



REQUEST FOR REGISTRATION CERTIFICATE REPLACEMENT

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

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 document 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)	

REASON FOR APPLYING 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 - Attach your outdated Registration Certificate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- Attach your outdated Registration Certificate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- Attach your outdated Registration Certificate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** (signed & dated written letter) stating the reason for requesting a certificate replacement (such as lost, stolen, destroyed, etc.) **OR** return the damaged certificate with this request
 - Payment link for \$50 certificate replacement fee (Non-refundable) will be emailed to you upon receipt of your application package. Please use the payment link to complete the payment with a credit card (Visa/Mastercard) ONLINE. Application will not be processed until the fee is received by the College.

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