

TO BE COMPLETED BY REGULATORY AUTHORITY

The individual below is applying for full registration in British Columbia under the Canadian Reciprocity Agreement (Agreement on Internal Trade). To assist the review, please complete the following information and return directly to CTCMA – 900 - 200 Granville St, Vancouver, BC, V6C 1S4, Canada.

Full Legal Name of the Practitioner: _____

Registration Number: _____ Date of Birth: (yyyy/mm/dd) _____

Registration Title: _____ Status: Practising Non-Practising

Registration Category/Class/Type: _____

Date of Issue: _____ Expiry Date: _____

Is the registrant a subject to any current practice limitations, conditions, terms, or restrictions? Yes No

(If yes, please explain): _____

Has registration ever been suspended, revoked, limited or subject to other disciplinary action? Yes No

(If yes, please explain): _____

Is there any pending inquiry/complaint in the registrant's file? Yes No

(If yes, please explain): _____

Does the registrant maintain a practicing status in good standing? Yes No

(If no, please explain): _____

Has the practitioner always complied with your continuing education requirements? Yes No

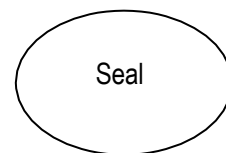
(If no, please explain): _____

Add extra sheets of paper for details if necessary.

Signature of Verifier

Name & Title of Verifier

Regulatory Authority



Date

TO BE COMPLETED BY APPLICANT

To: College and Association of Acupuncturists of Alberta

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Newfoundland & Labrador*

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

Ordre des Acupuncteurs du Québec

I, _____, request that the Acupuncture and/or Traditional Chinese Medicine Regulatory authority identified above, complete the attached form and release any information pertaining to my acupuncture/TCM registration in that province to the College of traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA), for the purpose of my application to become a Registered Acupuncturist or a Registered Traditional Chinese Medicine Practitioner in British Columbia.

_____ Name of Applicant	_____ Registration Number of Applicant
_____ Signature of Applicant	_____ Date