



Instructions for CTCMA Student Registration * RENEWAL *

(Revised: April 2009)

Step 1	<p>What is your CTCMA Student Registration expiry date? _____ (mo/year)</p> <ul style="list-style-type: none"> • The expiry date is stated on your CTCMA Student Registration I.D. Tag. <ul style="list-style-type: none"> <input type="checkbox"/> 30 days prior to the expiry date, submit your renewal application to CTCMA. <input type="checkbox"/> More than 90 days after the expiry date, you are not eligible for renewal. You <u>must</u> submit a NEW application.
Step 2	<p>If you are eligible to renew, READ the following carefully 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"/> CTCMA Student Information pamphlet – on our website http://www.ctcma.bc.ca/sturegistration.asp <input type="checkbox"/> CTCMA Student Registration renewal application form – enclosed with this package
Step 3	<p>Put together your renewal package including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CTCMA Student Registration Renewal Application Form (signed!) <input type="checkbox"/> Form 2: will be completed by your Institution (one form per student). This contains: proof of applicant's full legal name, educational standing, name of qualified clinical supervisor and proof of liability insurance. <input type="checkbox"/> one photo for your CTCMA Student Registration ID Tag : *exactly 1½"W x 2"L [taken within one year & applicant's name printed on the back] <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 and CTCMA student registration number on the front</u> of the payment <input type="checkbox"/> Photos/Cheque: please use a paper clip, please do not staple or tape
Step 4	<ul style="list-style-type: none"> <input type="checkbox"/> Keep copies of all application documents for your personal record.
Step 5	<ul style="list-style-type: none"> <input type="checkbox"/> Check that the renewal package is complete (to avoid delay). <input type="checkbox"/> Submit to: CTCMA, 1664 West 8th Avenue, Vancouver, BC, Canada, V6J 1V4

* Your CTCMA Student Registration is portable [no transfer fee] if you transfer to a different school. If you transfer schools, send CTCMA a new photo and a new **Form 2** from the new school before you attend clinic again.



CTCMA

College of Traditional Chinese Medicine
Practitioners and Acupuncturists of British Columbia

1664 West 8th Avenue, Vancouver, BC, Canada, V6J1V4 Tel: (604)738-7100 Fax: (604)738-7171 www.ctcma.bc.ca

Application for Student Registration Renewal

(Revised: April 2009)

BC legislation requires you to be a current student registrant of CTCMA before you attend clinic. ONLY clinical hours completed by registered students will be recognized for exam/registration applications.

- * **CTCMA Student Registration must be renewed every year while you are a student OR it will expire.**
- * **Submit your registration renewal to CTCMA 30 days before the expiry date on your CTCMA Student Registration I.D. Tag.**
- * **Incomplete/missing documents will delay renewal of your registration.**
- * **If your student registration expired more than 90 days ago, you must submit a NEW application for Student Registration.**
- * **Please read the instructions for this form carefully before proceeding.**
- * **Use paperclips to attach cheque/photos. Please do not staple/tape.**

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)

COMPLETE ALL FIELDS

1. **Applicant's Full Legal Name** (must match the name used in formal legal document.): **Student Registration Number**

Print Name: Last First Middle

Home Address (in B.C.)	City:		
Province: B.C.	Postal Code:	Phone:	
Email	Cell Phone:		

2. **Institution in which you are enrolled in an acupuncture or TCM education program**

Institution Name	
Institution Address	Post Code:

3. **Photo for CTCMA Student Registration I.D. Tag:** paperclip to form, please do not staple or use tape

- Include one photo: **exactly 1½"W x 2"L**, taken within one year, print your name on the back.

4. **Application Fee:** paperclip cheque to form, please do not staple or use tape.

* Your student Expiry Date: _____ (dd/mm/yy)	
	CTCMA Student Registration expires between June 1, 2009 and September 1, 2009
Student Registration Renewal Fee Expires March 31, 2010	<input type="checkbox"/> \$60 non-refundable
Payment enclosed: \$_____ CDN. by money order / cheque payable to CTCMA <ul style="list-style-type: none">• <u>Print</u> your name and CTCMA student registration number on the <u>front</u> of the payment• Do not post-date your cheque• There is a fee for rejected/NSF cheques.	

5. **Applicant's Statement**

I **certify** that the information provided in this form to be true, and that misstatement of material facts may be cause for denial of this application, suspension or revocation of a registration.

I confirm that

(1) I am in compliance with the *Health Professions Act*, the TCM Practitioners and Acupuncturists Regulation and College Bylaws, and

(2) since registration or last registration renewal, I have not been a defendant in a criminal or civil litigation connected with a health care practice, disciplined or dismissed by any professional bodies, or a subject of formal or informal complaints of any kind in relation to my health care practice; and

(3) I have not voluntarily surrendered a registration/license to practice in any health care profession in BC or any other jurisdiction.

If you have any exceptions to declare, check this box and provide details on a separate sheet

Signature

Date

6. **Attach Form 2: from your school/institution** (one form per applicant), including:

- (1) proof of applicant's full legal name,
- (2) educational standing,
- (3) name of qualified clinical supervisor and
- (4) proof of liability insurance

7. **Mail/deliver** renewal application and enclosures (cheque, photo, Form 2) to:

CTCMA, 1664 West 8th Avenue
Vancouver, BC, Canada, V6J1V4

-- END --



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

under sections 51 & 56 of the College of Traditional Chinese Medicine Practitioners
and Acupuncturists of British Columbia Bylaws

1664 West 8th Avenue, Vancouver, BC, Canada, V6J 1V4
Tel: 604-738-7100 Fax: 604-738-7171 Website: www.ctcma.bc.ca E-mail: info@ctcma.bc.ca

Form 2

(This form must be completed by the institution and returned with the student renewal application form)

Name of Institution _____

Name of Program _____

Enrollment Date (mm/yyyy) _____ Expected Graduation Date (mm/yyyy) _____

Period of Clinical Practice (mm/yyyy – mm/yyyy) _____

Insurance coverage of students against liability of negligence: _____ (Policy #)

(Name of insurance company)

(Coverage period)

(Amount of coverage per occurrence)

(a) Legal name of student	(b) Fee submitted for Student Registration	(c) Name and Registration No. of Instructors providing supervision of clinical practice

Institution's Certificate

I certify that:

- (1) the person named in Column (a) above is enrolled, or was enrolled in an acupuncture/TCM program in my institution during the 6 months previous to making a Student Registration application to the CTCMA;
- (2) the person is/will be properly supervised in the clinical practice involving direct patient care, and my institution has the necessary insurance coverage for these activities during 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