

IMPORTANT NOTE

- This application form is for Full Registration applicants who have graduated from a TCM education program listed in the Schedule H of the Bylaws or have demonstrated substantial equivalent education accepted by the Registration Committee.
- Current CTCMA registrants under Full Registration in practising status may use this form to apply for title change.
- This application form is not for TCM practitioners who practising in another regulated Canadian Jurisdiction. For application form of Full Registration (via reciprocity), please refer to the College's website at <https://www.ctcma.bc.ca/applicants/registration-process/become-registered/registered-in-another-canadian-jurisdiction/>
- This application is only valid for three (3) months from the date of signature. Invalid/incomplete applications and/or applications with outdated document/information cannot be processed.
- To avoid any unnecessary delay, please ensure to submit a fully completed application (original signed copy) including all the required documents (with up-to-date and valid information) and fees to CTCMA.
- Statutory Declaration (Form 1) - must be notarized.
- Keep a copy of all application documents in your own file. NO documents will be returned to you.
- **Mail the original signed application package to the College at: 900 - 200 Granville St, Vancouver, BC, V6C 1S4, Canada**

1. PERSONAL INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name
Previous Last Name <i>(only if different with current legal name)</i>	Previous First Name <i>(only if different with current legal name)</i>	Previous Middle Name <i>(only if different with current legal name)</i>
CTCMA Registration/Exam/File Number	Date of Birth (yyyy/mm/dd)	Informal Name <i>(if applicable)</i>

Gender (indicated on your government issued IDs attached to this application): Male Female Other _____

Have you ever registered with the College?

No – skip to the next section.

Yes specify

Registration Number

Registration Title

Student R.Ac. R.TCM.H. R.TCM.P.

2. APPLYING FOR (Select ONE only)

Registered Acupuncturist (R.Ac.)

Registered TCM Herbalist (R.TCM.H.)

Registered TCM Practitioner (R.TCM.P.)

Doctor of TCM (Dr.TCM.)

3. MANDATORY BUSINESS / CLINIC CONTACT INFORMATION (Will be published in Public Registry)

Business / Clinic Name <i>(if applicable)</i> :		Email:	
Business / Clinic Address:		Tel:	
City:	Province:	Postal Code:	Country:

If this section is left blank, you agree that your home contact in below section is equivalent to your Mandatory Business/Clinic Contact which will be published in the Public Registry of the College.



4. HOME CONTACT INFORMATION

Home Address:			
City:	Province:	Postal Code:	Country:
Email:	Cell:	Tel:	

5. MANDATORY MAILING & EMAIL ADDRESS

My PREFERRED Mailing address is **Business / Clinic Address** **Home Address** in above (Select ONE only).

- If you left this section blank or indicated both addresses, your Mandatory Business/Clinic Contact will be deemed as your Mailing Address.

My PREFERRED Email is: _____

6. PHOTO IDENTIFICATION & AUTHORIZATION TO WORK IN CANADA

6(a) Affix a recent photo of applicant to this form. It must be

- with dimensions of 1½" width x 2" height
- taken within the last twelve months
- taken straight on with your face and shoulders centered and squared to the camera

6(b) Enclose a clear photocopy of a government issued Photo ID, i.e. a Driver license, BC Services Card, BCID, etc.

6(c) Enclose a proof of authorization to work in Canada issued by Canadian Government

- a clear photocopy of your valid Canadian passport, Canadian citizenship card or Canadian permanent resident card or valid work permit.

Please affix a recent photo of applicant here.

(1½"W X 2"H)

Measurements of this box might not be the actual size.

7. ENDORSEMENT OF APPLICANT'S GOOD CHARACTER TO PRACTICE

Please obtain signatures from two referees who are Canadian citizens. One of them should be a regulated Health Professional (registrant of a College or Order), preferably a CTCMA registrant.

Referee's testimony:

I am **not a relative** of this applicant (**print applicant's name:** _____) and I have known him/her personally for more than 12 months. I certify that he/she is a person of good character and integrity, who, in my judgment, will apply his/her knowledge in a responsible, ethical and honest manner for the ultimate benefit of the public seeking traditional Chinese medical treatments.

REFEREE (1)		REFEREE (2)	
Full Legal Name:		Full Legal Name:	
Name of the Regulatory Authority:		Name of the Regulatory Authority:	
Website address of the Regulatory Authority:		Website address of the Regulatory Authority:	
Registered Professional Title:	Registration #:	Registered Professional Title:	Registration #:
Contact Phone Number (Daytime):		Contact Phone Number (Daytime):	
Signature	Date:	Signature	Date:



TWO-YEAR STUDY OF LIBERAL ARTS AND SCIENCES & TCM / ACUPUNCTURE EDUCATION AND TRAINING

Have you previously provided information of your Two-Year Study of Liberal Arts and Sciences and TCM / Acupuncture Education to CTCMA?

- Yes – skip Section 8 & 9 and go to Section 10
- No – please provide the information below (add extra sheets of paper if necessary) and submit all the required documentation accordingly.

8. TWO-YEAR STUDY OF LIBERAL ARTS AND SCIENCES

Detailed instructions are available on CTCMA website.

- * Enclose an official transcript of your 2- year study of liberal arts and sciences completed within Canada, OR
- * Enclose an original credential evaluation report (issued by members of Alliance of Credential Evaluation Services of Canada) of your 2-year study of liberal arts and sciences completed outside of Canada.

Period (mm/yy– mm/yy)	Name <u>and</u> Length of Program (hours)	Name <u>and</u> Address of Institution

9. TCM / ACUPUNCTURE EDUCATION AND TRAINING

Detailed instructions are available at CTCMA website and Application Guide (Examination Registration Policy)

- * TCM education completed in Canada: enclose an up-to-date official transcript in envelope sealed by school (with course hours - see website for TCM transcript requirements) OR
- * TCM education completed outside Canada: ask the Credential Evaluation Agency (members of Alliance of Credential Evaluation Services of Canada) to send an original credential evaluation report with TCM transcript attached directly to CTCMA.

Period (mm/yy– mm/yy)	Name <u>and</u> Length of Program (hours)	Name <u>and</u> Address of Institution

Note: F/T = Full-time P/T = Part-time Other = neither full-time nor part-time



10. EXAMINATIONS & COURSES

Applicants must pass all the required examinations and courses in the last three (3) years to be approved for registration. Expired or invalid results / certificates will not be accepted.

- Details of CTCMA examinations and courses requirements for each title (R.Ac., R.TCM.H., R.TCM.P. or Dr.TCM.) are available at <https://www.ctcma.bc.ca/applicants/registration-process/become-registered/> & <http://www.ctcma.bc.ca/examinations/>
- Current/Former registrants may find the expiry date of their exam(s) or course(s) in their account online through CTCMA Registrant Portal at <https://portal.ctcma.bc.ca/>

Name of Registration Exam	Expiry Date(s) of the Exam(s) you passed. (yyyy/mm/dd)	Exam results are only valid for three (3) years after the EXAMINATION DATE on your exam result notification.
Pan-Canadian Acupuncturists Exam (PCE – ACU)		If you took the Written and Clinical Examination separately, BOTH results must be valid at the time when you apply for Full Registration.
Pan-Canadian TCM Herbalists Exam (PCE – HER)		
Pan-Canadian TCM Practitioners Exam (PCE – PRA)		
Doctor of TCM Exam		

* If your Pan-Canadian Examinations result(s) was/were **not** issued by CTCMA, please ensure the **official results** (confirming that you passed the exam(s) in the last 3 years) are sent directly to CTCMA from an Acupuncture/TCM Regulatory Body in a Canadian Jurisdiction.

CTCMA Safety Exam/Course, CTCMA Jurisprudence Exam and other required Courses

Safety Examination or Course	<input type="checkbox"/> Acupuncture – Result Expiry Date (yyyy/mm/dd) _____ <input type="checkbox"/> Herbology – Result Expiry Date (yyyy/mm/dd) _____ <input type="checkbox"/> Practitioner – Result Expiry Date (yyyy/mm/dd) _____
Jurisprudence Examination	Result Expiry Date (yyyy/mm/dd) _____
***Standard First Aid	Certificate Expiry Date (yyyy/mm/dd) _____ (Must report by March 31, 2024)
***Level C Cardiopulmonary Resuscitation	Certificate Expiry Date (yyyy/mm/dd) _____ (Must report by March 31, 2024)

*****All full registrants, new or current, are expected to (1) meet these requirements by March 31, 2024; and (2) report meeting this requirement during annual registration renewal in 2024. Please leave blank if the certificate expiry date will be provided during annual registration renewal in 2024.**

11. LANGUAGE

Please list the languages in which you can communicate with reasonable fluency.

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12. PROFESSIONAL ETHICS AND DISCLOSURE OF COMPLAINTS, DISCIPLINE OR CLAIMS

Are you currently registered with the CTCMA?

- No – complete the whole section 12
- Yes – For current CTCMA Student Registrants complete sections 12(a), 12(c) and 12(d);
For current CTCMA R.Ac. / R.TCM.H. / R.TCM.P. complete sections 12(c) and 12(d).



12(a) Statutory Declaration (“Form 1”)

- This must be notarized or sworn before a Notary Public, a lawyer or a commissioner for taking Affidavits.
- An authorized legal professional’s signature, date and visible legal seal are required.
- Please submit an original copy of notarized Statutory Declaration (“Form 1”) with this application form.
- If applicants are living outside BC, they may have the affidavit formalized in their current jurisdictions.
- This is not required from current CTCMA R.Ac. / R.TCM.H. / R.TCM.P.

12(b) Criminal Record Check (CRC) conducted by the Criminal Records Review Program (CRRP) - Select ONE box in below.

- I have completed my Criminal Record Check by CRRP recently and the payment receipt issued by CRRP is attached. (If the CRC clearance letter / result has NOT been received by CTCMA.)
- I completed my Criminal Record Check by CRRP previously and the clearance letter had been forwarded to CTCMA. The expiry date of my CRC clearance letter is valid until _____ (yyyy/mm/dd).

(Current/Former registrants may check the expiry date of their valid clearance letter online through CTCMA Members Portal at <https://portal.ctcma.bc.ca/>)

12(c) Professional Conduct - please answer the following questions:

Have you ever been a defendant in a criminal or civil litigation connected with a health care practice?

- Yes No

Have you ever been disciplined or dismissed from membership or positions by any professional bodies?

- Yes No

Have you ever voluntarily surrendered a license to practice?

- Yes No

Have you ever been a subject of complaints in relation to your practice?

- Yes No

Is there any pending inquiry/complaint with you in relation to your practice?

- Yes No

If you take exception to any of the statements in the Statutory Declaration, or answered “yes” to any of the questions above, please provide the information listed below, and attach documents relating to the charge, accusations, or claims made against you and the outcome and remedial action taken (*add extra sheets of paper if necessary*):

Date	Nature of Event	Outcome and Remedial Action Taken



The information provided in Section 12 will be forwarded to the Registration Committee for confidential review. It is the responsibility of the applicant to provide evidence satisfactory to the Registration Committee that any deficiency in their practices or ethics revealed by the matters disclosed has been remedied and there is no threat to public safety. Failure to disclose or fully disclose the information will result in delay in the processing of your application, suspension or revocation of your registration even after issue.

12(d) Professional Affiliations

Have you ever been registered with any other regulatory authority / body including Acupuncture/TCM profession?

- No – skip to next section.
 Yes – (1) provide information below (*add extra sheets of paper if necessary*) **and** (2) submit an official good standing/reference letter from each health regulatory authority/body you have been registered.

Full Name of Regulatory Authority	Registration Title	Registration Number
Registration Period (mm-yyyy to mm-yyyy)	Website Address of Regulatory Authority	
Full Name of Regulatory Authority	Registration Title	Registration Number
Registration Period (mm-yyyy to mm-yyyy)	Website Address of Regulatory Authority	
Full Name of Regulatory Authority	Registration Title	Registration Number
Registration Period (mm-yyyy to mm-yyyy)	Website Address of Regulatory Authority	

I, _____ (print your name) hereby authorize the above Regulatory Bodies to disclose all information regarding complaints and conduct of the undersigned to the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia.

Signature of Applicant:

Date:

13. FEES (Non-refundable)

Title	Application Fee	Annual Registration Fee	Prorated monthly
R.Ac. / R.TCM.H. / R.TCM.P. / Dr.TCM.	\$100	\$850	\$71

- For initial application, registration fee will be prorated based on the number of months remaining until March 31st (end of registration year).
- If you have already been granted one title (i.e. R.Ac.) and are applying to change your registration title (i.e. R.TCM.P), you will be charged the application fee only.
- Payment by cash, cheques, e-transfers, etc. will NOT be accepted.



Applicants are required to pay fees ONLINE in two (2) steps:

Step 1: Application Fee (Non-refundable)

Payment link for application fee 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 application fee is received by the College.

Step 2: Registration Fee (Non-refundable)

Payment link for registration fee will be emailed to you at the end of the application processing. Please use the payment link to complete the payment with a credit card (Visa/Mastercard) ONLINE by the payment deadline indicated in the email. Application status will not be finalized until all the required fees are received by the College. Application file might be closed if all the required documents and fees are not received by the College by the deadline.

14. TERMS AND CONDITIONS

- It is the responsibility of the applicant to complete this application form accurately and include all required documents and fees. The applicant must complete the application process personally.
- It is the responsibility of the applicant to read the *Health Professions Act (BC)* and the CTCMA Bylaws to understand the registration requirements and the statutory responsibilities of a regulated health professional.
- Pursuant to s.60.2 of the College Bylaw which states that each full, limited, and temporary registrant must obtain and at all times maintain professional liability insurance coverage of at least \$1,000,000 per claim or occurrence in a form satisfactory to the registration committee.
- Pursuant to s.60 of the College Bylaw which states that a registrant must notify the registrar of any change to the information provided to the College under section 60(1) of the Bylaw not later than 14 calendar days after the change occurred.
- Pursuant to s. 60.2 (3) of the Bylaw: Each full registrant, limited registrant, temporary registrant, and non-practising registrant must provide written proof of professional liability insurance to the registrar on request.
- Keep a copy of all application documents for your file. NO document will be returned to you.
- **This application is valid for 3 months ONLY from the date of signature. Please ensure CTCMA receives all the required documents (with up-to-date and valid information) and fees before the application becomes invalid. Otherwise, the application file will be closed without further notice. Then a new application will be required if you seek for CTCMA Registration in future.**

15. APPLICANT'S DECLARATION

I, _____, declare that all the information and statements made in or submitted with this application are true, complete and correct, and I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath. I also understand that misstatements or omissions of material facts may be cause for denial of this application, or for suspension or revocation of registration.

Signature of Applicant:

Date:

The personal information requested on this form is collected under the authority of, and will be used for, the purpose of administering the registration process under the *Health Professions Act*, TCMPA Regulation and CTCMA Bylaws. The collection, use and disclosure of personal information are subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use or disclosure of this information, please contact the Privacy Officer.

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