CTCMA

2017 STUDENT REGISTRATION RENEWAL
(For April 01, 2017 – March 31, 2018)

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

APPLICATION FORM FOR STUDENT REGISTRATION RENEWAL 2017

IMPORTANT NOTE:

- BC legislation requires you to be a current student registrant of CTCMA before you undertake the clinical training.
- All student registrations expire on March 31, 2017. If you are undertaking clinical training in a Traditional Chinese Medicine education program in B.C. after March 31st, you are required to renew your student registration for continuous registration.
- ONLY clinical hours completed during the period your CTCMA student registration is valid will be recognized.
- In order for you to receive a new student badge BEFORE the previous one expires, please ensure your completed renewal application is received by CTCMA on or before **March 03, 2017**.
- Please note:
  - If the renewal application and/or fees is received between April 1 and June 30, 2017: Additional 35% Reinstatement Fee (= $70.00) will be required.
  - On or after July 1, 2017: You must submit a NEW application for Student Registration.
- Application will not be processed until ALL required documents, items and fees are received by the College.

CAREFULLY READ THE FOLLOWING BEFORE PROCEEDING

1. CTCMA Bylaws (especially Section 48, 51, 55.4) available on the CTCMA website
2. CTCMA FAQ for Student available on the CTCMA website

1. PERSONAL INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name (if any)

CTCMA Registration Number	Date of Birth	MM	DD	YYYY

2. MANDATORY CONTACT / MAILING ADDRESS

Mandatory Contact Address:		Postal Code:
City:	Province: **B.C.**	Country: **Canada**
Tel:	Cell (if applicable):	
Mandatory Email:		

3. PHOTO FOR CTCMA STUDENT BADGE

Submit one photo which must be:

- with the exact dimensions of 1½" width x 2" height;
- taken within the last twelve months;
- taken straight on with the face and shoulders centered and squared to the camera;
- have your legal name & CTCMA Registration Number printed on the back; and
- clipped to form, not stapled or taped.

4. NAME OF YOUR ACUPUNCTURE / TCM SCHOOL

Institution/School Name:

5. CONFIRMATION FORM OF EDUCATION STANDING TO BE COMPLETED BY INSTITUTION

- "Confirmation Form of Education Standing to be completed by Institution" from your TCM institution/school.
- Please submit an original signed copy of the form to the CTCMA.

6. FEES

- Student Registration Renewal Annual Fee (non-refundable) - $ 200
- Fees are payable by CREDIT CARD only. Please complete the attached credit card pre-authorization form.
- 35% reinstatement fee will apply for payments received between April 1 and June 30, 2017.

7. APPLICANT'S DECLARATION

Applicant's Declaration:

I, _____ (_____), solemnly declare that
Print (Last Name) *(First Name)* *(Middle)* *Registration No.*

the information provided in this form to be true, and that misstatement of material facts may be cause for denial of this application, suspension or revocation of a registration. I confirm that:

1. I am in compliance with and will comply with the *Health Professions Act*, the TCM Practitioners and Acupuncturists Regulation, CTCMA Bylaws and Code of Ethics.
2. I have not been charged with or convicted of a criminal offence since registration or last renewal. If I am or have been charged with or convicted of a criminal offence at any time, I agree to report the charge or conviction to the Registrar of the CTCMA in a timely manner, and will provide the CTCMA with an explanation of the charge or conviction.
3. I have not been the subject of an employment or human rights complaint or a complaint relating to professional misconduct or unprofessional conduct in relation to my practice since I registered with the College or my last renewal of registration with the College.
4. I have not been investigated by a regulatory body in this jurisdiction or any other jurisdiction for professional misconduct or unprofessional conduct in relation to my practice since I registered with the College or since my last renewal of registration with the College.
5. I have not been subjected to discipline by a regulatory body in this jurisdiction or any other jurisdiction or professional misconduct or unprofessional conduct in relation to my practice since I registered with the College or my last renewal of registration with the College.
6. I have not voluntarily surrendered a registration or license to practice a health care profession.
7. I am insured against liability as described by CTCMA Bylaw 90.
8. I have authorization from the Canadian Government to legally study in Canada.

AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Do you have any exceptions to declare? ❑ NO ❑ YES (*if yes, provide details on separate sheet*)

_____	_____
Signature of Applicant	Date

SUBMISSION OF STUDENT RENEWAL

To avoid processing delays, please ensure that you have reviewed your submission carefully.
Submissions should include the following:

- ❑ Student Registration Renewal Application Form
- ❑ Student Registration Fee: Credit Card Pre-authorization Form
- ❑ Confirmation Form of Education Standing to be completed by Institution.
- ❑ One photo for your CTCMA Student Badge

- Keep copies of all application documents for your personal record.
- Clip all submissions together with paper clips.
- Mail or deliver your completed application package to: CTCMA - 1664 West 8th Avenue, Vancouver, BC, V6J 1V4, Canada

✱ Using a traceable mail service or certified courier may reduce the delivery time, help protect your documents and provide confirmation of receipt.

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CTCMA

CREDIT CARD PRE-AUTHORIZATION FOR REGISTRATION RENEWAL

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

INSTRUCTIONS

You may complete the form fields at your computer, print, and then sign and date it. OR you may print the form out and complete it using a dark ink pen, printing clearly and carefully. The form must be signed and dated and all information must be complete in order for your application to proceed. Incomplete forms will be returned. Credit card information should not be emailed.

Mail or deliver this form to the College at: 1664 West 8th Avenue, Vancouver, BC, Canada V6J 1V4.

PERSONAL INFORMATION

Legal First & Middle Name	Legal Last Name	CTCMA Registration Number

2017 REGISTRATION RENEWAL FEES (NON-REFUNDABLE)

1. **I have submitted 2017 Annual Registration Renewal application form via ❑ online ❑ paper form.**
2. **I have applied 2017 Annual Registration Renewal for:**

❑ Practicing Registration as R.Ac. / R.TCM.H. / R.TCM.P. / Dr.TCM.

- $850.00 (if the renewal fee is received by CTCMA on/before March 31, 2017)
- $1147.50 (35% reinstatement fee is applied as the renewal fee is received by CTCMA between April 1 and June 30, 2017.)

❑ Non-Practicing Registration as R.Ac. / R.TCM.H. / R.TCM.P. / Dr.TCM.

- $425.00 (if the renewal fee is received by CTCMA on/before March 31, 2017)
- $573.75 (35% reinstatement fee is applied as the renewal fee is received by CTCMA between April 1 and June 30, 2017.)

❑ Student Registration

- $200.00 (if the renewal fee is received by CTCMA on/before March 31, 2017)
- $270.00 (35% reinstatement fee is applied as the renewal fee is received by CTCMA between April 1 and June 30, 2017.)

CREDIT CARD INFORMATION

Card Type: ❑ Visa ❑ MasterCard

Name as it appears on card	Card Number	Date of Expiry	
		Month	Year

Authorization I authorize the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC to charge up to Can$ to my credit card.	Signature of Cardholder	Date		
		Year	Month	Day

1664 West 8th Avenue,
Vancouver, BC, Canada. V6J 1V4

Tel: (604)738-7100 | Fax: (604)738-7171
INFO@CTCMA.BC.CA | WWW.CTCMA.BC.CA

CTCMA

CONFIRMATION FORM OF EDUCATION STANDING TO BE COMPLETED BY INSTITUTION

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

A separate form must be completed for each student. Please print clearly.

TO BE COMPLETED BY INSTITUTION

Student's Full Legal Name _____ **CTCMA Registration Number** _____

Institution Name _____

Program of Study ❒ **Registered Acupuncturist** ❒ **Registered TCM Herbology** ❒ **Registered TCM Practitioner** ❒ **Dr.TCM**

Enrollment Date (mm/yyyy) _____ **Expected Graduation Date (mm/yyyy)** _____

LIABILITY INSURANCE (REFER TO CTCMA BYLAWS SECTION 90)

Name of Insurance Company _____ **Policy Number** _____

Coverage period (mm/yyyy – mm/yyyy) _____ **Amount of coverage per occurrence $** _____

INSTITUTION'S CERTIFICATE

I, _____ **(print name of President/Principal), as President/Principal of**

_____ **(print name of the training institution) certify that:**

(1) the student named above is enrolled in an acupuncture/TCM training program in the above stated institution which is listed or applying to be listed in Schedule H of CTCMA Bylaws;

(2) the student named above will undertake or is undertaking clinical training involving direct patient care in an acupuncture/TCM training program in the above stated institution with appropriate CTCMA student registration;

(3) the student named above is or will be properly supervised in clinical training;

(4) the student named above is insured against professional liability as described in S90 of CTCMA Bylaws during the clinical training period;

(5) the above stated institution and it's clinical and didactic instructors have met and complied with the requirements set out by the CTCMA; the Education Program Review (EPR); and the Private Training Act or University Act or the College and Institute Act;

(6) the above stated institution has received the appropriate (interim) designation certificate issued by Private Training Institutions Branch (PTIB), or approval or designation to grant credentials under the *University Act* or the *College and Institute Act*.

I declare that all submitted information and statements are true, complete and correct, and I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

_____	_____
Signature of Principal/President of Institution	Date