

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).

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 12 months (1½"W x 2"L) - affixed on the application form | <input type="checkbox"/> |
| <input type="checkbox"/> | Clear photocopy: one piece of Government-issued photo identification (i.e. passport, driver's license) | <input type="checkbox"/> |
| <input type="checkbox"/> | Authorization of Examination Payments (Section 7 of the Application Form) | <input type="checkbox"/> |
| SUPPORTING DOCUMENTS (See Examination Registration Policy on Application Guide 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"/> |
| OR | | |
| <input type="checkbox"/> | Basic ICES report with a copy of transcript attached for TCM education completed outside Canada | <input type="checkbox"/> |
| ICES confirmation # _____ ICES must mail directly to CTCMA | | |
| Proof of 2-year University education (if not submitted previously): | | <input type="checkbox"/> |
| <input type="checkbox"/> | Official Transcript for 2-year university completed in Canada | <input type="checkbox"/> |
| OR | | |
| <input type="checkbox"/> | Basic ICES report for 2-year university completed outside Canada | <input type="checkbox"/> |
| PLEASE NOTE | | |
| <ul style="list-style-type: none"> • 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 | | |
| _____ | _____ | _____ |
| Print Name of Applicant | Signature of Applicant | Date (MM/DD/YYYY) |



1. PURPOSE OF APPLICATION

| Please select from the following: | Examinations required | | | | | |
|-------------------------------------------------------------------------------|-----------------------|----------|------------|----------|---------------|----------|
| | Acupuncturist | | Herbalists | | Practitioners | |
| | Written | Clinical | Written | Clinical | Written | Clinical |
| <input type="checkbox"/> First – time Acupuncturist written and clinical exam | ✓ | ✓ | - | - | - | - |
| <input type="checkbox"/> First – time Herbalists written and clinical exam | - | - | ✓ | ✓ | - | - |
| <input type="checkbox"/> First – time Practitioners written and clinical exam | - | - | - | - | ✓ | ✓ |
| <input type="checkbox"/> Repeating Acupuncturist written and clinical exam | ✓ | ✓ | - | - | - | - |
| <input type="checkbox"/> Repeating Acupuncturist clinical exam only | - | ✓ | - | - | - | - |
| <input type="checkbox"/> Repeating Herbalists written and clinical exam | - | - | ✓ | ✓ | - | - |
| <input type="checkbox"/> Repeating Herbalists clinical exam only | - | - | - | ✓ | - | - |
| <input type="checkbox"/> Repeating Practitioners written and clinical exam | - | - | - | - | ✓ | ✓ |
| <input type="checkbox"/> Repeating Practitioners clinical exam only | - | - | - | - | - | ✓ |

2. PERSONAL INFORMATION

| | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|-------------------------------------------------------------------|---------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--|--|
| Legal Last Name | | | Legal First Name | | | Legal Middle Name (if any) | | |
| Previous Last Name <i>(only if different from legal name)</i> | | | Previous First Name <i>(only if different from legal name)</i> | | | Previous Middle Name <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"/> 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. | | | | | | | | |
| Date of Birth | MM | DD | YYYY | Gender | | For Office Use Appn No. : | | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | |

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. TWO-YEAR UNIVERSITY EDUCATION

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

- Enclose an official transcript of your 2- year university education completed within Canada, OR
- Enclose an original basic ICES report of your 2-year university education completed outside of Canada

| Period <i>(mm/yy- mm/yy)</i> | Name and length of Program <i>(hours)</i> | Institution Name and Address | Attendance <i>(check one)</i> |
|---------------------------------|----------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------|
| | | | <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. 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 |

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

6. 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)

7. TOTAL FEES (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"/> Acupuncturist written and clinical | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$450 | <input type="checkbox"/> \$350 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$200 | |
| <input type="checkbox"/> Herbalists written and clinical | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$450 | <input type="checkbox"/> \$350 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$200 | |
| <input type="checkbox"/> Practitioners written and clinical | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$550 | <input type="checkbox"/> \$550 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$200 | |
| <input type="checkbox"/> Acupuncturist clinical only | <input type="checkbox"/> \$100 | Nil | <input type="checkbox"/> \$350 | Nil | <input type="checkbox"/> \$200 | |
| <input type="checkbox"/> Herbalists clinical only | <input type="checkbox"/> \$100 | Nil | <input type="checkbox"/> \$350 | Nil | <input type="checkbox"/> \$200 | |
| <input type="checkbox"/> Practitioners clinical only | <input type="checkbox"/> \$150 | Nil | <input type="checkbox"/> \$550 | Nil | <input type="checkbox"/> \$200 | |

I am paying a total fee of:

\$

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

Notes:

The authorized amount must include the **total** of the application fee and the examination fees that you selected.

Application Fee – non-refundable, charged upon the finalization of your examination status

Written Examination Fee – charged upon the approval of your written examination application

Clinical Examination Fee – 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 Education and Examination 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 Assessment Strategy Inc. (ASI) 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

THE COMPLETE EXAMINATION APPLICATION PACKAGE MUST BE RECEIVED BY CTCMA NO LATER THAN THE EXAMINATION APPLICATION DEADLINE.

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 –

