

### PERSONAL 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: \$ _____<br>By <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Money Order |

### IMPORTANT NOTE

- It is the responsibility of the applicant to read the Health Professions Act (BC) and the CTCMA Bylaws (available at the College's website) to understand the registration requirements and the statutory responsibilities of a regulated health professional.
- 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.

### I AM APPLYING FOR REGISTRATION STATUS TRANSFER

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

- 1) This application form
- 2) A notarized non-practising statutory declaration
  - o available at [http://www.ctcma.bc.ca/media/1136/2015-nonpracticing\\_declaration.pdf](http://www.ctcma.bc.ca/media/1136/2015-nonpracticing_declaration.pdf)
- 3) \$100 Application fee in Canadian funds by credit card or money order (Non-Refundable)
  - o Credit Card – complete the attached Credit Card Pre-Authorization form
  - o 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 on activities you have conducted during the non-practicing period (please print your name, sign and date).
3. Supporting documentations if the activities you have conducted during the non-practicing period are related to a TCM profession.
  - o It may include good-standing letter with registration confirmation in other jurisdictions, employment agreements, business license, clinical rental agreements, business advertisements, malpractice insurance policies, facility purchase receipts, etc. (in English)
  - o A list of your submission
4. Evidence of current Professional Liability Insurance as described in CTCMA Bylaws Section 90
5. \$100 Application fee in Canadian funds by credit card or money order (Non-Refundable)
  - o Credit Card – complete the attached Credit Card Pre-Authorization form
  - o 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 transfer 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 of Signature |
|------------------------|-------------------|



# CREDIT CARD PRE-AUTHORIZATION FOR REGISTRATION STATUS TRANSFER

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

## INSTRUCTIONS

Please 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 voided. 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 & Middle Name: | CTCMA Registration Number: |
|------------------|----------------------------|----------------------------|

Registration Title:  R.Ac.  R.TCM.H.  R.TCM.P.  Dr.TCM.

Applying for registration status transfer:  from Practising to Non-Practising  from Non-Practising to Practising

## APPLICATION FEE

Application fee for Registration Status Transfer (Non-refundable): \$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><br>I authorize the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC to charge my credit card for <input type="text" value="Can\$ 100"/> | Signature of Cardholder | Date           |      |
|  |                         | Month          | Day  |