

### INSTRUCTIONS

Your registration certificate will be mailed to you upon receiving this request from you.

- Ensure your contact information is up to date (that can be reviewed/updated online through CTCMA Members Portal)
- Mail this form to the College with required documents and fees listed in this form
- Keep copies of all application documents for your file. NO documents will be returned to you.

### PERSONAL INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name (if any)
CTCMA Registration Number	Date of Birth (MM/DD/YYYY)	For Office Use: Total payment: \$ _____ By <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Money Order

### REASON FOR APPLYING FOR REGISTRATION CERTIFICATE REPLACEMENT (Select One Below)

- My legal name has been changed**
- Submit the Request of Legal Name Update form with required documents (available on the College's website)
  - Attach your outdated Registration Certificate
- My CTCMA registration number has been changed**
- Attach your outdated Registration Certificate
- My CTCMA registration number remains the same but no prefix preceding numerical digits**
- Attach your outdated Registration Certificate
- My CTCMA Registration Certificate has been lost, stolen or damaged**
- Submit a **notarized declaration** stating the reason for requesting a certificate replacement (such as lost, stolen, destroyed, etc.) **OR** return the damaged certificate with this request.
  - Fee of \$50 Money order/Credit card pre-authorization form in Canadian fund for the replacement certificate

### DECLARATION

I, (print Full Legal Name) \_\_\_\_\_ (Registration #) \_\_\_\_\_, declare I am a registrant of the College in good standing. I understand that I must comply with the *Health Professions Act*, the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation, and College Bylaws. I must meet the requirements of each jurisdiction in which I wish to practice. I understand that my registration with the College authorizes me to use my registration title and display my certificate only **within the province of British Columbia, Canada**. I will ensure my registration number and certificate are used only by myself.

Pursuant to s.90 of the College Bylaws which states that all registrants and their employees must be insured against liability for negligence in an amount of at least \$1,000,000 per occurrence, I declare that I have professional liability insurance in place to practice in the province of British Columbia, Canada and will continue renewing my policy on an annual basis whether I am registered with the College as a practicing registrant or a non-practicing registrant.

Name of Insurance Company/Underwriter	Policy Number of Professional Liability Insurance
Policy Period (MM/DD/YYYY) From: _____ To: _____	Coverage per occurrence
Signature of Applicant	Date



# Credit Card Pre-Authorization Form For Registration Certificate Replacement

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

## INSTRUCTIONS

You may 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 returned.

Credit card information should not be emailed.

Mail or deliver this form to the College at:

- 900-200 Granville Street, Vancouver, BC, V6C 1S4, Canada

## APPLICANT'S INFORMATION

Legal First Name	Legal Last Name	CTCMA Registration Number
Email	Telephone Number (Day Time)	

## FEE FOR REPLACEMENT CERTIFICATE

Fee for Replacement Certificate: \$50 in Canadian funds

## CREDIT CARD INFORMATION

Card Type:  Visa  MasterCard

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