

### APPLICATION FORM FOR STUDENT REGISTRATION RENEWAL 2019

#### IMPORTANT NOTE:

- BC legislation requires you to be a current student registrant of CTCMA before you undertake the clinical training.
- All student registrations expire on March 31, 2019. If you are undertaking clinical training in a Traditional Chinese Medicine education program in B.C. after March 31<sup>st</sup>, you are required to renew your student registration before the expiry date for continuous registration.
- ONLY clinical hours completed during the period your CTCMA student registration is valid will be recognized.
- Please note:
  - If the renewal fee is received between April 1 and June 30, 2019: Additional 35% Reinstatement Fee (= \$70.00) will be required.
  - After June 30, 2019: You must submit a NEW application for Student Registration.
- Application will not be processed until ALL required documents (original signed), items and fees are received by the College.

#### CAREFULLY READ THE FOLLOWING BEFORE PROCEEDING

1. CTCMA Bylaws (especially Section 48, 51, 55.4 ) available on the CTCMA website
2. CTCMA FAQ for Student available on the CTCMA website

#### 1. PERSONAL INFORMATION

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

#### 2. MANDATORY CONTACT / MAILING ADDRESS

|                            |              |                           |
|----------------------------|--------------|---------------------------|
| Mandatory Contact Address: |              | City:                     |
| Province:<br><b>B.C.</b>   | Postal Code: | Country:<br><b>Canada</b> |
| Tel:                       | Cell:        |                           |
| Mandatory Email:           |              |                           |

#### 3. NAME OF YOUR ACUPUNCTURE / TCM SCHOOL

Institution/School Name:

#### 4. CONFIRMATION FORM OF EDUCATION STANDING

- Obtain the original signed "Confirmation Form of Education Standing to be completed by Institution" from your TCM institution/school and mail/deliver to CTCMA. Please ensure the confirmation form is received by CTCMA no later than March 31, 2019.

#### 5. PHOTO FOR CTCMA STUDENT BADGE

Submit one photo which must be:

- with the exact dimensions of 1½" width x 2" height;
- taken within the last twelve months;
- taken straight on with the face and shoulders centered and squared to the camera;
- have your legal name & CTCMA Registration Number printed on the back; and
- clipped to form, not stapled or taped.
- Ensure your photo is received by CTCMA no later than March 31, 2019.



## 6. FEES

- Student Registration Renewal Annual Fee (non-refundable) - \$ 200
- Fees are payable by CREDIT CARD only. Please complete the attached credit card pre-authorization form.
- 35% reinstatement fee will apply for payments received between April 1 and June 30, 2019.

## 7. APPLICANT'S DECLARATION

### Applicant's Declaration:

I, \_\_\_\_\_ ( \_\_\_\_\_ ), solemnly declare that  
*Print (Last Name) (First Name) (Middle) Registration No.*

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 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 study 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)

Signature of Applicant:

Date of Signature:

## SUBMISSION OF STUDENT RENEWAL

**To avoid processing delays, please review your submissions carefully and ensure they are (as the following) received by CTCMA no later than March 31, 2019:**

- Student Registration Renewal Application Form (Original signed)
  - Student Registration Fee: Credit Card Pre-Authorization Form
  - Confirmation Form of Education Standing to be completed by Institution (Original signed)
  - One photo for your CTCMA Student Badge
- Keep copies of all application documents for your file. NO documents will be returned to you.
  - Clip all submissions together with paper clips.
  - Mail or deliver your completed application package to: CTCMA - 1664 West 8th Avenue, Vancouver, BC, V6J 1V4, Canada
- \* Using a traceable mail service or certified courier may reduce the delivery time, help protect your documents and provide confirmation of receipt.**

-- END --



### 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 |
|--------------------------------|-----------------|---------------------------|

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<br><table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> |                         |  |      |  |  |  | Date of Expiry |  |
|  |  |                         |  |      |  |  |  |                |  |
| Month  | Year   |                         |  |      |  |  |  |                |  |
| <b>Authorization</b><br>I authorize the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC to charge up to<br><table border="1"><tr><td>Can\$</td></tr></table> to my credit card. | Can\$  | Signature of Cardholder |  | Date |  |  |  |                |  |
|  | Can\$  |                         |  |      |  |  |  |                |  |
| Year   | Month  | Day                     |  |      |  |  |  |                |  |

