

### IMPORTANT NOTE

This form is required for Examination Candidates who:

- have failed an examination two (2) or more times; **AND**
- plan to complete **an upgrading program pre-approved by CTCMA**

Please note that current student registration is required for those who plan to complete the 50-hour upgrading program that **involves the clinical training. You are required to attach a complete application form for student registration IF you are NOT holding a valid student registration.**

This form requires **two submissions** to the College. The first submission is prior to the commencement of the proposed upgrading program in order to obtain pre-approval by the Education & Examination Committee. The second submission is to be submitted together with the exam application package before the exam application deadline in order to verify completion of the pre-approved upgrading program. **Please note that the upgrading program must be completed prior to submitting the exam application package.**

On first submission, you are required to complete Sections A to E. When your proposed upgrading program has been reviewed by CTCMA, it will be returned to you with a decision and/or comments in Section F. When your proposed upgrading plan has been completed, please have Section G completed by the preceptor(s) and returned to CTCMA.

Please mail this application to:

**College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC  
900-200 Granville Street, Vancouver, BC, V6C 1S4, Canada**

Keep copies of all application documents for your file. NO document will be returned to you.

Please allow sufficient time for your application to be processed.

### SECTION A: APPLICANT INFORMATION

Legal First Name	Legal Last Name				Legal Middle Name (if any)
Registration or Application Number:	Date of Birth	MM	DD	YYYY	
<b>Pan-Canadian Examinations Failed:</b> <input type="checkbox"/> Acupuncturists (ACU) <input type="checkbox"/> TCM Herbalists (HER) <input type="checkbox"/> TCM Practitioners (PRA)					
<b>Dr.TCM Examinations Failed:</b> <input type="checkbox"/> Written <input type="checkbox"/> Clinical					
Number of times that you have failed the above selected examination:					

### SECTION B: MANDATORY CONTACT / MAILING ADDRESS

Mandatory Contact Address:		Country:
City:	Province:	Postal Code:
Mandatory Email:	Tel:	Cell (if applicable):



## SECTION C: PROPOSED UPGRADING PROGRAM (Course Description and Outlines Required)

The purpose of this 50-hour upgrading program is to allow candidates an opportunity to improve on areas of weakness in order to increase the chance of passing the exam in the future. The candidate may complete upgrading programs through either:

- Training institutions – The standards of PTIB and Advance Education Commission will be referenced for the acceptability of training institutions; or
- Private clinics – The preceptor should be a registrant of the College with a minimum of 7-year experience in practicing/teaching.

If clinical activity is involved in your upgrading program, please submit:

--- “Confirmation of Training in a Training Institution” if your proposed upgrading program is held at a training institution

--- “Confirmation of Training in a Private Clinic” if your proposed upgrading program is held at a private clinic

Subject	Didactic (D) or Clinical (C)	Hours	Name of Preceptor	Preceptor’s Registration #

## SECTION D: PROPOSED PRECEPTOR’S INFORMATION

### PRECEPTOR 1

<b>Preceptor’s Full Legal Name</b>	
<b>Preceptor’s Registration Title &amp; No.</b>	
<b>Preceptor’s Clinic Name and Address</b>	
<b>Program Duration (mm/yyyy – mm/yyyy)</b>	
<b><u>Preceptor’s Signature &amp; Date</u></b>	

### PRECEPTOR 2

<b>Preceptor’s Full Legal Name</b>	
<b>Preceptor’s Registration Title &amp; No.</b>	
<b>Preceptor’s Clinic Name and Address</b>	
<b>Program Duration (mm/yyyy – mm/yyyy)</b>	
<b><u>Preceptor’s Signature &amp; Date</u></b>	



## SECTION E: APPLICANT'S DECLARATION

I, \_\_\_\_\_, declare that all the information and statements made in or submitted with this application are true, complete and correct, and I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath. I also understand that misstatements or omissions of material facts may be cause for denial of this application, or for suspension or revocation of registration.

Signature of Applicant:

Date:

The personal information requested on this form is collected under the authority of, and will be used for, the purpose of administering the registration process under the Health Professions Act, TCM Regulation and CTCMA Bylaws. The collection use and disclosure of personal information are subject to the provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use or disclosure of this information, please contact the Privacy Officer.

## SECTION F: EDUCATION & EXAMINATION COMMITTEE DECISION/COMMENTS (TO BE COMPLETED BY CTCMA)

- Proposed upgrading plan was pre-approved on \_\_\_\_\_
- Proposed upgrading plan was not approved (please adjust your proposed upgrading plan according to the comments stated below and submit another Upgrading Program Application Form to the College)

Comments:

---

---

---

## SECTION G COMPLETION OF UPGRADING PROGRAM (TO BE COMPLETED BY PRECEPTOR)

The proposed upgrading program has been completed by \_\_\_\_\_ (Student Name) on \_\_\_\_\_ (Date).

The whole program was a total of \_\_\_\_\_ hours and was completed from \_\_\_\_\_ (Date) to \_\_\_\_\_ (Date).

PRECEPTOR 1

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date

PRECEPTOR 2

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date

