

INSTRUCTIONS

This application form is for registration applicants who are enrolled in a traditional Chinese medicine education program. This application form is not for registration as a full registrant or a practitioner practising in another regulated Canadian province. For the full 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:

- Confirmation Form of Education Standing
- Up-to-date official transcript from TCM education program
- 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
- Two photographs exactly 1½" W x 2" H
- Photocopy of one piece of Government issued photo identification i.e. Driver license, Service card or BCID.
- Photocopy of Canadian passport/citizenship card/permanent resident card or study permit

If you are not currently registered with the College:

- Statutory Declaration (Form 1.1 - must be notarized)
- Criminal Record Check through Criminal Records Review Program in B.C.

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>	
Date of Birth	DD	MM	YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Informal Name <i>(if applicable)</i>

Have you ever registered with the College?

No – skip to Section 2

Yes (specify)

Registration Number

Registration Title

Student R.Ac. R.TCM.H. R.TCM.P.

2. MANDATORY CONTACT AND MAILING ADDRESS

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

3. EDUCATION INSTITUTION

Institution Name:

Obtain an original signed copy of the following from your TCM education program and attach with this application form:

1. Confirmation Form of Education Standing
2. Up-to-date official transcript from TCM school



4. PHOTOGRAPHS AND IDENTIFICATION

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

Please affix one recent photo here.

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

(1½"W X 2"H)

- 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.

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 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:

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 (CRC) conducted by the Criminal Records Review Program (CRRP) in B.C.

- 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/yyyy).

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



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

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.

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

Title	Application Fee	Annual Registration Fee	Prorated monthly
Student	\$25	\$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).

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 (non-refundable)	\$ 25
Registration Fee is prorated based on the above fee schedule. <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.
- Keep copies of all application documents for your file. NO document will be returned to you.
- 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*, TCMPSA 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.

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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STUDENT REGISTRATION APPLICATION

Applying for CTCMA Registration of Student

STUDENT REGISTRATION FEES

Application fee (Non-refundable)	\$ 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	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Month	Year
Authorization I authorize the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC to charge up to Can \$ 225 to my credit card.	Signature of Cardholder		Date		
			Year	Month	Day