



College of
**TRADITIONAL
 CHINESE MEDICINE
 PRACTITIONERS +
 ACUPUNCTURISTS**
 of British Columbia

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COMMITTEE MEMBERSHIP APPLICATION FORM

Registrants and members of the public with the required competencies are eligible to be considered for appointment to the College's committees. If you are interested in becoming a committee member with the College, please complete this form and email it to governance@ctcma.bc.ca.

The College is the official professional regulatory authority that regulates the practice of Traditional Chinese medicine (TCM) and acupuncture in the province of British Columbia. The College serves and protects the public interest by regulating the safe, ethical practice of traditional Chinese medicine and acupuncture in BC.

APPLICANT INFORMATION				
Legal Last Name		Legal First Name		Legal Middle Name
Registration Number <i>(if applicable)</i>		Registration Title <i>(if applicable)</i>		Informal Name <i>(if applicable)</i>
Residential Address				Tel
City	Province	Country	Postal Code	Email
Education Credential				
Employer			Employment Position (Title)	
NOMINEE'S COLLEGE INVOLVEMENT				
Position Held (e.g. Board Member, Committee Member, Examiner, Focus Group)				From (Year) To (Year)
Position Held (e.g. Board Member, Committee Member, Examiner, Focus Group)				From (Year) To (Year)
Position Held (e.g. Board Member, Committee Member, Examiner, Focus Group)				From (Year) To (Year)

COMMITTEES APPLYING TO SERVE ON

- Discipline Education and Examination Finance Inquiry
 Patient Relations Quality Assurance Registration

APPLICANT INFORMATION

For each committee that you are interested in serving on, please explain why you believe you will be an asset to those committee(s).

The College values equity, diversity and inclusion. We seek committee members who will work constructively with diversity and difference and foster the inclusion of voices that have been underrepresented or discouraged. We encourage applications from members of groups that have experienced barriers to equity on grounds enumerated under the BC *Human Rights Code*, including sex, sexual orientation, gender identity or expression, racialization, disability, political belief, religion, marital or family status, age, and/or status as a First Nation, Metis, Inuit, or Indigenous person.

APPLICANT DECLARATION

By signing this application, I authorize the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA) to collect the personal information that I have provided in this application form and to use that personal information for the purposes of processing my application to be a member of a committee of the College under the *Health Professions Act*, RSBC 1996, c. 183.

The College is committed to protecting the privacy of people whose personal information is held by the College through responsible information management practices. Any personal information provided to College is collected, used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c. 165.

Signature

Date