

PERSONAL INFORMATION

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

APPLYING FOR REPLACEMENT OF REGISTRATION CERTIFICATE

Reason for the request of registration certificate replacement:

- My legal name has been changed**
- Submit the Request of Legal Name Update form with required documents (available on the College's website)
 - Submit this form
 - Attach your outdated Registration Certificate
- My CTCMA registration number has been changed**
- Submit this form
 - Attach your outdated Registration Certificate
- My CTCMA registration number remains the same but no prefix preceding numerical digits**
- Submit this form
 - Attach your outdated Registration Certificate
- My CTCMA Registration Certificate has been lost, stolen or damaged**
- Submit a **notarized declaration** if the original certificate has been lost/stolen **OR** submit the damaged certificate
 - Submit this form
 - Fee of \$50 Money order/Credit card pre-authorization form in Canadian fund for the replacement certificate

PICKUP / DELIVERY

- Self-pickup of registration certificate**
- Ensure contact information is up-to-date (Can be checked/updated online through Member Portal)
 - Submit this form at the time of pickup
 - 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 Member Portal)
 - Mail or deliver this form to the College
 - Attach Money order /Credit card authorization form for Delivery in Canadian fund for delivery:
 - \$25 within BC
 - \$50 within Canada
 - \$100 outside Canada.

Signature of Applicant:

Date:

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 Form For Replacement Certificate

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.

APPLICANT'S INFORMATION

Legal First Name	Legal Last Name	CTCMA Registration Number
Email	Telephone Number (Day Time)	

FEE FOR REPLACEMENT CERTIFICATE

Fee for Replacement Certificate: \$50 in Canadian funds

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

