

### INSTRUCTIONS

This application form is for registration applicants who have graduated from an education program:

- in BC or another province in Canada; or
- in a jurisdiction outside of Canada.

This application form is not for registration as a student registrant or a practitioner practising in another regulated Canadian province. For the student registration form or the reciprocity registration form, please refer to the College's website at <http://www.ctcma.bc.ca/registration/>.

#### Prepare the following for submission:

- Results of Registration Examinations
- Good standing/reference letter from other Canadian regulatory bodies, if applicable
- Fees (by credit card or money order)
  - Credit Card - completed the attached credit card pre-authorization form
  - Money Order - payable to "CTCMA" in Canadian dollars
- Photocopy of proof that you are authorized to work in Canada

If you are not currently registered with the College:

- Statutory Declaration (Form 1 - must be notarized)
- Criminal Record Check through the Criminal Records Review Program

Mail or deliver this application form to the College at 1664 West 8th Avenue, Vancouver, BC, Canada V6J 1V4.

### 1. PERSONAL INFORMATION

Legal Last Name		Legal First Name				Legal Middle Name	
Previous Last Name <i>(only if different with legal name)</i>		Previous First Name <i>(only if different with legal name)</i>				Previous Middle Name <i>(only if different with legal name)</i>	
Registration or Examination Number	Date of Birth	DD	MM	YYYY	Gender	Informal Name <i>(if applicable)</i>	
					<input type="checkbox"/> Male <input type="checkbox"/> Female		

### 2. MANDATORY BUSINESS / CLINIC CONTACT

Business / Clinic Name <i>(if applicable)</i> :			Tel:
Business / Clinic Address:			City:
Province:	Postal Code:	Country:	Email:

If this section is left blank, you agree that your home contact is equivalent to your Mandatory Business/Clinic Contact.

### 3. HOME CONTACT

Home Address:			City:
Province:	Postal Code:	Country:	Email:
Tel:		Cell:	

### 4. MANDATORY MAILING ADDRESS

Select ONE only. If you left this section blank or indicated both addresses, your Mandatory Business/Clinic Contact will be deemed as your Mailing Address.

Business / Clinic Address  Home Address



### 5. APPLYING FOR (Select ONE only)

- Registered Acupuncturist (R.Ac.)
  Registered TCM Herbalist (R.TCM.H.)  
 Registered TCM Practitioner (R.TCM.P.)
  Doctor of TCM (Dr.TCM.)

### 6. REGISTRATION EXAMINATION(S) COMPLETED

You must pass the required registration examination(s) to be approved for registration. Please refer to the College's website for a table of examinations required for each title (R.Ac., R.TCM.H., R.TCM.P. or Dr.TCM.) at <http://www.ctcma.bc.ca/registration/>.

List the dates of each examination you have successfully completed.

Name of Exam	Written Exam Passing Date (mm / yyyy)	Clinical Exam Passing Date (mm / yyyy)	Exam results are valid for 3 years only. Please refer to the confirmation of your exam results.  Both Written and Clinical Examination results must be valid when you apply for registration.
Acupuncture			
Herbology			
Practitioner			
Doctor of TCM			
<b>Safety Examination</b>		<b>Completed</b>	
Acupuncture Safety Examination		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Herbology Safety Examination		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Doctor of TCM Safety Examination		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Jurisprudence Examination</b>		<b>Completed</b>	
Jurisprudence Examination		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### 7. LANGUAGE

Please list the languages in which you are able to communicate with reasonable fluency


### 8. PROFESSIONAL ETHICS AND DISCLOSURE OF COMPLAINTS, DISCIPLINE OR CLAIMS

Are you currently registered with the College?

- No – complete sections 8(a), 8(b), 8(c) and 8(d).  
 Yes – Student Registrants complete sections 8(a), 8(c) and 8(d); R.Ac. / R.TCM.H. / R.TCM.P. complete sections 8(c) and 8(d).

#### 8(a) Statutory Declaration ("Form 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.

#### 8(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)



**8(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 8(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.

**8(d) Professional Affiliations**

Have you ever been registered with any other Regulatory body?

No – skip to section 9

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

Regulatory Body	# of Years	Address



## 9. ENDORSEMENT OF APPLICANT'S GOOD CHARACTER TO PRACTICE

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 applicant's 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:

## 10. AUTHORIZATION TO WORK 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 work permit.

## 11. 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	<b>\$ 50</b>
Registration Fee is prorated based on the fee schedule on the next page. <ul style="list-style-type: none"> <li>• credit card authorization must be up to the full amount (only the applicable amount will be charged upon approval of registration)</li> <li>• money order must be for the full amount; refunds if applicable will be processed within 4-weeks</li> </ul>	<b>\$ 850</b>
<b>Total Fees Due</b>	<b>\$ 900</b>

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

## 12. 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.



## 12. 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
R.Ac./ R.TCM.H. / R.TCM.P. / Dr.TCM.	\$850	\$71

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

If you have already been granted one title (i.e. R.Ac.) and are applying for another title (i.e. R.TCM.P), you will only be charged the application fee.

Application fee is non-refundable. Registration fee is non-refundable once your application is approved.

### EXTRACT OF SECTION 48 (1), (2) & (4) FROM CTCMA BYLAWS

Full registration

48. (1) For the purposes of section 19(2) of the *Act*, the requirements for full registration are
- (a) graduation from a traditional Chinese medicine education program recognized by the board for the purpose of registration and specified in Schedule H,
  - (a.1) 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,
  - (b) successful completion of the examinations required by the education and examination committee,
  - (c) evidence satisfactory to the registration committee of the good character of the person consistent with the responsibilities of a registrant and the standards expected of a registrant, and
  - (d) 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.
- (2) receipt by the registrar of
- (a) a signed application for full registration in a form approved by the registration committee,
  - (b) the application fee specified in Schedule "F",
  - (c) an original certificate, notarized copy, or other evidence satisfactory to the registration committee of graduation from a program referred to in subsection (1)(a), and evidence satisfactory to the registration committee that the applicant is the person named therein,
  - (c1) an original diploma, notarized copy, or other evidence satisfactory to the registration committee, confirming successful completion of a program referred to in subsection (1)(a.1), and evidence satisfactory to the registration committee that the applicant is the person named therein,
  - (d) a statutory declaration as specified in Form 1,
  - (e) the examination fee set by the College, and
  - (f) a signed criminal record check authorization form.
- (4) Despite subsection (1)(a) and (a.1), the registration committee has discretion, in satisfying itself under section 20 of the *Act* that the applicant meets the conditions or requirements for registration as a member of the College, to consider whether the applicant's knowledge, skills and abilities are substantially equivalent to the standards of academic or technical achievement and the competencies or other qualifications established in subsection 1(a) and (a.1), and to grant registration on that basis provided the applicant
- (a) provides evidence satisfactory to the registration committee, of such knowledge, skills and abilities, and
  - (b) meets the requirements established in subsection (1)(b) to (d) and 2(a), (b), (d), (e) and (f).



### 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:  R.Ac.  R.TCM.H.  R.TCM.P.  Dr.TCM.

### FULL REGISTRATION FEES

Application fee	\$ 50
Registration Fee	\$ 850
Total	\$ 900

### 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 \$ 900 to my credit card.	Signature of Cardholder	Date	
		Year	Month