
Practitioners directory

Form to be completed



Alternative Medicine College of Canada

Identity

First name

Name (in capital letters)

Personal details

Address (street, apt...)

Zip code

City

Country

Email

Telephone

Current occupation

Grade or Diploma

Date of achievement of diploma

Do you practice in the field studied at AMCC?

If so, please describe your practice, the good and bad sides...

Other comments if necessary

College Website

If you want to advertise your practice on the College website, please fill in the following chart.

Professional details

Address (street, apt...)

Zip code

City

Country

Email

Telephone

Health cares offered

Website address if any

Since (when did you start practicing)

Don't hesitate to attach a photo, like for a passeport, in jpg preferably, 20 ko maximum, it will give more impact to your ad !

Please send to david@cmdq.com