

Application for Certification: Old Yang Style Tai Chi Chuan

Date of Application: _____

Name of Organization: _____

Phone: _____

Address: _____

Zip: _____

E-mail Address: _____

Website: _____

Name of Administrator: _____

Contact Person for this Application: _____

Address: _____

Telephone: _____

Email: _____

Board President: _____

Address: _____

Telephone: _____

Email: _____

Seeking certification for the following: (Describe)

281—TCCT 12.1(3) *Application for certification.*

The board of any organization that is not certified and which seeks certification shall file a formal application with the Secretary of the Traditional Chinese Cultural Academy and provide any and all documentation required by the TCCT Board of Advisors within 90 days of the date of said application submission.

Documentation Checklist: (Print off additional pages as is needed)

On this page list and describe in outline format all documentation that is being submitted for consideration of the TCCA Academic and Research Advisory Board of Directors.

Please submit all of the valid documentation that you may have and include references, academic citations, publications, books, magazines, certificates, letters, photographs and any other form of written communication.

You may also email documents in digital format to admin@professorhuo.com The Board will also accept video media through the mail.

If you are submitting transcripts of oral communication these must be submitted in the form of a notarized affidavit.

Be complete! Your application will not be considered until all information has been received and if in the opinion of the Board Secretary insufficient evidence and documentation been submitted your application and documentation will not be submitted to the Board for review.

Do NOT submit original materials to the Board. Submit copies only. This material will NOT be returned to you.

Documentation Checklist

List of Materials Submitted

Description of Materials Submitted

PLEASE LIST ALL ORGANIZATIONAL PROFESSIONAL STAFF
(Teachers and Administrators)

Name	Title	Rank

Other:

I certify that the above information is complete and true to the best of my belief.

Signature of Organization President

Date