



Declaration of Professional Status as an Artist

The Al and Malka Green Artists’ Health Centre is an academic health centre dedicated to the study and care of professional artists, including full-time students in a program of study that will support their becoming a professional artist, and a full-time faculty members/teachers of recognized arts institutions.

The Aland 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 and/or union appropriate to my artistic activity.  Please Specify: _____
<input type="checkbox"/>	I am currently a full-time faculty member of a post-secondary arts institution and/or currently a full-time teacher at a professional arts training institution.  Name of institution: _____
<input type="checkbox"/>	I am CURRENTLY or have been over the past 18 MONTHS...  Represented by a dealer, publisher, agent, or similar representative appropriate to my art;  OR  Presented my work to the public by means of exhibitions, publications, performances, readings, screenings, or by any other means appropriate to my art;  OR  Contributed 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 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 am CURRENTLY a full-time student or was a full-time student in the past 5 YEARS in a recognized arts education institution.  Name of institution: _____ Program/Degree/Diploma: _____
<input type="checkbox"/>	At the time of completing this form, I am 18 years old or older
<input type="checkbox"/>	I request independent consideration because my artistic practice does not meet any of the above categories

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