

REGISTRATION STATUS TRANSFER APPLICATION FORM

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

DEDOCAL INFORMATION		
	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:
	IMPORTANT NOTE	
 to understand the registration required Every application will be reviewed practising status and the length of before allowing him/her to change https://ctcma.bc.ca/media/1942/ct The application fee and registration Keep copies of all application doc 	uirements and the statutory responsibilities of a relean a case by case basis. Considering the activities time in non-practising status, the College may see his/her registration status. For details, please reference-bylaws-and-schedules.pdf	es conducted by the applicant during the period in non- t certain requirements for an applicant to complete er to CTCMA Bylaws Section 58 ed to you.
I AM APPLYING FOR REGISTRATION STATUS TRANSFER		
☐ From Practising Status to Non-Practising Status and submitting the following:		
 \$100 Application fee in Canadian fur A payment link will be emailed with a credit card (Visa / Mastereceived by the College. Please Note: Non-practising registraterection of the Practitioners and Acupuncturists Registraterections. 	.bc.ca/media/1846/nonpracticing_declarationpdf.pdf ands (Non-Refundable)	es specified in the Traditional Chinese Medicine
 This application form A brief summary of activities you hat a supporting documentations if the activities in the activities of the		ological order (please print your name, sign and date). period are related to a TCM profession. ons, employment agreements, business license, clinic
	PROCESSING TIME	
status transfer from Practisingstatus transfer from Non-Practi	ed fees and documentations for an application, pr	ing time required for complex cases).
SIGNATURE SIGNATURE		
Signature of Applicant	Date of Signatur	e