holistic health center
<input type="checkbox"/>	Resort or Hotel
<input type="checkbox"/>	Hospital, nursing home or hospice
<input type="checkbox"/>	Other (please describe)

4. Have you ever pled guilty to or been convicted of a criminal offense for which you have not been pardoned?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please complete the following and include a copy of a current criminal records check.

City and Province of conviction	
Date of conviction	
Nature of offence	

5. Have you ever been subject to a professional conduct disciplinary process or been disciplined by a professional body?

<input type="checkbox"/>	Yes Date and nature of the inquiry
<input type="checkbox"/>	No

6. Where did you learn of the JSHMSC?

7. What interested you in joining the JSHMSC?

JSHMSC Privacy Statement

To assist the JSHMSC in providing and improving member services, for public protection purposes, and advocating on your behalf, the JSHMSC requires your consent for the collection, use, and disclosure of your personal information for such purposes, and in accordance with the JSHMSC privacy policy and the JSHMSC Bylaws and Code of Ethics and Conduct. A copy of the JSHMSC Privacy Policy is enclosed for your information, and is posted on the JSHMSC website (www.japaneseshiatsuandholisticmedicinesocietyofcanada.ca). **By signing this application I consent to the collection, use, and disclosure of my personal information in accordance with the JSHMSC privacy policy.**

AGREEMENT

I, the undersigned, declare that to the best of my knowledge, the information provided and statements made in this application and in any attached documents are true. I agree to abide by the Bylaws of the JSHMSC and have read and agree to comply with the JSHMSC Code of Ethics and Conduct. I realize that I may lose my membership and membership privileges if complaints about my practice are found to be in violation of the Code of Ethics and Conduct, or not in the best interest of the public.

Signature:

Date:

THE JAPANESE SHIATSU AND HOLISTIC MEDICINE SOCIETY OF CANADA

CODE OF ETHICS

This Code sets forth principles relating to the treatment of clients, the conduct of professionals and the management of clinics providing services to clients which form an ethical guide for shiatsu and holistic medicine Practitioners who are members of The Japanese Shiatsu and Holistic Medicine Society of Canada (the (“Society”). The intent of this Code is to provide an ethical framework for Practitioners to follow when fulfilling their obligations to their clients, the profession and the public. The Code is designed to ensure the highest standards of service and conduct by members of the Society and to promote public awareness of and confidence in the holistic and medical principles endorsed by the Society.

SECTION 1: DEALING WITH CLIENTS

1. Keep in mind the importance of the well-being of the client who should always be treated with dignity and respect.
2. Ensure that you understand the health needs, physical condition and emotional state of your client and maintain clear and honest communication with respect to needs and objectives.
3. Practice your profession with integrity and in an atmosphere of trust and confidentiality.
4. Disclose to each client the medical or holistic technique that is to be used and refrain from misrepresentations, acts, words or silence that may be misinterpreted by the client.
5. Provide clear and helpful information to the client including information that may take a contrary position on techniques or treatment endorsed by the Society, which you intend to use.

6. When necessary, refer your client to other medical professionals.
7. Respect the therapy requests of each client and ensure that you consider the client's comfort and feelings in relation to touch and degree of pressure.
8. Ensure that you take all reasonable steps to prevent harm to your client.
9. In providing your services, do not discriminate against any client in any way; this does not prevent you from refusing to accept a client for legitimate, non-discriminatory reasons.
10. Do not take advantage of the therapeutic relationship with your client in any way and refrain from any sexual involvement with a client and former clients.
11. Continue to providing your clients with services until no longer required or wanted, the clients have advised that they have another Practitioner who has assumed responsibility for them or where you have been given reasonable notice of intention to withdraw services.

SECTION 2: CONDUCT AS A PROFESSIONAL

1. Conduct yourself in a professional, honest and ethical manner, in compliance with applicable law, regulation, by-laws and this Code.
2. Deliver and perform only those therapeutic services for which you are qualified.
3. Keep accurate records of each client that includes all physical, health and other relevant history.
4. Make every effort to ensure that you communicate with your clients in such a way that information and advice is understood.
5. Maintain confidentiality of all information, whether medical or personal, obtained for each client.
6. Maintain your health and well-being and engage in continuing education and training so as to constantly improve your knowledge and your delivery of services.

SECTION 3: OPERATION OF YOUR CLINIC

1. Maintain the highest level of cleanliness in all aspects of your clinic and office environment.
2. Provide a clinical environment, which is suitable for easy and comfortable application of holistic and medical services in an atmosphere, which is both relaxing and safe.
3. Provide reasonable therapy schedules according to the needs of clients.
4. Present a clear and simple fee structure for services to be performed.

Signature:	Date:
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