



Instructions for CTCMA Student Registration

*** Renewal: April 1, 2010 to March 31, 2011 ***

Step 1	<p>What is your CTCMA Student Registration expiry date? _____ (mo/year) The expiry date is on your CTCMA Student Registration I.D. Tag.</p> <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 (sign the form!) <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 and registration number 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
	<p>CTCMA Student Registration is still valid if you change schools (no fee). If you transfer schools:</p> <ul style="list-style-type: none"> • send a letter to CTCMA identifying your new school (and start date) • enclose another photo for your new ID tag • enclose a new Form 2 (the new school must fill this out) 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 (April 1, 2010 to March 31, 2011)

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.**
- * **If your student registration expired more than 90 days ago, you must submit a NEW application for Student Registration.**
- * **Incomplete/missing documents will delay renewal of your 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 <small>* CTCMA will send all mail here</small>	City:		
Province: B.C.	Postal Code:	Phone:	
Email	Cell Phone:		

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

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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 money order/cheque to form, please do not staple or use tape.

Student Registration Renewal Fee Expires March 31, 2011	<input type="checkbox"/> \$79 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• NO Post-dated cheques• 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 (money order/cheque, photo, Form 2) to:

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

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