

### PERSONAL INFORMATION

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

### IMPORTANT NOTE

- Every application will be reviewed on a case by case basis. Considering the activities the applicant conducted during the period in non-practising status and the length of time in non-practising status, the College may set certain requirements for an applicant to complete before allowing him/her to change his/her registration status. For details, please refer to CTCMA Bylaws Section 58 <http://ctcma.bc.ca/media/1230/bylaws-with-schedulespdf.pdf>
- The application fee and annual fee adjustments are non-refundable.
- ALL registrants (including Practising or Non-Practising registrants) are required to be insured against liability for negligence as described in CTCMA Bylaws Section 90.

### I AM APPLYING TO CHANGE MY REGISTRATION STATUS

**From Practising Status to Non-Practising Status and submitting the following:**

- 1) This application form
- 2) A notarized non-practising statutory declaration (available at <http://ctcma.bc.ca/registration/status-change/>)
- 3) \$100 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

**Please note:**

- 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.
- Non-practising registrants are required to be insured against liability for negligence as described in CTCMA Bylaws Section 90

**From Non-Practising Status to Practising Status and submitting the following:**

- 1) This application form
- 2) A brief summary of the activities you have conducted during the period in non-practising status with supporting documentation.
- 3) Evidence of Professional Liability Insurance as described in CTCMA Bylaws Section 90
- 4) \$100 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

### PROCESSING TIME

- The decision of the College on the application may be available in approximately 6 weeks following the receipt of ALL required fees and documentations.
- Additional processing time is usually required for applicants applying for a status change from Non-Practising to Practising.
- After the applicant completely fulfills all the requirements set by the College and successfully changes his/her registration status, an official confirmation & wallet-size card will be mailed to the applicant.

### SIGNATURE

Signature of Applicant	Date
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# CREDIT CARD PRE-AUTHORIZATION FOR CHANGE OF REGISTRATION STATUS

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 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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Applicant's Registration Title:

- R.Ac.  
  R.TCM.H.  
  R.TCM.P.  
  Dr.TCM.

## CHANGE OF REGISTRATION STATUS FEE

- Application fee for Change of Registration Status: \$100 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	
<b>Authorization</b> I authorize the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC to charge my credit card for <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>Can\$</td></tr> </table>	Can\$	Signature of Cardholder	Date	
	Can\$			
Month	Day	Year		