

### INSTRUCTIONS

This application form is for registration applicants who hold valid registration or licensure in another Canadian jurisdiction as the equivalent of a full registrant in practising status, which is **not** subject to any practice limitations, restrictions or conditions in that jurisdiction that do not apply generally to registrants in British Columbia.

This application form is not for registration as a student registrant or an applicant who do not currently hold registration or licensure in another Canadian jurisdiction. For the student registration form or the full registration form, please refer to the College's website at <http://www.ctcma.bc.ca/registration/>.

Prepare a fully completed application form (with up-to-date information) and the following for submission:

- Results of CTCMA Jurisprudence Examination
- Reference Form for Reciprocity Application (mailed directly to the College from the other regulatory body)
- Clear photocopy of a government issued photo identification (i.e. Driver's license, BC Service card, BCID, etc.)
- One photograph of applicant (1½"W x 2"L) taken within the last twelve months
- Application fee & Registration fee (non-refundable)
- Photocopy of proof that you are authorized to work in Canada
- Statutory Declaration (Form 1 - must be notarized)
- Criminal Record Check through the Criminal Records Review Program (CRRP)

Mail this original signed application form 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>	
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. PHOTOGRAPH AND IDENTIFICATION

Attach to this application a clear photocopy of a government issued photo identification (i.e. Driver's license, BC Service card, BCID, etc.).

Please affix a recent photo here

(1½"W x 2"L)

Not actual size.  
Refer to Measurements above.

### 3. MANDATORY BUSINESS / CLINIC CONTACT

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

If this section is left blank, you agree that your home contact is equivalent to your Mandatory Business/Clinic Contact.

### 4. HOME CONTACT

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

### 5. 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

### 6. APPLYING FOR (Select ONE only)

- Registered Acupuncturist (R.Ac.)                       Registered TCM Herbalist (R.TCM.H.)  
 Registered TCM Practitioner (R.TCM.P.)             Doctor of TCM (Dr.TCM.)

### 7. TCM / ACUPUNCTURE EDUCATION AND TRAINING

Period (mm/yy – mm/yy)	Name and length of Program (hours)	Institution Name and Address	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

### 8. GENERAL EDUCATION/OTHER QUALIFICATIONS (post-secondary only)

Name of Institution attended and address	Qualification attained and date (mm/yy)	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



## 9. PRACTICE

Date of Practice Period	Province of Practice	Address of Practice

## 10. JURISPRUDENCE EXAMINATION

You must satisfactorily complete the Jurisprudence Examination.

Jurisprudence Examination Completion Date (mm/yyyy)

## 11. LANGUAGE

Please list the languages in which you are able to communicate with reasonable fluency


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

Are you currently registered with the College?

- No** – complete sections 12(a), 12(b), 12(c) and 12(d).  
 **Yes** – Student Registrants complete sections 12(a), 12(c) and 12(d); R.Ac. / R.TCM.H. / R.TCM.P. / Dr. TCM 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.

### 12(b) Criminal Record Check through the Criminal Records Review Program

- I have completed my Criminal Record Check online and my Service # is \_\_\_\_\_.
- I have signed the print-out from the Criminal Record Check online system and have attached it to this application with two notarized copies of accepted identification and payment. (only required if the service # is not provided)

### 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

This information (and that provided in section 12(d) below) 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 section 13

Yes – (1) provide the information below and (2) submit a good standing/reference letter from each regulatory body

Full Name of Regulatory Body & Location	Registration No.	# Years	Website Address & Mailing Address

I, \_\_\_\_\_ (print your name) hereby authorize the above Regulatory Bodies to disclose all information regarding complaints and conduct of the undersigned to the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia.

Signature of Applicant:

Date:



### 13. AUTHORIZATION TO WORK 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 work permit.

### 14. FEES - FULL REGISTRATION via RECIPROCITY

Title	Application Fee	Annual Registration Fee	Prorated monthly
R.Ac./ R.TCM.H. / R.TCM.P. / Dr.TCM.	\$200	\$850	\$71

- For initial application, registration fee will be prorated based on the number of months remaining until March 31st (end of registration year).
- Payment by cash, cheques, e-transfers, etc. will NOT be accepted.

#### **Applicants are required to pay fees ONLINE in two (2) steps:**

##### **Step 1: Application Fee (Non-refundable)**

Payment link for application fee will be emailed to you upon receipt of your application package. Please use the payment link to complete the payment with a credit card (Visa/Mastercard) ONLINE. Application will not be processed until the application fee is received by the College.

##### **Step 2: Registration Fee (Non-refundable)**

Payment link for registration fee will be emailed to you at the end of the application processing. Please use the payment link to complete the payment with a credit card (Visa/Mastercard) ONLINE by the payment deadline indicated in the email. Application result will not be available until all the required fees are received by the College. Application file might be closed if all the required documents and fees are not received by the College by the deadline.

### 15. 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.**

### 16. 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 REGISTRATION FEE SCHEDULE

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

For first time applicants, this fee will be prorated based on the number of months remaining until March 31<sup>st</sup> (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 only be charged the application fee.

