

INSTRUCTIONS

Before you complete this form carefully READ:

- CTCMA Bylaws <http://www.ctcma.bc.ca/media/1230/bylaws-with-schedulespdf.pdf>
- Health Professions Act (BC) http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96183_01

All of the above are available online on the CTCMA website.

IMPORTANT NOTE

- 1) Every application will be reviewed on a case by case basis. Considering the activities the applicant conducted during the de-registered period and the length of time in the de-registered period, the College may set certain requirements for an applicant to complete before allowing him/her to reinstate to the CTCMA registry as non-practising registrant. Please refer to CTCMA Bylaws Section 58 for details.
- 2) Non-practising registrants are not authorized to practice or provide the services specified in the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation in the Province of British Columbia, Canada.
- 3) Non-practising registrants are required to be insured against liability for negligence as described in CTCMA Bylaws Section 90.
- 4) The application fee and annual fee are non-refundable.
- 5) The processing time of reinstatement application is approximately 5 weeks following the receipt of ALL required documentations and fees.
- 6) Upon reinstate to the CTCMA registry, an official confirmation & wallet-size card will be mailed to the applicant.
- 7) The applicant is required to submit the "Declaration for Professional Liability (Malpractice) Insurance" to the College within 2 weeks after reinstating to CTCMA Registry.

If you wish to transfer from Non-Practising to Practising status after you have been reinstated to the CTCMA registry as a Non-Practising registrant, you are required to submit the "Request for Change of Registration Status" form plus the required documentations and fees to the College.

- You may submit the "Request for Registration Reinstatement as a Non-Practising Registrant" application and the "Request for Change of Registration Status" application at the same time.
- For details of status change, refer to the CTCMA website <http://www.ctcma.bc.ca/registration/status-change/>
- Make sure to allow sufficient time for your application to be processed.



REQUEST FOR REGISTRATION REINSTATEMENT AS A NON-PRACTISING REGISTRANT

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

APPLICANT'S 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

MANDATORY BUSINESS / CLINIC CONTACT

- CTCMA is required to maintain a register of ALL registrants by the *Health Professions Act (sections 21/22)*. CTCMA must release the following information to the public: Registrant's name, business/clinic address, telephone number and any terms or limitations imposed by the College. This also applies to non-practising registrants.
- If you leave this section blank, your home address below will be deemed as your Mandatory Business/Clinic Contact.

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

HOME CONTACT

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

MANDATORY MAILING ADDRESS

Select ONE only. Business / Clinic Address Home Address

- If you leave this section blank or indicated both addresses, your Mandatory Business/Clinic Contact will be deemed as your Mailing address.

REQUEST FOR REGISTRATION REINSTATEMENT

I am applying for reinstatement as a Non-Practising Registrant and am submitting the following:

1. This application form
2. A NOTARIZED "Non-practising Registration Statutory Declaration"
3. A clear photocopy of a government-issued photo ID (i.e. Canadian Passport, Citizenship Card, etc.....)
4. \$50 Application fee in Canadian funds by credit card or money order (Non-Refundable)
 - Credit Card – complete the attached Credit Card Pre-Authorization form
 - Money Order – print your name and registration number on the front of it

SIGNATURE

Signature of Applicant	Date
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INSTRUCTIONS

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 form and this form together to the College at:

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

APPLICANT INFORMATION

Legal Last Name	Legal First Name	CTCMA Registration Number
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REGISTRATION REINSTATEMENT FEES

Application fee for Registration Reinstatement as Non-Practising Registrant: \$50 in Canadian funds

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



CTCMA

NON-PRACTISING REGISTRATION STATUTORY DECLARATION

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

I, _____, Registration Number _____, wish to:

- Apply to the Registration Committee to transfer my status to Non-Practising Registration as described in CTCMA Bylaw s. 52
- OR
- Continue to be registered with CTCMA as a Non-Practising Registrant as described in CTCMA Bylaw s. 52

For the following reason(s):

I have read the provisions of CTCMA Bylaw s. 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 s. 52.

I have read the provision of CTCMA Bylaw s. 90 and declare that I am insured against liability for negligence in an amount of at least \$1,000,000 per occurrence.

I understand that I may apply to the Registration Committee for reinstatement as a practising registrant. I declare that I have read the provisions of CTCMA Bylaw s. 58 that apply to applications for reinstatement.

I make this solemn declaration, knowing that it is of the same force and effect as if made under oath.

Signature of Registrant

DECLARED before me at the City of _____, in the Province of British Columbia*,

this _____ day of _____ (month / year).

A Commissioner for taking Affidavits in British Columbia*

**If you are living outside BC, you may have this affidavit formalized in your current jurisdiction.*

