

APPLICATION FORM FOR FULL REGISTRATION RENEWAL 2017

IMPORTANT NOTE:

- All registrations expire on March 31, 2017. In order to receive your seal and wallet-size card prior to this date, please ensure your completed application forms, declarations, documents and fees are received by CTCMA on or before: **March 03, 2017**.
- Registration Renewal is a process for current registrants to renew their titles and status they are entitled to.
- If you would like to change your registration title or status, you may submit a separate application in respect to the title or status of registration applying for. All details are available on the College's website www.ctcma.bc.ca
- Please allow sufficient time for your application of registration title or status change to be processed.

1. PERSONAL INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name (if any)
Date of Birth (MM/DD/YYYY)	CTCMA Registration Number	

2. MANDATORY BUSINESS / CLINIC CONTACT

Business / Clinic Name (if applicable):		Tel:
Business / Clinic Address:		City:
Province:	Postal Code:	Country:
Email:		Fax (if applicable):

3. MANDATORY HOME CONTACT

Home Address:		City:
Province:	Postal Code:	Country:
Email:		Fax (if applicable):
Tel:	Cell (if applicable):	

4. MAILING ADDRESS

Select ONE only. If you leave this blank or indicate both addresses, your Mandatory Business/Clinic Contact will be deemed as your Mailing Address.

Business / Clinic Address Home Address

5. PRACTICING INFORMATION

5.1 Please indicate the languages in which you are able to communicate with reasonable fluency so that you can offer professional services to patients in those languages.

Chinese (Cantonese) Chinese (Mandarin) English French Japanese Korean

Other (please state all applicable languages): _____

5.2 What is the language that you use most often to communicate with your patients/clients? (Select ONE only)

- Chinese (Cantonese) Chinese (Mandarin) English French Japanese Korean
 Other (please state all applicable languages): _____

5.3 Which ONE of the following best describes the primary nature of your practice? (Select ONE only)

- | | |
|--|---|
| <input type="checkbox"/> Group TCM Practice | <input type="checkbox"/> Administration (Public Health) |
| <input type="checkbox"/> Group Multi-Disciplinary Practice | <input type="checkbox"/> Students (Studying) |
| <input type="checkbox"/> Individual (Solo) Practice | <input type="checkbox"/> Not-practicing |
| <input type="checkbox"/> Educational Institution (School) | <input type="checkbox"/> Other |

6. ANNUAL REGISTRATION RENEWAL FEES

2017 Annual Registration Renewal Fees for R.Ac., R.TCM.H., R.TCM.P., Dr. TCM.

- Practicing Registration Fee - \$850
 Non-Practicing Registration Fee - \$425

- Fees are payable by CREDIT CARD only. Please complete the attached credit card pre-authorization form.
- Annual registration renewal fees are non-refundable.
- 35% reinstatement fee will apply for payments received between April 1 and June 30, 2017.

7. DECLARATION FOR ALL REGISTRANTS

CTCMA Registrant's Declaration:

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

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 work 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.

Name of Insurance Company/Underwriter:

Insurance Policy/Certificate Number:

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

Signature of Applicant

Date



DECLARATION

Are you a practicing registrant?

- YES** - Please complete Section 8 - "DECLARATION FOR PRACTICING REGISTRANTS ONLY".
 NO - Skip Section 8, and then complete Section 9 - "DECLARATION FOR NON-PRACTICING REGISTRANTS ONLY".

8. DECLARATION FOR PRACTICING REGISTRANTS ONLY

CTCMA Practicing Registrant's Declaration:

WHEREAS Section 56 (1) (e) and section 57 of the Bylaws of the COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF BRITISH COLUMBIA state

- 56 (1) *To be eligible for renewal of registration, a full, grand-parented, limited, student, non-practicing or temporary registrant must: (e) provide proof of having completed any registration renewal requirements shown under section 57.*
- 57 (1) *A full or grand-parented registrant who wishes to renew his or her registration must*
- (a) *complete 50 hours of continuing education every 2 calendar years that meets the criteria established by the board, and*
 - (b) *practice acupuncture or traditional Chinese Herbology or traditional medicine at a minimum level (200 patient visits during any consecutive 24 month period) within the last 4 years.*

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

- I have established a REGISTRANT FILE in my record keeping system. I will permit the College to inspect and copy this record upon request.
- I have read, and comply with or will comply with by March 31st, the renewal requirement of Bylaw 57.1.a (completion of 50 hours of continuing education every 2 calendar years). I have listed the components of this continuing education in my Registrant File and will keep this record for 7 years.
- I have fulfilled the renewal requirements of Bylaw 57.1.b by practicing acupuncture or traditional Chinese Herbology or traditional Chinese medicine at a minimum level (200 patient visits during any consecutive 24 month period) within the past 4 years. I have collected documentation showing I fulfill this requirement. I have put this documentation in my Registrant File and will keep this record for 7 years.

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 Applicant

Date

9. DECLARATION FOR NON-PRACTICING REGISTRANTS ONLY

CTCMA Non-Practicing Registrant's Declaration:

I, _____ (_____), will continue to be registered with
Print (Last Name) (First Name) (Middle) Registration No.

CTCMA as a Non-Practicing Registrant as described in CTCMA Bylaw 52 and solemnly declare that:

- I have read the provisions of CTCMA Bylaw 52 and declare that I will not practice anywhere in British Columbia, Canada within the scope of practice as defined in Section 4 of the *Traditional Chinese Medicine Practitioners and Acupuncturists Regulation (Health Professions Act BC)* while registered under CTCMA Bylaw 52. Furthermore, I declare I will not provide the services specified in the Regulation in the Province of British Columbia, Canada.
- I understand that I may apply to the Registration Committee for reinstatement as a practicing registrant. I declare that I have read the provisions of CTCMA Bylaw 58 that apply to applications for reinstatement.

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 Applicant

Date



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
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2017 REGISTRATION RENEWAL FEES (NON-REFUNDABLE)

- I have submitted 2017 Annual Registration Renewal application form via online paper form.
- 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: <input type="checkbox"/> Visa <input type="checkbox"/> 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 <input type="text"/> Can\$ to my credit card.	Signature of Cardholder	Year	Date Month	Day

