

### EXAMINATION SCHEDULE

Applications Accepted:	February 20, 2017 (8:30 a.m.)
Application Deadline:	March 17, 2017 (4:30 p.m.)
Application Withdrawal Deadline:	March 17, 2017 (4:30 p.m.) (application fee non-refundable)
Accommodation for Special Needs Request Deadline:	March 17, 2017 (4:30 p.m.)
Written Examination Date:	May 5, 2017
Clinical Examination Date:	July 8 & 9, 2017

### IMPORTANT INFORMATION

READ the following BEFORE completing the application. All documents are available on [www.ctcma.bc.ca](http://www.ctcma.bc.ca).

- (1) DrTCM Candidate Handbook,
- (2) [CTCMA Bylaws \(note Section 48 & 55.1\)](#),
- (3) [Entry-Level Occupational Competencies for Doctor of TCM](#).

### EXAMINATION ELIGIBILITY

- All application materials must be received by the CTCMA office by the deadline.
- Seating capacity is limited for each examination. Early (completed) applications receive priority in seat assignment. You are not guaranteed a seat by meeting the application deadline.
- CTCMA Education and Examination Committee must approve each application to write an examination. Therefore all candidates must meet the minimum requirements as stated on the [Registration Section](#) of the CTCMA website.
- As of February 1, 2016, CTCMA only recognize:
  - Private non-degree-granting institutions in British Columbia that are accredited by the Private Training Institutions Branch ("PTIB") or have a designation certificate issued under the *Private Training Act*.
  - Public institutions that have approval or designation to grant credentials under the *University Act* or the *College and Institute Act*. Degree granting education programs must be approved by the provincial government's Degree Quality Assessment Board ("DQAB"), as meeting the statutory requirements under the *Degree Authorization Act*.

### EXAMINATION STATUS

Exam Candidate Log-In will be available at [www.ctcma.bc.ca](http://www.ctcma.bc.ca) on March 24, 2017.

You must log-in to the website to [update your mailing address](#) and information on: status of your exam application, exam dates, times, locations & exam results. The exam receipts will be emailed to you after the finalization of examination application.

### IMPORTANT INFORMATION

Please refer to the Application Guide for examination policies, and in particular:

- Credential Evaluation Report (Details are at [Transcript Requirement Page](#)):  
MUST be submitted if you completed education (TCM or 2-year university) outside Canada.
- Refund Policies (See Candidate Handbook): No deferral is allowed.
- Accommodation for Special Needs (Accommodation for Special Needs)
- Examination Repeat Policies (See Candidate Handbook)

\*Successful completion of competency exams is ONE requirement for CTCMA registration. All requirements are listed in CTCMA Bylaw S48, including the ability to legally work in Canada (i.e. permanent resident or citizenship)



### DOCUMENT CHECKLIST

Put an "x" in the box next to the documents enclosed.

It is YOUR responsibility to deliver all documents/forms/fees to CTCMA by the deadline.

DOCUMENTS REQUIRED BY ALL APPLICANTS		OFFICE USE
<input type="checkbox"/> Document Checklist (this page) - original (complete & signed)		<input type="checkbox"/>
<input type="checkbox"/> Application Form - original (complete & signed)		<input type="checkbox"/>
<input type="checkbox"/> Photo taken within 6 months (1½"W x 2"L) - affixed on the application form		<input type="checkbox"/>
<input type="checkbox"/> Clear photocopy: one piece of photo identification (i.e. passport, driver's license)		<input type="checkbox"/>
<input type="checkbox"/> Authorization of Examination Payments (Section 6 of the Application Form)		<input type="checkbox"/>
SUPPORTING DOCUMENTS (See <a href="#">Registration Page</a> at CTCMA website for details)		OFFICE USE
Proof of TCM education (if not submitted previously):		<input type="checkbox"/>
<input type="checkbox"/> Official Transcript for TCM education completed in Canada (sealed school envelope)		<input type="checkbox"/>
<b>OR</b>		<input type="checkbox"/>
<input type="checkbox"/> Basic ICES report (TCM education completed outside Canada, including transcript)		<input type="checkbox"/>
ICES confirmation # _____ ICES must mail directly to CTCMA		

#### PLEASE NOTE

- Application Deadline: March 17, 2017 (4:30 p.m.)
- Keep copies of all application documents for your file. NO documents will be returned to you.
- Examination seats are assigned on a first-come basis to completed applications.

#### SIGNATURE

<p>_____</p> <p>Print Name of Applicant</p>	<p>_____</p> <p>Signature of Applicant</p>	<p>_____</p> <p>Date (MM/DD/YYYY)</p>
---	--	---------------------------------------

### APPLICATION FORM INSTRUCTIONS

- (1) Please carefully read all instructions before completing your application form.
- (2) Submit payment by Credit Card in the amount set out in Section 7 (Total Fees).
- (3) To avoid delay in processing your application, please ensure that you complete all sections of the form, attach all required documents, sign the Document Checklist and Declaration, and credit card payment information.
- (4) The application form will not be processed if the College does not receive a completed application with all required attachments.
- (5) Please take care to print or type the information on the application form. Illegible applications will be returned.
- (6) Mail or deliver your completed application form to the College according to the instructions provided in the Examination Submission section (end of application form).

### 1. PURPOSE OF APPLICATION

Please select from the following:	Examinations required	
	Dr.TCM	
	Written	Clinical
<input type="checkbox"/> <b>First-time</b> Dr.TCM written and clinical examinations	✓	✓
<input type="checkbox"/> <b>Repeating</b> Dr.TCM written and clinical examinations	✓	✓
<input type="checkbox"/> <b>Repeating</b> Dr.TCM clinical examination only	-	✓

### 2. PERSONAL INFORMATION

<b>Legal First Name</b>		<b>Legal Last Name</b>		<b>Legal Middle Name (if any)</b>	
<b>Previous First Name</b> <i>(only if different from legal name)</i>		<b>Previous Last Name</b> <i>(only if different from legal name)</i>		<b>Previous Middle Name</b> <i>(only if different from legal name)</i>	
I am an existing registrant (including student registrant) of CTCMA. <input type="checkbox"/> R.Ac <input type="checkbox"/> R.TCM.H. <input type="checkbox"/> R.TCM.P. <input type="checkbox"/> Student Registrant  Registration Number: _____					Please affix a recent photo here  (1½" W x 2" L)  (Not required for existing registrant)
<input type="checkbox"/> I have previously applied for CTCMA registration/examination.  My Application Reference Number was _____					
<input type="checkbox"/> I have never applied for CTCMA registration/examination. This is my first application.					
<b>Date of Birth</b>	<b>MM</b>	<b>DD</b>	<b>YYYY</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>For Office Use</b>  Appn No. :



### 3. EMAIL ADDRESS

Email (Mandatory):

Please log-in to the Member Portal of CTCMA website to update your mailing address. It is required for sending out your examination result notification letter.

### 4. TCM / ACUPUNCTURE EDUCATION AND TRAINING

Detailed instructions are available at CTCMA website and Application Guide (Examination Registration Policy)

- TCM education completed in Canada: enclose an up-to-date official transcript in envelope sealed by school (with course hours - see website for TCM transcript requirements) OR
- TCM education completed outside Canada: ask ICES to send an original basic ICES report with TCM transcript attached directly to CTCMA.

Period (mm/yy– mm/yy)	Name and length of Program (hours)	Institution Name and Address	Attendance (check one)
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other

Note: F/T = Full-time P/T = Part-time Other = neither full-time nor part-time

### 5. CHOICE OF EXAMINATION LANGUAGE (Check One Box For Each Component)

Candidates may take the written examinations in English or Chinese and the clinical examinations in English or Chinese. There is an additional translation fee for each Written/Clinical Examination in Chinese version.

**Written Examination:** choose one below

- English
- Traditional Chinese ( 繁體 )
- Simplified Chinese ( 简体 )

**Clinical Examination:** choose one below

- English
- Traditional Chinese ( 繁體 )
- Simplified Chinese ( 简体 )

### 6. CHOICE OF THE WRITTEN EXAMINATION CENTER (Check One Box ONLY)

The Dr.TCM **written** examination is a **computer based** examination and will be offered at the following centers on the examination day. Please choose the one that is close and convenient to you.

Please note that the Dr.TCM **clinical** examination will **ONLY** be offered in Lower Mainland.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Lower Mainland | <input type="checkbox"/> Vancouver Island | <input type="checkbox"/> Okanagan Valley |
|---|---|--|



### 7. TOTAL FEES (Money Order in Canadian Dollars)

Please check one of the following boxes:	Application (Non-refundable)	Written Exam	Clinical Exam	Chinese Translation (Written Exam) (if applicable) (Section 6)	Chinese Translation (Clinical Exam) (if applicable) (Section 6)	Total
<input type="checkbox"/> Dr.TCM written and clinical examinations	<input type="checkbox"/> \$200	<input type="checkbox"/> \$700	<input type="checkbox"/> \$700	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	
<input type="checkbox"/> Repeat Dr.TCM clinical only	<input type="checkbox"/> \$100	Nil	<input type="checkbox"/> \$700	Nil	<input type="checkbox"/> \$100	
<b>I am paying a total fee of:</b>						\$

### CREDIT CARD INFORMATION

Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard				
Name as it appears on card	Card Number		Date of Expiry Month   Year	
<b>Authorization</b> I authorize the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC to charge up to <input type="text"/> Can\$ to my credit card.	Signature of Cardholder		Date	
			Year	Month
<b>Notes:</b> The authorized amount must include the <b>total</b> of the application fee and the examination fees that you selected.  <b>Application Fee</b> – non-refundable, charged upon the finalization of your examination status <b>Written Examination Fee</b> – charged upon the approval of your written examination application <b>Clinical Examination Fee</b> – charged upon the approval of your clinical examination application				

### 8. TERMS AND CONDITIONS

CTCMA will cancel, without refund, an application or registration including forged or altered documents. The College reserves the right to verify educational credentials with the issuing institutions/authority, including, but not limited to, sending copies of transcripts to the institution/authority for verification and/or authentication. It is the sole responsibility of the applicant to provide sufficient information and proof to the satisfaction of CTCMA. In considering any applications, the Registration Committee may require an investigation by a panel and/or supplementary testing.

### 9. APPLICANT'S DECLARATION

I, \_\_\_\_\_, declare that all the information and statements made in or submitted with this application are true, complete and correct, and I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath. I also understand that misstatements or omissions of material facts may be cause for denial of this application, or for suspension or revocation of registration.

By signing this application, I authorize the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA) to collect the personal information that I have provided in this application form and to use that personal information for the purposes of processing my application for the purposes of registration under the *Health Professions Act*, RSBC 1996, c. 183 and I consent to the disclosure of that personal information to Yardstick Services Inc. (Yardstick) for the purposes of administering the examination, processing my examination results and providing information regarding my examination results back to the CTCMA.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### EXAMINATION SUBMISSION

Please print out copies for your personal record - these documents will be online for a limited period of time only.

Use the checklist in this application form to ensure that you have provided all required information and documents. Mail or deliver your completed application form to:

**CTCMA – Examination Applications**

**1664 West 8th Avenue,**

**Vancouver, BC V6J 1V4**

### PRIVACY STATEMENT

CTCMA is committed to protecting the privacy of people whose personal information is held by the CTCMA through responsible information management practices. Any personal information provided to CTCMA is collected, used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Please contact the Privacy Officer if you have any questions or concerns.

– END –

