



Declaration of Professional Status as an Artist
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The Al & Malka Green Artists' Health Centre is an academic health centre dedicated to the study and care of professional artists, including students in a program of study that will support their becoming a professional artist, and faculty members of post-secondary arts institutions.

The Al & Malka Green Artists' Health Centre requests that you sign an acknowledgement that you qualify for this service.

Please place a check in the "Yes Box" to those that apply:

Yes	
<input type="checkbox"/>	I am a member of a professional association and/or union appropriate to my artistic activity. Please Specify: _____
<input type="checkbox"/>	I am a faculty member of a post-secondary arts institution and/or a teacher at a professional arts training institution. Please Specify: _____
<input type="checkbox"/>	I am represented by a dealer, publisher, agent, or similar representative appropriate to the nature of my work; I have presented my work to the public by means of exhibitions, publications, performances, readings, screenings, or by any other means appropriate to the nature of my work; OR, I contribute to the creation of productions in the performing arts, music, dance and variety entertainment, film, radio and television, video, sound recording, arts and crafts, or visual arts.
<input type="checkbox"/>	I am paid for the use, display or presentation of my artistic work; OR, I have received public or peer recognition in the form of honours, awards, grants and professional prizes or publicly distributed critical appraisal of my artistic work within the past five years.
<input type="checkbox"/>	I receive or have received professional instruction from a recognized arts educational institution or from a teacher recognized within her/his profession; OR, I am within the first five years of having completed a program of professional instruction as specified above. Please specify: _____
<input type="checkbox"/>	I request independent consideration as the nature of my professional work does not meet any of the above categories (please outline on back of this form)

I understand that falsely providing information on this form can result in discharge from the Artists' Health Centre.

Signature

Print Name

Date

Staff Signature as Witness