

APPLICATION FORM FOR FULL / NON-PRACTISING REGISTRATION RENEWAL 2019

IMPORTANT NOTE:

- Registration Renewal is a process for current registrants to renew their current titles and status.
- All registrations expire on March 31, 2019. In order to ensure your continuous registration, you are required to renew your registration before the expiry date.
- Reinstatement fee is required if the renewal fee is received by CTCMA between April 1 and June 30, 2019.
- Applications will not be processed until ALL required documents (original signed), items and fees are received by the College.
- Keep copies of all application documents for your file. NO documents will be returned to you.

1. PERSONAL INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name (if any)
Date of Birth (MM/DD/YYYY)	CTCMA Registration Number	

2. MANDATORY BUSINESS / CLINIC CONTACT

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

3. MANDATORY HOME CONTACT

Home Address:		City:
Province:	Postal Code:	Country:
Email:		Fax (if applicable):
Tel:	Cell (if applicable):	

4. MAILING ADDRESS

Please indicate your preferred mailing address to receive communications: Business / Clinic Address Home Address

Select ONE only. If you leave this blank or indicate both addresses, your Mandatory Business/Clinic Contact will be deemed as your Mailing Address

5. PRACTICING INFORMATION

5.1 Please list the languages in which you are able to communicate with sufficient fluency to be able to offer professional services to patients in those languages:

Chinese (Cantonese) Chinese (Mandarin) English French Japanese Korean

Other (please list all applicable languages): _____

5.2 What is the language you use most often to communicate with your patients/clients? (Select ONE only)

- Chinese (Cantonese)
 Chinese (Mandarin)
 English
 French
 Japanese
 Korean
 Other (please state all applicable languages): _____

5.3 Which ONE of the following best describes the primary nature of your practice? (Select ONE only)

- | | |
|--|---|
| <input type="checkbox"/> Group TCM Practice | <input type="checkbox"/> Administration (Public Health) |
| <input type="checkbox"/> Group Multi-Disciplinary Practice | <input type="checkbox"/> Students (Studying) |
| <input type="checkbox"/> Individual (Solo) Practice | <input type="checkbox"/> Not-practicing |
| <input type="checkbox"/> Educational Institution (School) | <input type="checkbox"/> Other |

6. ANNUAL REGISTRATION RENEWAL FEES

2019 Annual Registration Renewal Fees (Non-Refundable) for R.Ac., R.TCM.H., R.TCM.P., Dr. TCM.:

- Practicing Registrants - \$850
- Non-Practicing Registrants - \$425
 - Fees are payable by CREDIT CARD only. Please complete the attached credit card pre-authorization form.
 - Reinstatement fee, in an amount equal to 35% of the registrant's annual registration renewal fee, is required if renewal fee is received by the College between April 1 and June 30, 2019.

7. DECLARATION FOR ALL REGISTRANTS

CTCMA Registrant's Declaration:

I, _____ (_____), solemnly declare that:
Print (Last Name) (First Name) (Middle) Registration No.

1. I am in compliance with and will comply with the *Health Professions Act*, the TCM Practitioners and Acupuncturists Regulation, CTCMA Bylaws and Code of Ethics.
2. I have not been charged with or convicted of a criminal offence since registration or last renewal. If I am or have been charged with or convicted of a criminal offence at any time, I agree to report the charge or conviction to the Registrar of the CTCMA in a timely manner, and will provide the CTCMA with an explanation of the charge or conviction.
3. I have not been the subject of an employment or human rights complaint or a complaint relating to professional misconduct or unprofessional conduct in relation to my practice since I registered with the College or my last renewal of registration with the College.
4. I have not been investigated by a regulatory body in this jurisdiction or any other jurisdiction for professional misconduct or unprofessional conduct in relation to my practice since I registered with the College or my last renewal of registration with the College.
5. I have not been subjected to discipline by a regulatory body in this jurisdiction or any other jurisdiction or professional misconduct or unprofessional conduct in relation to my practice since I registered with the College or my last renewal of registration with the College.
6. I have not voluntarily surrendered a registration or license to practice a health care profession.
7. I have authorization from the Canadian Government to legally work in Canada.
8. I am insured against liability as described by CTCMA Bylaw s. 90.

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.

Do you have any exceptions to declare? NO YES (if yes, provide details on separate sheet)

Name of Insurance Company/Underwriter:

Professional Liability Insurance Policy/Certificate Number:

Effective Date (MM/DD/YYYY):

Expiry Date (MM/DD/YYYY):

Signature of Applicant:

Date of Signature:



DECLARATION

Are you a practicing registrant?

- YES** - Please complete Section 8 - "DECLARATION FOR PRACTICING REGISTRANTS ONLY".
 NO - Skip Section 8, and then complete Section 9 - "DECLARATION FOR NON-PRACTICING REGISTRANTS ONLY".

8. DECLARATION FOR PRACTICING REGISTRANTS ONLY

CTCMA Practicing Registrant's Declaration:

WHEREAS Section 56 (1) (e) and section 57 of the Bylaws of the COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF BRITISH COLUMBIA state

- 56 (1) *To be eligible for renewal of registration, a full, grand-parented, limited, student, non-practicing or temporary registrant must: (e) provide proof of having completed any registration renewal requirements shown under section 57.*
- 57 (1) *A full or grand-parented registrant who wishes to renew his or her registration must*
- (a) *complete 50 hours of continuing education every 2 calendar years that meets the criteria established by the board, and*
- (b) *practice acupuncture or traditional Chinese Herbology or traditional medicine at a minimum level (200 patient visits during any consecutive 24-month period) within the last 4 years.*

I, _____ (_____), solemnly declare that:
Print (Last Name) (First Name) (Middle) Registration No.

- I have established a REGISTRANT FILE in my record keeping system. I will permit the College to inspect and copy this record upon request.
- I have read, and comply with or will comply with by March 31st, the renewal requirement of Bylaw 57.1.a (completion of 50 hours of continuing education every 2 calendar years). I have listed the components of this continuing education in my Registrant File and will keep this record for 7 years.
- I have fulfilled the renewal requirements of Bylaw 57.1.b by practicing acupuncture or traditional Chinese Herbology or traditional Chinese medicine at a minimum level (200 patient visits during any consecutive 24-month period) within the past 4 years. I have collected documentation showing I fulfill this requirement. I have put this documentation in my Registrant File and will keep this record for 7 years.

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:

Date of Signature:

9. DECLARATION FOR NON-PRACTICING REGISTRANTS ONLY

CTCMA Non-Practicing Registrant's Declaration:

I, _____ (_____), solemnly declare that:
Print (Last Name) (First Name) (Middle) Registration No.

- I will continue to be registered with CTCMA as a Non-Practicing Registrant as described in CTCMA Bylaw s. 52.
- I have read the provisions of CTCMA Bylaw 52 and declare that I will not practice anywhere in British Columbia, Canada within the scope of practice as defined in Section 4 of the *Traditional Chinese Medicine Practitioners and Acupuncturists Regulation (Health Professions Act BC)* while registered under CTCMA Bylaw 52. Furthermore, I declare I will not provide the services specified in the Regulation in the Province of British Columbia, Canada.
- I understand that I may apply to the Registration Committee for reinstatement as a practicing registrant. I declare that I have read the provisions of CTCMA Bylaw 58 that apply to applications for reinstatement.

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:

Date of Signature:



INSTRUCTIONS

Please print the form out and complete it using a dark ink pen, printing clearly and carefully. The form must be signed and dated, and all information must be complete in order for your application to proceed. Incomplete forms will be voided. Credit card information should not be emailed.

Mail or deliver this form to the College at: 1664 West 8th Avenue, Vancouver, BC, Canada V6J 1V4.

APPLICANT'S INFORMATION

Full Legal First & Middle Name	Legal Last Name	CTCMA Registration Number
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I have submitted 2019 Annual Registration Renewal application form via online paper form.

2019 REGISTRATION RENEWAL FEES (NON-REFUNDABLE)

Practicing Registrant as R.Ac. / R.TCM.H. / R.TCM.P. / Dr.TCM.

- \$850.00 (if the renewal fee is received by CTCMA on/before March 31, 2019)
- \$1147.50 (reinstatement fee is applied as the renewal fee is received by CTCMA between April 1 and June 30, 2019.)

Non-Practicing Registrant as R.Ac. / R.TCM.H. / R.TCM.P. / Dr.TCM.

- \$425.00 (if the renewal fee is received by CTCMA on/before March 31, 2019)
- \$573.75 (reinstatement fee is applied as the renewal fee is received by CTCMA between April 1 and June 30, 2019.)

Student Registrant

- \$200.00 (if the renewal fee is received by CTCMA on/before March 31, 2019)
- \$270.00 (reinstatement fee is applied as the renewal fee is received by CTCMA between April 1 and June 30, 2019.)

CREDIT CARD INFORMATION

Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Debit Card					
Name as it appears on card	Card Number <input type="text"/>			Date of Expiry	
				Month	Year
Authorization I authorize the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC to charge up to <input type="text"/> Can\$ to my credit card.	Signature of Cardholder		Date		
			Year	Month	Day

