

PERSONAL INFORMATION

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

REGISTRANT'S DECLARATION

I, _____ (Registrant's Full Legal Name) _____ (Registrant's #) currently is a Dual Registrant who holds both Full and Student Registrations at the same time. I am informing CTCMA that I am not going to renew my CTCMA Student Registration; therefore, my current Student Registration will be cancelled after March 31, 2022. I declare that I will not undertake any clinical training in a Traditional Chinese Medicine/Acupuncture education program in British Columbia, Canada after my Student Registration is cancelled.

Signature of Applicant (MUST match signatures in official IDs):

Date:

- Please ensure to sign and fully complete this form before submitting to CTCMA.
- Keep a copy of this request form for your file. NO document will be returned to you.
- Registrants may submit this request form to CTCMA by email in PDF form to CTCMA at registration@ctcma.bc.ca
- Please submit this form no later than February 15, 2022.