



College of
TRADITIONAL
CHINESE MEDICINE
PRACTITIONERS +
ACUPUNCTURISTS
of British Columbia

900-200 Granville Street
Vancouver, BC, V6C 1S4
ctcma.bc.ca

T (604) 742-6563
Toll Free 1-855-742-6563
F (604) 357-1963
E info@ctcma.bc.ca

FORM 1.1 – STATUTORY DECLARATION (FOR APPLICANT OF STUDENT REGISTRATION)

CANADA PROVINCE OF BRITISH COLUMBIA IN THE MATTER OF AN APPLICATION FOR REGISTRATION IN THE COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF BRITISH COLUMBIA

I, _____, of _____ in the city of _____, in the Province of British Columbia do solemnly declare that:

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act of British Columbia, would constitute unprofessional conduct or conduct unbecoming a person registered under these bylaws except as follows:

2. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness which would make registration contrary to the public interest.

3. I am a person of good character.

4. My entitlement to practise in a regulated profession has not been limited, restricted or subjected to conditions in any jurisdiction at any time except as follows:

5. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise in a regulated profession in that jurisdiction except as follows:

6. I have read the Health Professions Act of British Columbia, and the regulations and bylaws of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia made pursuant to that Act. I understand the requirements in section 60.3 of the bylaws regarding eligibility to take competency examinations and in section 48(1) of the bylaws regarding requirements for full registration.

7. I will practise at all times in compliance with the Health Professions Act of British Columbia and the regulations and bylaws of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia made pursuant to that Act.

AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant

DECLARED before me at the city of _____,

in the Province of British Columbia, this ____ day of _____ month, _____ year.

A Commissioner for taking Affidavits in British Columbia