

IMPORTANT NOTE

This form is required for Examination Candidates who:

- have failed an examination two (2) or more times; **AND**
- plan to complete **the upgrading program that involves clinical training.**

Please note current student registration is required for those who plan to complete the 50-hour upgrading program that involves clinical training. Current student registrant may skip Section F to I.

This form requires **two submissions** to the College. The first submission is **prior to** the commencement of the proposed upgrading program in order to obtain pre-approval by the Education & Examination Committee. The second submission is to be submitted together with the exam application package before the exam application deadline in order to verify completion of the pre-approved upgrading program. **Please note that the upgrading program must be completed prior to submitting the exam application package.**

On first submission, you are required to complete Sections A to J. When your proposed upgrading program has been reviewed by the Education & Examination Committee, it will be returned to you with a decision and/or comments in Section K. If the proposed program is approved by the Education & Examination Committee and you are not a current student registrant, your application for student registration will then be forwarded to the Registration Committee for approval. When your proposed upgrading plan has been completed, please have Section L completed by the preceptor(s) and returned to CTCMA.

SECTION A: APPLICANT INFORMATION

Legal First Name	Legal Last Name				Legal Middle Name (if any)
Registration or Application Number:	Date of Birth	MM	DD	YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Examination Failed <input type="checkbox"/> Acupuncturist Examination <input type="checkbox"/> Herbalist Examination <input type="checkbox"/> Practitioner Examination <input type="checkbox"/> Dr.TCM Examination <input type="checkbox"/> Written <input type="checkbox"/> Clinical					
Number of times that you have failed the above selected examination:					

SECTION B: MANDATORY CONTACT / MAILING ADDRESS

Mandatory Contact Address:		Country:
City:	Province:	Postal Code:
Mandatory Email:	Tel:	Cell (if applicable):



SECTION C: PROPOSED UPGRADING PROGRAM

The purpose of this 50-hour upgrading program is to allow candidates an opportunity to improve on areas of weakness in order to increase the chance of passing the exam in the future. The candidate may complete upgrading programs through either:

- Training institutions – The standards of PTIB and Advance Education Commission will be referenced for the acceptability of training institutions; or
- Private clinics – The preceptor should be a registrant of the College with a minimum of 7-year experience in practicing/teaching.

You may attach course descriptions or course outlines etc. with this form.

Subject	Hours	Name of Preceptor	Preceptor's Registration #

SECTION D: PROPOSED PRECEPTOR'S INFORMATION

PRECEPTOR 1

Preceptor's Full Legal Name	
Preceptor's Registration Title & No.	
Preceptor's Clinic Name and Address	
Program Duration (mm/yyyy – mm/yyyy)	
<u>Preceptor's Signature & Date</u>	

PRECEPTOR 2

Preceptor's Full Legal Name	
Preceptor's Registration Title & No.	
Preceptor's Clinic Name and Address	
Program Duration (mm/yyyy – mm/yyyy)	
<u>Preceptor's Signature & Date</u>	



SECTION E: LIABILITY INSURANCE (REFER TO CTCMA BYLAWS SECTION 90)

★ Please submit a copy of the liability insurance policy/certificate including the preceptor's and Applicant's names.

If you are a current student registrant, you may skip the following Sections F to I and go directly to Section J.

SECTION F: TWO PHOTOS OF APPLICANT

CTCMA Student Badge must be worn in clinic.

One photo affix in the photo box; the other one for student badge clip to this form, not staple or tape.

Two photo 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 (if applicable) printed on the back.

Please affix one recent photo here.

(1½"W X 2"H)

Not actual size.
Refer to Measurements above.

SECTION G: FEES

CTCMA STUDENT REGISTRATION FEE SCHEDULE

CTCMA Student Registrant

Annual Fee: \$200

Prorated monthly: \$17

Fees are payable by CREDIT CARD / MONEY ORDER only (in Canadian dollars).

Application Fee is non-refundable

\$ 25

Registration Fee is non-refundable once the application is approved.

- CTCMA Registration Year ends March 31.
- Please indicate your intended registration period by checking the appropriate boxes below.
 - Current year Apr May Jun Jul Aug Sep Oct Nov Dec
 - Following year Jan Feb Mar
- \$17 per month X _____ (number of months):

\$

TOTAL FEES DUE \$

For Office Use: Total Payment \$ _____ by Visa MasterCard Money Order

SECTION H: IDENTIFICATION

9(a) Please enclose a clear photocopy of Government issued Photo ID, i.e. a Driver license, BC Services Card, BCID, etc.....

9(b) Proof of authorization to study in Canada.

Are you a Canadian citizen or permanent resident?

- Yes** - enclose a clear photocopy of your Canadian passport / citizenship card / permanent resident card, etc....
- No** - enclose a clear photocopy of your valid Canada Government issued study permit



SECTION I: PROFESSIONAL ETHICS AND DISCLOSURE OF COMPLAINTS, DISCIPLINE OR CLAIMS

10(a) Criminal Record Check (CRC) by Criminal Record Review Program from the Ministry of Public Safety and Solicitor General

- I have completed my Criminal Record Check recently and my Service # is _____.
- I have signed the print out from the Criminal Record Check online system recently and attached to this application with two notarized copies of accepted identification and payment. (only when the service # is not provided)

If you have any questions regarding the Criminal Record Review Program or concern on the status of your CRC request, please contact the Ministry of Public Safety and Solicitor General.

10(b) Professional Conduct - please answer the following questions:

Have you ever been a defendant in a criminal or civil litigation connected with a health care practice?

- Yes No

Have you ever been disciplined or dismissed from membership or positions by any professional bodies?

- Yes No

Have you ever voluntarily surrendered a license to practice?

- Yes No

Have you ever been a subject of complaints in relation to your practice?

- Yes No

Is there any pending inquiry/complaint with you in relation to your practice?

- Yes No

If you take exception to any of the statements in the Statutory Declaration, or answer "yes" to any of the above questions, please provide the information listed below, and attach documents relating to the charge, accusations, or claims made against you, the outcome and remedial action taken (add extra sheets of paper if necessary):

Date	Nature of Event	Outcome and remedial action taken

This information (and that provided in section 10(c) below) will be provided to the Registration Committee for confidential review. It is the responsibility of the applicant to provide evidence satisfactory to the Registration Committee that any deficiency in his/her practices or ethics revealed by the matters disclosed has been remedied and there is no threat to public safety. Failure to disclose or fully disclose the information will result in delay in the processing of your application, suspension or revocation of your registration even after issue.



10(c) Professional Affiliations

Have you ever been registered with any other regulatory body? Yes No

If your answer is **yes**,

(1) please provide the information below and

(2) A good standing/reference letter from the regulatory body mentioned below.

Full Name of the Regulatory Body	Website Address	Registration No.	Registration Period

I, _____ (print applicant's name) hereby authorize the above Regulatory Bodies to disclose all information regarding complaints and conduct of the undersigned to the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia.

Signature of Applicant:

Date:

SECTION J: 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.

Signature of Applicant:

Date:

The personal information requested on this form is collected under the authority of, and will be used for, the purpose of administering the registration process under the Health Professions Act, TCM Regulation and CTCMA Bylaws. The collection, use and disclosure of personal information are subject to the provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use or disclosure of this information, please contact the Privacy Officer.



**SECTION K: EDUCATION & EXAMINATION COMMITTEE DECISION/COMMENTS
(TO BE COMPLETED BY CTCMA)**

Proposed upgrading plan was pre-approved on _____

Proposed upgrading plan was not approved (please adjust your proposed upgrading plan according to the comments stated below and submit another Upgrading Program Application Form to the College)

Comments:

**SECTION L: COMPLETION OF UPGRADING PROGRAM (TO BE COMPLETED BY
PRECEPTOR)**

The proposed upgrading program has been completed on (Date)_____ by (student name)_____.

The whole program was a total of _____ hours and was completed from (Date)_____

to (Date)_____.

PRECEPTOR 1

_____ Signature of Preceptor	_____ Date
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PRECEPTOR 2

_____ Signature of Preceptor	_____ Date
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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 the application and this form together to the College at:

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

APPLICANT INFORMATION

Legal First Name	Legal Last Name	CTCMA Registration Number (if apply)
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STUDENT REGISTRATION (UPGRADING PROGRAM) FEES

Application fee	\$ 25
Registration Fee \$ 17 X Number of months _____	\$
Total	\$

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	Date		
		Year	Month	Day