

CTCMA STUDENT REGISTRATION

Instructions for New Applicants

April 1, 2011 to March 31, 2012

Step 1	<p>Read <u>carefully</u> BEFORE proceeding:</p> <ul style="list-style-type: none"><input type="checkbox"/> CTCMA Bylaws (especially Section 51, 55.4) – on our website www.ctcma.bc.ca<input type="checkbox"/> Student Information pamphlet – enclosed with this package<input type="checkbox"/> Student Registration application form – enclosed with this package
Step 2	<p>Put together your application package including:</p> <ul style="list-style-type: none"><input type="checkbox"/> CTCMA Student Registration Application Form (sign the form!)<input type="checkbox"/> Two photos: *exactly 1½"W x 2"L taken within the past year & applicant's name printed on the back<input type="checkbox"/> Form 1 - Statutory Declaration: must be notarized<input type="checkbox"/> Form 2: will be completed by your Institution (one form per student).<input type="checkbox"/> Criminal Record Check : complete and sign Consent Form for Criminal Record Check by CRRP * Not required for current CTCMA registrants<input type="checkbox"/> Fees:<ul style="list-style-type: none">▪ Money order or cheque payable to "CTCMA".▪ Do not post-date the cheque; there is a fee for rejected/NSF cheques.▪ <u>Print your name</u> on the <u>front</u> of the payment and clip it to the form, no staple or tape<input type="checkbox"/> Photocopy of one piece of photo identification (readable copy of passport, driver's license, etc)<input type="checkbox"/> Updated transcript from TCM school<input type="checkbox"/> Official transcript for transfer credits, if applicable<ul style="list-style-type: none">▪ Photocopy of student visa/permit, if applicable
Step 3	<ul style="list-style-type: none"><input type="checkbox"/> Keep copies of all application documents for your personal record.
Step 4	<ul style="list-style-type: none"><input type="checkbox"/> Check that the application package is complete (to avoid delay). The processing will take 5 weeks.<input type="checkbox"/> The application should be submitted by the student to CTCMA at the following address. 1664 West 8th Avenue, Vancouver, BC, Canada V6J 1V4



College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

In accordance with section 51 of the College Bylaws, students enrolled in a TCM/acupuncture program must be registered with the College of Traditional Chinese Medicine Practitioners & Acupuncturists of BC **before** undertaking clinical training.

- Please read the instructions carefully before proceeding.
- The application package should be **sent to CTCMA by the student**.
- Please allow 5 weeks for CTCMA to process your Student Registration application.
- Incomplete/missing documents will delay processing of your registration application

Reminder: A registrant must immediately notify the Registrar of any change of address, name or any other registration information previously provided to the Registrar. (Reference: CTCMA Bylaws Section 60)

Is this your first application for CTCMA Registration? Yes No

If no, please indicate the year you applied _____ and your file number with CTCMA _____

1. PERSONAL INFORMATION (must match formal legal documentation such as your passport or driver's license)

Full Legal Name (please print)

Last First Middle

Gender

Male / Female

Date of Birth

____/____/____
day month year

Home Address (CTCMA will send all mail here)

Address: _____

City: _____ Province: _____

Postal Code: _____

Contact Information

Tel: (____) _____

Cell: (____) _____

Email: _____

2. BRITISH COLUMBIA INSTITUTION INFORMATION

Provide the name of the British Columbia Institution in which you are enrolled in an acupuncture/TCM education program: _____

3. CTCMA STUDENT REGISTRATION IDENTIFICATION TAG PHOTO

CTCMA Student Registration I.D. Tag must be worn in school's clinic.

Applicants are required to submit two photos ***exactly 1½"W x 2"L** taken within the past year & print their full name on the backs.

- Affix (glue) one photo on this page in the box for photo.
- Using a paper clip, attach the other photo to this application form. This is for your Student Registration I.D. Tag so please do not staple or use tape.

Please affix one

1½" X 2"

photo here



3. CRIMINAL RECORD CHECK

Complete and sign the **consent form** for a Criminal Record Check by CRRP.

Note: If you are currently a CTCMA registrant, you do not need to submit another consent form.

4. FEES

Fees are payable by **MONEY ORDER/CHEQUE** in Canadian dollars. Print your name and file number on the front of money order.

Application Fee (non-refundable)	\$25
Criminal Record Check Fee (NO REFUNDS)	\$35
Initial Registration Fee***	

***Initial Registration Fees: This fee will be prorated based on the number of months remaining until March 31 (the end of the registration year). Please refer to the attached Calculation Sheet for Initial Registration Fee for details.

5. ENDORSEMENT OF APPLICANT’S GOOD CHARACTER TO PRACTISE

Please obtain the signature of two referees who are members of a regulated BC profession and NOT your relatives. One of these should be a health professional, preferably a CTCMA registrant. A list of eligible BC professionals is included on the last page of this form.

Referee’s testimony:

I certify that I know the applicant _____ (name of the applicant) to be a person of good character consistent with the responsibilities of a registrant and the standards expected of a registrant. I recommend that the applicant be approved for student registration.

Referee (1)

Name (Please Print) & Professional Title

Signature

Name of the Professional Body (Please print)

(_____) _____
Contact Phone Number (Daytime)

Referee (2)

Name (Please Print) & Professional Title

Signature

Name of the Professional Body (Please print)

(_____) _____
Contact Phone Number (Daytime)



7. CITIZENSHIP OR RESIDENTIAL STATUS

Are you a Canadian citizen or a permanent resident of Canada? Yes No - enclose a copy of your student visa/permit

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

8(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 or Commissioner for taking Affidavits or a lawyer.

8(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 answer “yes” to any of the above questions, please provide the information listed below, and attach documents relating to the charge, accusations, or claims made against you, 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 8(c) 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.



8(c) Professional Affiliations

Have you ever been registered with any other professional body? Yes No

If your answer is yes, please provide the information below:

Regulatory Body & Location _____ # Years _____

Address _____

Regulatory Body & Location _____ # Years _____

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.

Applicant's signature _____ **Date** _____

9. APPLICANT'S STATEMENT

I certify that the information provided with this application is true, and that misstatement of material facts may be cause for denial of this application, suspension or revocation of registration.

Applicant's signature _____ **Date** _____

**IMPORTANT CHANGE TO REGISTRATION REQUIREMENTS
TWO YEAR UNIVERSITY REQUIREMENT**

Prior to December 28, 2009, applicants for student registration were required to show completion of 2 years of university education (or equivalent). This requirement was contained in Schedule E to the Bylaws – as an entrance pre-requisite for TCM/A schools.

CTCMA Bylaws were amended effective December 28, 2009. This requirement is now under Bylaw 48 with other requirements to be met before an individual is granted registration.

CTCMA Bylaw Section 48 (1)(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,”

An individual no longer has to complete 2 years university education before becoming a student registrant, **BUT** all applicants for registration must complete 2 years of university education before applying for registration.

No one will be accepted to write the CTCMA competency examinations if they have not met this requirement.



10. APPLICATION SUBMISSION

The following items must be submitted to CTCMA:

- Student Registration application form
- Statutory Declaration (Form 1) – must be notarized
- Criminal Record Consent Form for Criminal Record Check by CRRP
- Photocopy of one piece of photo identification (i.e. passport, driver's license) (readable copy)
- Photocopy of student visa/permit, if applicable
- Two photos: exactly 1½" W x 2" L (taken within a year & name printed on the back)
- Fees (by money order/cheques payable to "CTCMA" with name printed on the front)

The following items should be obtained (signed and stamped) from your TCM school and included with your application:

- Form 2: will be completed by your institution (one form per student)
- Updated transcript from TCM school

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*, TCM 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 College Registrar.

Mail Application Form, fees and documents to:

CTCMA
1664 West 8th Avenue
Vancouver, BC, Canada V6J 1V4

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PROFESSIONALS IN B.C. WHO CAN BE YOUR CHARACTER REFEREE
(SECTION 8 OF APPLICATION)

Health Professionals

Psychologist
 Registered Acupuncturist (R.Ac.)
 Physiotherapist
 Registered TCM Herbalist (R.TCM.H.)
 Podiatrist/Chiropodist
 Registered TCM Practitioner (R.TCM.P.)
 Registered Nurse
 Doctor of TCM (Dr.TCM)
 Registered Psychiatric Nurse
 Chiropractor
 Veterinarian
 Dental Assistant
 Dental Hygienist
 Dental Technician and Technologist
 Dentist
 Denturist
 Licensed Practical Nurse (LPN)
 Massage Therapist
 Midwives
 Naturopathic Physician (N.D.)
 Occupational Therapist
 Optician
 Optometrist
 Paramedics (Emergency Medical Assistant)
 Pharmacist
 Physician (M.D.)

Other Regulated Professionals

Agrologist
 Architect
 Certified General Accountant (CGA)
 Certified Management Accountant (CMA)
 Chartered Accountant (CA)
 Professional Engineer/ Geoscientist (APEG member)
 Professional Forester
 Professional Land Surveyor
 Lawyer (member of Law Society)
 Teacher (member of College of Teachers)



2011 CTCMA FEE SCHEDULE

Annual Registration Fees: For first time applicants, this fee will be prorated based on the number of months remaining until March 31 (the end of the registration year).

Title	Annual Fee	Prorated monthly
R.Ac. or R.TCM.H	\$450	\$38
R.TCM.P.	\$650	\$55
Dr.TCM	\$765	\$64
Student	\$110	\$9

How to calculate the registration fee for your application

	Application Date	R.Ac.	R.TCM.H	R.TCM.P	Dr.TCM	Student
2011	March	\$450	\$450	\$650	\$765	\$110
	April	\$450	\$450	\$650	\$765	\$110
	May	\$418	\$418	\$605	\$704	\$99
	June	\$380	\$380	\$550	\$640	\$90
	July	\$342	\$342	\$495	\$576	\$81
	August	\$304	\$304	\$440	\$512	\$72
	September	\$266	\$266	\$385	\$448	\$63
	October	\$228	\$228	\$330	\$384	\$54
	November	\$190	\$190	\$275	\$320	\$45
	December	\$152	\$152	\$220	\$256	\$36
2012	January (expires March 31)	\$114	\$114	\$165	\$192	\$27
	February (expires Mar 31)	\$76	\$76	\$110	\$128	\$18
	March (12 months)	\$580	\$580	\$715	\$795	\$140





FORM 1 STATUTORY DECLARATION

CANADA PROVINCE OF BRITISH COLUMBIA IN THE MATTER OF AN APPLICATION FOR REGISTRATION IN THE COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF BRITISH COLUMBIA

I, _____, of _____ in the city of _____, in the Province of British Columbia do solemnly declare that :

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act of British Columbia, would constitute unprofessional conduct or conduct unbecoming a person registered under these bylaws except as follows :

2. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness which would make registration contrary to the public interest.

3. I am a person of good character.

4. My entitlement to practise _____ has not been limited, restricted or subjected to conditions in any jurisdiction at any time except as follows:

5. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise _____ in that jurisdiction except as follows:

6. I have read the Health Professions Act of British Columbia, and the regulations and bylaws of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia made pursuant to that Act.

7. I will practise at all times in compliance with the Health Professions Act of British Columbia and the regulations and bylaws of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia made pursuant to that Act.

AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant

DECLARED before me at the city
of _____, in the Province of
British Columbia, this _____ day of _____ (year).

A Commissioner for taking Affidavits in British Columbia

**CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS
PURSUANT TO THE B.C. CRIMINAL RECORDS REVIEW ACT**

I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the *Criminal Records Review Act*,

I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant or specified offence(s) as defined under the *Criminal Records Review Act*.

Where the results of this check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.

The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant or specified offence(s) and the matter has been referred to the Deputy Registrar;

The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children and/or physical, sexual or financial abuse to vulnerable adults as applicable.

The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant or specified offence(s) for which I have received a pardon.

If I am charged with or convicted of a relevant or specified offence(s) at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check form.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA):

The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

IMPORTANT

A processing fee of \$35 (Cdn) must be submitted with this completed consent form either by

- cheque payable to the **CTCMA**
- OR
- money order payable to the **CTCMA**

The criminal record check will not proceed without payment of this non-refundable fee.
Processing delays may result if this form is incomplete or if information cannot be read clearly.

Please forward your completed form and payment to
College of Traditional Chinese Medicine Practitioners and Acupuncturists (CTCMA)
1664 West 8th Ave, Vancouver, BC, Canada V6J 1V4

**Form 2 – to be completed by Institution
(and returned with the student renewal application form)**

Student's full legal name	
Institution	
Program of Study	
Enrollment Date (mm/yyyy)	
Expected Graduation Date (mm/yyyy)	
Clinical Practice Period (mm/yyyy – mm/yyyy)	
Clinical Supervisors (name & registration #)	

LIABILITY INSURANCE (refer to CTCMA Bylaw 90)

Name of Insurance Company	
Policy Number	
Coverage period (mm/yyyy – mm/yyyy)	
Amount of coverage per occurrence	

Institution's Certificate

I certify that:

- (1) the student named above is enrolled, or was enrolled in an acupuncture/TCM program in my institution during the previous 6 months;
- (2) the person is/will be properly supervised in clinical practice, and my institution and the clinical supervisors have the required liability insurance for the period specified above; and
- (3) the name, date of birth and educational standing stated on the Student Registration Form being submitted to the CTCMA are correct.

Principal/President of Institution

Date



About CTCMA

CTCMA is a professional regulatory authority established in 1996 by the Government of British Columbia to regulate the practice of Traditional Chinese Medicine (TCM) and acupuncture. The College is a self-regulatory body that operates under the **Health Professions Act (BC)**, the **Traditional Chinese Medicine Practitioners and Acupuncturists Regulation** and CTCMA Bylaws.

For regular updates on the TCM Profession please refer to our **newsletter**:
<http://www.ctcma.bc.ca/meetings.asp>.

Professional Titles

Only a CTCMA registrant may legally use one of the restricted titles listed below. Each title requires a different set of qualifications.

- Doctor of Traditional Chinese Medicine (Dr. TCM),
- Registered TCM practitioner (R.TCM.P.), or
- Registered TCM herbalist (R.TCM.H.)
or
- Registered Acupuncturist (R.Ac.).



The Role of CTCMA

Vision

CTCMA is recognized as a leader, provincially, nationally and internationally, in setting the professional standards for safe practice of Traditional Chinese Medicine and Acupuncture in B.C.

Mission

The Mission of CTCMA is to regulate Traditional Chinese Medicine and Acupuncture in the public interest.

Values

CTCMA carries out its duties and responsibilities under the Health Professions Act of B.C. in a professional manner with attention to the following foundational Values:

Honesty and Integrity

Fairness

Transparency

Quality

Confidentiality and Privacy

Accountability and Responsibility

Approachability and Openness

Effective Communication

Helpful Information

Detailed information on CTCMA is on our website including the following documents:
<http://www.ctcma.bc.ca/regulations.asp>.

- Health Professions Act
- Traditional Chinese Medicine Practitioners and Acupuncturists Regulation
- TCM Practitioners & Acupuncturists Bylaws and various schedules
- TCM Core Competencies of Acupuncturists
- Core Competencies of TCM Practitioners
- Core Competencies of Doctor of TCM

As a student

Welcome to the profession of Traditional Chinese Medicine. For your protection, make sure your school is approved by the **Private Career Training Institution Agency (PCTIA)**. www.pctia.bc.ca.

As a student, you will be supervised in the clinic. BC legislation requires you to be a current student registrant of CTCMA before you attend clinic. In order for your clinical hours to be recognized by CTCMA, you must have been registered during that period.

A **CTCMA Student Registration I.D. Tag** will be issued to each student registrant. It **must** be worn during clinical training. The patients will then know the student is registered with CTCMA.

Your school is responsible for arranging professional liability insurance to cover students in the clinic. Liability insurance is important for the patient, the student and the supervisor.

*** Bylaws amended as of Dec 28, 2009:

Previously students were required to have completed 2 years of university education before enrolling in a TCM/A program. This requirement must now be met before writing the CTCMA exams.



Registration Exams

When it is time for you to apply for the registration exams, you must meet the educational requirements (described in **Schedule E of CTCMA Bylaws**): <http://www.ctcma.bc.ca/regulations.asp>.

Acupuncture Exam

A minimum of 1,900 hours including 450 hours of clinical training in a program of 3 academic years completed within 5 consecutive calendar years.

Herbology Exam

A minimum of 1,900 hours including 450 hours of clinical training in a program of at least 3 academic years completed within 5 consecutive calendar years.

TCM Practitioner Exam

(Acupuncture AND Herbology exams)
A minimum of 2,600 hours including 650 hours of clinical training completed in a program of at least 4 academic years.

Dr. TCM Exam

A minimum of 3250 hours including 1050 hours of clinical training completed in a program of at least 5 academic years.

* One must pass both the Acupuncture and the Herbology exams before applying for the Dr. TCM Exam.

Student Information



College of Traditional Chinese Medicine Practitioners & Acupuncturists of British Columbia (CTCMA)

1664 West 8th Avenue,
Vancouver, BC,
Canada, V6J 1V4
Tel: 604-738-7100

www.ctcma.bc.ca