



OCTOBER 2024 PAN-CANADIAN EXAMINATIONS – APPLICATION FORM

APPLICATION FORM INSTRUCTIONS

Application Deadline – Monday, July 15, 2024 (4:30pm Vancouver Local Time)

- (1) Please read the Candidate Handbook and Application Guideline carefully before you complete this form.
- (2) Please ensure that you complete all sections of the form and attach all required documents.
- (3) Please print or type the information clearly on the application form. Illegible applications will be considered as incomplete application.
- (4) **Please submit your completed application form and supporting documentation(s)** according to the instructions provided in the Examination Submission section (end of application form).
- (5) All the application documents/forms/application fee must be **received** by CTCMA **before the application deadline**.
- (6) Incomplete application (with missing information on the application form and/or missing required documents) will not be processed. It will be shredded after the examination deadline to protect your personal information.
- (7) Keep copies of all application documents for your file. NO documents will be returned to you.

DOCUMENT CHECKLIST (Put an “X” in the box next to the documents enclosed)	OFFICE USE
<input type="checkbox"/> Document Checklist (this page) - original (completed & signed)	<input type="checkbox"/>
<input type="checkbox"/> Application Form - original (completed & signed)	<input type="checkbox"/>
<input type="checkbox"/> Photo taken within 12 months (1½”W x 2”L) - affixed on the application form	
<input type="checkbox"/> Clear photocopy: one piece of Government-issued photo identification (i.e. passport, driver's license)	<input type="checkbox"/>
<input type="checkbox"/> Proof of TCM education (if not submitted previously) - must be sent directly from the issuing agency <input type="checkbox"/> Official Transcript for TCM education completed in Canada; OR <input type="checkbox"/> Acceptable credential evaluation report for TCM education completed outside Canada with a copy of transcript attached Name of Agency: _____ Confirmation # _____	<input type="checkbox"/>
<input type="checkbox"/> Proof of 2-year study of Liberal Arts or Sciences (if not submitted previously) – must be sent directly from the issuing agency <input type="checkbox"/> Official Transcript for 2-year education completed in Canada (sealed school envelope); OR <input type="checkbox"/> Acceptable credential evaluation report for 2-year education completed outside Canada with a copy of transcript attached Name of Agency: _____ Confirmation # _____	<input type="checkbox"/>
<input type="checkbox"/> Proof of completion of Approved Refresher Course – details available HERE, (if applicable) https://www.ctcma.bc.ca/wp-content/uploads/2023/12/Refresher-Program-Application-Form.pdf	<input type="checkbox"/>

- ❖ **Please check details at “Examination Submission” on Page 7 of this application form.**
***** Your application status (including missing documentation) and confidential messages regarding your application can be found at the Registrant Portal. Please check frequently for updates during the exam application period.**

1. PURPOSE OF APPLICATION

Please choose the examination(s) and the language version that you apply for:

Examination	Language (Choose ONLY ONE for each examination)	Is this your first time applying for the examination?
<input type="checkbox"/> PCE Acupuncturists – ACU 针灸师考试 針灸師考試	<input type="checkbox"/> English <input type="checkbox"/> Simplified Chinese (简体) <input type="checkbox"/> Traditional Chinese (繁體)	<input type="checkbox"/> First Time <input type="checkbox"/> Repeating
<input type="checkbox"/> PCE TCM Herbalists – HER 中药师考试 中藥師考試	<input type="checkbox"/> English <input type="checkbox"/> Simplified Chinese (简体) <input type="checkbox"/> Traditional Chinese (繁體)	<input type="checkbox"/> First Time <input type="checkbox"/> Repeating
<input type="checkbox"/> PCE TCM Practitioners – PRA 中医师考试 中醫師考試	<input type="checkbox"/> English	<input type="checkbox"/> First Time <input type="checkbox"/> Repeating

***Please note that you may choose both PCE Acupuncturists and TCM Herbalists examinations as they are held on different days.

2. PERSONAL INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name (if any)
Previous Last Name <i>(only if different from legal name)</i>	Previous First Name <i>(only if different from legal name)</i>	Previous Middle Name <i>(only if different from legal name)</i>
My current status with CTCMA (Please select <u>ONE</u> of the following only)		Please affix a photo taken within 12 months here (1½" W x 2" L)
<input type="checkbox"/> Current Registrant Registration Number: _____		
<input type="checkbox"/> Previously applied for CTCMA registration/examination Application Number: _____		
<input type="checkbox"/> Never applied for CTCMA registration/examination. This is my first application.		
Date of Birth	MM	DD
		YYYY
For Office Use Applicant No. :		

3. PREFERRED MAILING ADDRESS

Address: (MANDATORY)			<input type="checkbox"/> Business / Clinic Address
			<input type="checkbox"/> Home Address
City:	Province:	Postal Code:	Country:
Email: (MANDATORY)		Cell:	Tel:

4. TWO-YEAR STUDY OF LIBERAL ARTS OR SCIENCES

Detailed instructions are available on CTCMA website and Application Guide – **must be sent to CTCMA directly from the issuing training institution and/or acceptable credential evaluation agencies.**

- 2-year education completed within Canada:** an official transcript, **OR**
 2-year education completed outside of Canada: an original acceptable credential evaluation report with transcript attached

Period (mm/yyyy– mm/yyyy)	Name and length of Program (hours)	Institution Name	Attendance (check one)
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other

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

5. TCM / ACUPUNCTURE EDUCATION AND TRAINING

Detailed instructions are available at CTCMA website and Application Guide – **must be sent to CTCMA directly from the issuing training institution and/or acceptable credential evaluation agencies.**

- TCM education completed in Canada:** an official transcript **OR**
 TCM education completed outside Canada: an original acceptable credential evaluation report with transcript attached

Period (mm/yyyy– mm/yyyy)	Name and length of Program (hours)	Institution Name	Attendance (check one)
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other

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

6. CHOICE OF EXAMINATION CENTER LOCATIONS

Province	City	
Alberta	Calgary Edmonton Fort McMurray	Lethbridge Lloydminster Red Deer
British Columbia	Abbotsford Burnaby Kamloops Kelowna Nanaimo	Prince George Surrey Vancouver Victoria
Manitoba	Brandon	Winnipeg
New Brunswick	Fredericton Moncton	Saint John
Newfoundland	St. John's	
Nova Scotia	Halifax	Sydney
Ontario	Barrie Kingston London Markham Mississauga Ottawa	Scarborough St. Catharine's Sudbury Thunder Bay Toronto Windsor
Prince Edward Island	Charlottetown	
Saskatchewan	Regina	Saskatoon

PLEASE NOTE:

CARB-TCMPA's test administrator, Meazure Learning, manages the bookings for test centres. While Meazure Learning makes every effort to book candidates at their preferred location(s), they cannot guarantee the location because of test centre availability. If you are not booked into one of your preferred location(s), it is because that location is not available and Meazure Learning has selected the closest location with availability on your examination day.

Please indicate your Preferred Testing Center Location(s) –TWO Choices only:

First Choice:

City: _____ **Province:** _____

Second Choice:

City: _____ **Province:** _____

7. Fee Chart (in Canadian Dollars) & PAYMENT PROCEDURE

Examination Type(s)	Application (Non-refundable)	Examination (plus applicable tax)
PCE Acupuncturists Examination - ACU	\$200	\$915
PCE TCM Herbalists Examination - HER	\$200	\$915
PCE TCM Practitioners Examination - PRA	\$300	\$1258

The fees will be charged in two steps:

Step 1: Application Fee(s) - Payment link(s) will be emailed to you upon receipt of your application package; Please pay the application fee(s) through the link(s) within 48 hours after the payment link is sent by CTCMA. Your application will not be processed until after payment is received.

Step 2: Examination Fee(s) - Payment link(s) will be emailed to you upon approval of your examination application. Please pay the examination fee(s) through the link(s) by the payment deadline indicated in the email. Approved candidates are not registered to participate in the examination until after payment is received.

8. TERMS AND CONDITIONS

CTCMA will cancel, without refund, an application or registration including forged or altered documents. The College reserves the right to verify educational credentials with the issuing institutions/authority, including, but not limited to, sending copies of transcripts to the institution/authority for verification and/or authentication. It is the sole responsibility of the applicant to provide sufficient information and proof to the satisfaction of CTCMA. In considering any applications, the Education and Examination Committee may require an evaluation by a panel and/or supplementary testing.

Limits of Liability

While the College takes reasonable steps to ensure the accuracy and completeness of information, resources and reports, the College is not responsible for damages in the event of errors or omissions. The College is not responsible for impacts of a personal, professional or financial nature. This includes such impacts as loss of income, loss of salary and/or expenses incurred by an employer, a contractor or a candidate. It is the responsibility of each candidate in registering for the examination to have read and understood the limits of liability. Further it is the candidate's responsibility to advise those interested parties (e.g., employers) about the limits of liability. By participating in the examination, each candidate agrees that he or she shall take no action or other proceeding against the College or any of its officers, employees or agents for an act done in good faith or for any neglect or default related to the Pan-Canadian Examinations.

9. 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.

By submitting your application to write the Pan-Canadian Examinations, you authorize the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA) (From June 28, 2024 onwards, the College of Complementary Health Professionals of British Columbia) to share your personal information (full name, email address, birth date, jurisdiction, school, preferred test centre location(s), and preferred examination language [English, Simplified Chinese, Traditional Chinese]) with the Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists ("CARB-TCMPA") and their examination service providers for the purposes of registering you for your examination, delivering your examination, and providing you with your examination results. CTCMA (From June 28, 2024 onwards, the College of Complementary Health Professionals of British Columbia), CARB-TCMPA, and their examination service providers take precautions to securely store and transmit your personal information. However, there is always some risk inherent in the storage and transmittal of information in an electronic format.

You further authorize the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA) (From June 28, 2024, the College of Complementary Health Professionals of British Columbia), through CARB-TCMPA, to share with other Traditional Chinese Medicine and Acupuncture ("TCM/A") regulatory bodies in Canada any decision to invalidate your examination results, as outlined in the Candidate Statement of Understanding available for review in the [Candidate Handbook](#), for the purpose of ensuring all regulatory bodies receive notification of invalidation decisions that may impact the candidate registration process. A decision to invalidate examination results made by CARB-TCMPA may affect your registration application with CTCMA and may affect a registration application made with another TCM/A regulatory body in Canada.

For questions about the collection and distribution of your personal information and examination results, please contact CARB-TCMPA at admin@carb-tcmpa.org.

CTCMA is committed to protecting the privacy of people whose personal information is held by the CTCMA through responsible information management practices. Any personal information provided to CTCMA is collected, used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Please contact the CTCMA's Information and Protection of Privacy Officer (i.e. the Registrar) if you have any questions at info@ctcma.bc.ca or 604-604-742-6563.

I agree to pay the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC and / or the College of Complementary Health Professionals of BC the fees required for the examinations when payment is requested. Failure to make payment by the deadline can result in termination of the application.

I have read the Terms and Conditions in this application form, the Examination Policies and the Code of Conduct of Examinations in the Application Guide and the Candidate's Handbook. I agree to abide to them by submitting an application.

Signature of Applicant

Date

EXAMINATION SUBMISSION

THE COMPLETE EXAMINATION APPLICATION PACKAGE MUST BE RECEIVED BY CTCMA NO LATER THAN THE EXAMINATION APPLICATION DEADLINE – 4:30 PM, July 15, 2024.

Please print out copies for your personal record – the application form will be online for a limited period of time only. Use the checklist in this application form to ensure that you have provided all required information and documents.

You may either submit:

By Mail to: CTCMA – Examination Applications
900-200 Granville Street
Vancouver, BC V6C 1S4

OR

Via Uploading to https://portal.ctcma.bc.ca/CTCMAMbr/Contact_Management/PCE-Exam-Doc/PCEApp_Doc.aspx

Please check the [Application Guide](#) for detailed document submission procedure (Page 9)

Please note:

- Signature provided in application form must match your official signature in government-issued identifications to be considered.