CTCMA

NON-PRACTISING REINSTATEMENT APPLICATION FORM

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

INSTRUCTIONS

➢ **Are you a CTCMA former registrant, who currently holds registration or licensure in another Canadian jurisdiction as the equivalent of a full registrant which is not subject to any practice limitations, restrictions or conditions in that jurisdiction that do not apply generally to registrants in British Columbia?**

- ❑ **Yes – you may wish referring to the information for Full Registration via Reciprocity under Registration on www.ctcma.bc.ca**
- ❑ **No – please carefully read the following**

This application form is for former registrants who wish to reinstate to the registry as a non-practising registrant in accordance to section 58 of the Bylaws.

Before completing this application form, please carefully read the details of Reinstatement at the College's website http://www.ctcma.bc.ca/registration/reinstatement/

1. **Prepare the following for submission:**
   - This application form & fee
   - Photocopy of a Government issued Photo ID
   - Photo affixes to the form
   - Criminal Record Check (CRC) by the Criminal Records Review Program (CRRP) in B.C.
   - A brief summary on activities you have conducted during the de-registered period (please print your name, sign and date)
2. **Keep copies of all application documents for your file. NO documents will be returned to you.**
3. **Mail or deliver this application 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 *(only if different with legal name)*	**Previous First Name** *(only if different with legal name)*	**Previous Middle Name** *(only if different with legal name)*
CTCMA Registration Number	**Date of Birth** (MM/DD/YYYY)	**Informal Name** *(if applicable)*

2. 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 contact will be deemed as your Mandatory Business/Clinic Contact.

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

3. HOME CONTACT

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

4. MANDATORY MAILING ADDRESS

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

Select one only. ❑ **Business / Clinic Address** ❑ **Home Address**

5. PHOTOGRAPHS AND IDENTIFICATION

5(a) Enclose a clear photocopy of a Canadian Government issued photo ID, i.e. a Driver license, BC Services Card, BCID, Passport, Citizenship Card, Permanent resident card.	Please affix one recent photo here. **(1½" W X 2" H)** Not actual size. Refer to Measurements above.
5(b) One photograph affixed to this form • taken within the last twelve months; • taken straight on with the face and shoulders centered and squared to the camera	

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

6(a) Criminal Record Check (CRC) by the Criminal Records Review Program (CRRP) in BC for CTCMA - Details at www.ctcma.bc.ca

❑ I have completed my Criminal Record Check by CRRP recently and my CRC File/Service number is ___________________________ .

❑ I completed my Criminal Record Check by CRRP previously and the clearance letter had been forwarded to CTCMA. The expiry date of my CRC clearance letter is valid until ___________________________ (mm/dd/yyyyy).

(Current/Former registrants may check the expiry date of their clearance letter online through CTCMA Members Portal at https://portal.ctcma.bc.ca/)

6(b) 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

The information you provided in Section 6 will be forwarded 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.

7. FEE

$50 Application fee (Non-Refundable) in Canadian funds are payable by:

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

For Office Use: Total payment: $ _____________ by ❑ Visa ❑ MasterCard ❑ Money Order

8. 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.
- Keep copies of all application documents for your file. NO documents will be returned to you.
- This application is valid for 3 months from the date of applicant's signature.

9. 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

CREDIT CARD PRE-AUTHORIZATION FOR NON-PRACTISING REINSTATEMENT

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

INSTRUCTIONS

The form must be signed and dated; all information must be complete for your application to proceed. Incomplete forms will be voided. 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

APPLICATION FEE FOR NON-PRACTISING REINSTATEMENT

Application fee for Non-Practising Reinstatement: $50 in Canadian funds.

CREDIT CARD INFORMATION

Card Type: ❑ Visa ❑ MasterCard

Name as it appears on card	Card Number	Date of Expiry	
		Month	Year

Authorization	Signature of Cardholder	Date		
I authorize the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC to charge **$50** to my credit card.		Year	Month	Day