

### 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 Jurisdiction. For the student registration form or the reciprocity registration form, please refer to the College's website at <http://www.ctcma.bc.ca/registration/>.
- This application is only valid for three (3) months from the date of signature. Please ensure to mail a fully completed application (original signed copy) including all the required documents (with up-to-date information) and fees to CTCMA unless otherwise specified in the application form. Incomplete applications with outdated document/information cannot be processed.
  - Keep a copy of all application documents in your own file. NO documents will be returned to you.
  - Mail or deliver the application to the College at: 900 - 200 Granville St, Vancouver, BC, V6C 1S4, Canada

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

### 2. MANDATORY BUSINESS / CLINIC CONTACT

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

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:		Cell:	Tel:		

### 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)

- |   |  |
|---|--|
| <input type="checkbox"/> Registered Acupuncturist (R.Ac.)       | <input type="checkbox"/> Registered TCM Herbalist (R.TCM.H.) |
| <input type="checkbox"/> Registered TCM Practitioner (R.TCM.P.) | <input type="checkbox"/> Doctor of TCM (Dr.TCM.)             |



## 6. PHOTOGRAPHS & PHOTO IDENTIFICATION & AUTHORIZATION TO WORK IN CANADA

<b>6(a)</b> Affix a photo of applicant to this form. It must be <ul style="list-style-type: none"> <li>with dimensions of 1½" width x 2" height</li> <li>taken within the last twelve months from the date of your application</li> <li>taken straight on with your face and shoulders centered and squared to the camera</li> </ul>	Please affix a photo of applicant here.  <b>(1½"W X 2"H)</b>  Not actual size. Refer to Measurements above.
<b>6(b)</b> Enclose a clear photocopy of a Government issued Photo ID, i.e. a Driver license, BC Services Card, BCID, etc.	
<b>6(c)</b> Are you a citizen or permanent resident of Canada? <input type="checkbox"/> <b>Yes</b> – enclose a clear photocopy of your Canadian passport, Canadian citizenship card or Canadian permanent resident card <input type="checkbox"/> <b>No</b> – enclose a clear photocopy of your valid Canadian Government issued work permit	

## 7. 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 Health Regulatory Body & Location:		Name of the Regulatory Body & Location:	
Mailing or Email address of the Health Regulatory Body:		Mailing or Email address of the Health Regulatory Body:	
Registered Professional Title:		Registered Professional Title:	
Registration Number:		Registration Number:	
Contact Phone Number (Daytime):		Contact Phone Number (Daytime):	
Signature	Date:	Signature	Date:

## 8. LANGUAGE

Please list the languages in which you can communicate with reasonable fluency.




## TWO-YEAR UNIVERSITY EDUCATION AND TCM / ACUPUNCTURE EDUCATION AND TRAINING

Have you previously provided information of your Two-Year University Education and TCM / Acupuncture Education to CTCMA?

- Yes – skip Section 9 & 10 and go to Section 11
- No – complete the following sections (*add extra sheets of paper if necessary*) and provide all the required documentations accordingly.

### 9. TWO-YEAR UNIVERSITY EDUCATION

**Detailed instructions are available on CTCMA website and Application Guide (Examination Registration Policy)**

- \* Enclose an official transcript of your 2- year university education completed within Canada, OR
- \* Enclose an original basic ICES report of your 2-year university education completed outside of Canada.

Period (mm/yy– mm/yy)	Name <u>and</u> Length (hours) of Program	Name <u>and</u> Address of Institution	Attendance (check one)
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other

Note: F/T = Full-time   P/T = Part-time   Other = neither full-time nor part-time

### 10. TCM / ACUPUNCTURE EDUCATION AND TRAINING

**Detailed instructions are available at CTCMA website and Application Guide (Examination Registration Policy)**

- \* TCM education completed in Canada: enclose an up-to-date official transcript in envelope sealed by school (with course hours - see website for TCM transcript requirements) OR
- \* TCM education completed outside Canada: ask ICES to send an original basic ICES report with TCM transcript attached directly to CTCMA.

Period (mm/yy– mm/yy)	Name <u>and</u> Length (hours) of Program	Name <u>and</u> Address of Institution	Attendance (check one)
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other

Note: F/T = Full-time   P/T = Part-time   Other = neither full-time nor part-time



## 11. SUCCESSFULLY COMPLETED EXAMINATIONS

Applicants must pass all the required examinations to be approved for registration. Details of CTCMA examinations requirements for each title (R.Ac., R.TCM.H., R.TCM.P. or Dr.TCM.) are available at <http://www.ctcma.bc.ca/registration/> & <http://www.ctcma.bc.ca/examinations/>

List the dates of each examination you have successfully completed.

Name of Registration Exam	Examination Date of Written Exam you passed (mm / yyyy)	Examination Date of Clinical Exam you passed (mm / yyyy)	Exam results are only valid for three (3) years after the EXAMINATION DATE on your exam result notification.
Acupuncture			<b>Both Written and Clinical Examination results must be valid at the time you apply for Full Registration.</b>
Herbology			
Practitioner			
Doctor of TCM			

\* If your Pan-Canadian Written and Clinical Case-study Examinations results were not issued by CTCMA, please ensure the official results are directly sent to CTCMA from an Acupuncture/TCM Regulatory Body in a Canadian Jurisdiction.

CTCMA Safety Exam & CTCMA Jurisprudence Exam	Successfully Completed?
Acupuncture Safety Examination	<input type="checkbox"/> Yes <input type="checkbox"/> No
Herbology Safety Examination	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jurisprudence Examination	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Are you currently registered with the CTCMA?

- No – complete the whole sections 12
- Yes – For current CTCMA Student Registrants complete sections 12(a), 12(c) and 12(d);  
For current CTCMA R.Ac. / R.TCM.H. / R.TCM.P. complete sections 12(c) and 12(d).

### 12(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.
- Not required from current CTCMA R.Ac. / R.TCM.H. / R.TCM.P.

### 12(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 Service # 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 valid clearance letter online through CTCMA Members Portal at <https://portal.ctcma.bc.ca/> )

### 12(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 in Section 12 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.

**12(d) Professional Affiliations**

Have you ever been registered with another health regulatory authority/body including Acupuncture/TCM profession?

No – skip to next section

Yes – (1) provide information below (*add extra sheets of paper if necessary*) and (2) submit an official good standing/reference letter from each health regulatory authority/body you have been registered.

<b>Full Name of Regulatory Authority</b>	<b>Registration Title</b>	<b>Registration Number</b>
<b>Registration Period (mm/yyyy to mm-yyyy)</b>	<b>Regulatory Authority's Mailing Address</b>	
<b>Full Name of Regulatory Authority</b>	<b>Registration Title</b>	<b>Registration Number</b>
<b>Registration Period (mm/yyyy to mm-yyyy)</b>	<b>Regulatory Authority's Mailing Address</b>	
<b>Full Name of Regulatory Authority</b>	<b>Registration Title</b>	<b>Registration Number</b>
<b>Registration Period (mm/yyyy to mm-yyyy)</b>	<b>Regulatory Authority's Mailing Address</b>	



### 13. FEES

Title	Application Fee	Annual Registration Fee	Prorated monthly
R.Ac./ R.TCM.H. / R.TCM.P. / Dr.TCM.	\$50	\$850	\$71

- For initial application, registration fee will be prorated based on the number of months remaining until March 31st (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 be charged the application fee only.

Fees are payable by:

- Credit Card – complete the attached Credit Card Pre-Authorization form OR
- 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.

**\$ 50**

**Registration Fee** is non-refundable after your registration comes into effect.

- 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 will be processed within 4-weeks if the application is rejected by CTCMA.

**\$ 850**

**Total Fees Due \$ 900**

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

### 14. TERMS AND CONDITIONS

- It is the responsibility of the applicant to complete this application form accurately and include all required 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.
- Pursuant to s.90 of the College Bylaws which states that all registrants and their employees must be insured against liability for negligence in an amount of at least \$1,000,000 per occurrence.
- 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.

### 15. 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*, TCMPPA 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.

- To avoid any unnecessary delay, please ensure this application form is fully completed and all the required documents and fees are attached.
- Mail the original signed application form to the College at 900 - 200 Granville St, Vancouver, BC, V6C 1S4.



## 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).

--- End ---





# CREDIT CARD PRE-AUTHORIZATION FOR FULL REGISTRATION APPLICATION

**College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia**

## INSTRUCTIONS

You may print the form out and complete it using a dark ink pen, printing clearly and carefully. The form must be signed, 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 the application and this form together to the College at:

- 900 - 200 Granville St, Vancouver, BC, V6C 1S4

## APPLICANT INFORMATION

Legal First Name	Legal Last Name	CTCMA Registration Number
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## FULL REGISTRATION APPLICATION

Applying for CTCMA Full Registration as:  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

