

4. PHOTOGRAPHS AND IDENTIFICATION

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

4(b) One photograph affixed to this form and another one for your student badge (do not use staple or tape).

- with 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.

5. CHARACTER REFERENCE

Please obtain signatures from two referees who are Canadian citizens. One of them should be a regulated health professional (registrant of a College or Order), preferably a CTCMA registrant.

Referee's testimony:

I am **not a relative** of this applicant (print name: _____) and I have known him/her personally for more than 12 months. I certify that he/she is a person of good character and integrity, who, in my judgment, will apply his/her knowledge in a responsible, ethical and honest manner for the ultimate benefit of the public seeking traditional Chinese medical treatments.

REFEREE (1)		REFEREE (2)	
Full Legal Name:		Full Legal Name:	
Name of the Regulatory Body & Location:		Name of the Regulatory Body & Location:	
Registered Professional Title:		Registered Professional Title:	
Registration Number:		Registration Number:	
Contact Phone Number (Daytime):		Contact Phone Number (Daytime):	
Signature	Date:	Signature	Date:

6. PROFESSIONAL ETHICS AND DISCLOSURE OF COMPLAINTS, DISCIPLINE OR CLAIMS

Are you currently registered with the College?

- No – complete sections 6(a), 6(b), 6(c) and 6(d).
 Yes – complete sections 6(c) and 6(d).

6(a) Statutory Declaration ("Form 1.1")

This must be notarized or sworn before a Commissioner for taking Affidavits. Take this form to the office of a Notary Public, Commissioner for taking Affidavits or a lawyer.

6(b) Criminal Record Check through the Criminal Records Review Program

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



6(c) 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 answered "yes" to any of the questions above, please provide the information listed below, and attach documents relating to the charge, accusations, or claims made against you and 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 6(d) 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.

6(d) Professional Affiliations

Have you ever been registered with any other Regulatory body?

No – skip to section 7

Yes – provide the information below and submit a good standing/reference letter from each regulatory body

Regulatory Body	# of Years	Address



7. AUTHORIZATION TO STUDY IN CANADA

Are you a citizen or permanent resident of Canada?

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

8. FEES

Fees are payable by:

- Credit Card – complete the attached Credit Card Pre-Authorization form
- Money Order – payable to “**CTCMA**” in Canadian dollars; print your name and registration number on the front of it and clip to this form

Application Fee is non-refundable	\$ 25
Registration Fee is prorated based on the fee schedule on the next page. <ul style="list-style-type: none"> • credit card authorization must be up to the full amount (only the applicable amount will be charged upon approval of registration) • money order must be for the full amount; refunds if applicable will be processed within 4-weeks 	\$ 200
Total Fees Due	\$ 225

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

9. TERMS AND CONDITIONS

It is the responsibility of the applicant to complete this application form accurately and include all documents and fees. The applicant must complete the application process personally.

It is the responsibility of the applicant to read the *Health Professions Act (BC)* and the CTCMA Bylaws to understand the registration requirements and the statutory responsibilities of a regulated health professional.

This application is valid for 3 months from the date of signature.

10. 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*, TCMPA 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.

CTCMA REGISTRATION FEE SCHEDULE

Title	Annual Fee	Prorated monthly
Student	\$200	\$17

For first time applicants, this fee will be prorated based on the number of months remaining until March 31st (the end of the registration year).

IMPORTANT NOTICE ON FULL REGISTRATION REQUIREMENTS

If you intend to apply for full registration in the future, please read Section 48 of the Bylaws carefully and note that:

- you must satisfy ALL requirements in effect at the time your application is received. Requirements may change from time to time.
- current requirements include, but are not limited to,
 - “successful completion of not less than two (2) years of liberal arts or sciences study (comprised of at least 60 credits) in an accredited college or chartered/approved university acceptable to the registration committee,”
 - evidence satisfactory to the registration committee that the applicant be a Canadian citizen or a permanent resident of Canada or be otherwise authorized under the laws of Canada to work in Canada.



INSTRUCTIONS

You may complete the form fields at your computer, print, 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
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FULL REGISTRATION APPLICATION

Applying for CTCMA Registration of: Student

FULL REGISTRATION FEES

Application fee	\$ 25
Registration Fee	\$ 200
Total	\$ 225

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 \$ 225 to my credit card.	Signature of Cardholder	Date		
		Year	Month	Day