



**REQUEST FOR SELF-PICKUP / DELIVERY OF CERTIFICATE
(For Approved Initial Registration)**

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

INSTRUCTIONS

Registration certificate for initial registration is available **1 month after** registration is approved and effective as indicated on your registration approval letter. The pickup or delivery of your registration certificate may be requested by completing this form.

PERSONAL INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name (if any)
CTCMA Registration Number	Date of Birth (MM/DD/YYYY)	For Office Use: Total payment: \$ _____ By <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Money Order

PICKUP / DELIVERY

Indicate the registration certificate applying for: R.Ac R.TCM.H. R.TCM.P. Dr.TCM.

Self-pickup of registration certificate

- Ensure contact information is up-to-date (Can be checked/updated online through CTCMA Member Portal)
- Submit this form at the time of pickup
- Attach your outdated certificate if your registration title has been changed.
- Provide Government issued photo identification (i.e. Driver's Licence/Passport) at the time of pickup

Delivery of registration certificate

- Ensure contact information is up-to-date (Can be checked/updated online through CTCMA Member Portal)
- Mail or deliver this form to the College
- Attach your outdated certificate if your registration title has been changed.
- Attach Money order/Credit card pre-authorization form for Delivery (available at CTCMA website) in Canadian funds for delivery: \$25 within BC \$50 within Canada \$100 outside Canada

DECLARATION

I, (print Full Legal Name) _____ (Registration #) _____ , declare I am a registrant of the College in good standing. I understand that I must comply with the *Health Professions Act*, the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation, and College Bylaws. I must meet the requirements of each jurisdiction in which I wish to practice. I understand that my registration with the College authorizes me to use my registration title and display my certificate only **within the province of British Columbia, Canada**. I will ensure my registration number and certificate are used only by myself.

Pursuant to s.90 of the College Bylaws which states that all registrants and their employees must be insured against liability for negligence in an amount of at least \$1,000,000 per occurrence, I declare that I have professional liability insurance in place to practice in the province of British Columbia, Canada and will continue renewing my policy on an annual basis whether I am registered with the College as a practicing registrant or a non-practicing registrant.

Name of Insurance Company/Underwriter	Policy Number
Policy Period (MM/DD/YYYY) From: _____ To: _____	Coverage per occurrence
Signature of Applicant	Date



CREDIT CARD PRE-AUTHORIZATION FOR DELIVERY

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 Name	Legal Last Name	CTCMA Registration Number
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DELIVERY FEES

Delivery fee for Certificate: \$25 within BC \$50 within Canada \$100 outside Canada

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 <input type="text" value="Can\$"/> to my credit card.	Signature of Cardholder	Date		
		Year	Month	Day

