



[TCMA] PROPOSED REFRESHER PROGRAM APPLICATION FORM FOR PRE-APPROVAL

IMPORTANT NOTE

This form is required for Applicants/Candidates who:

- plan to take the Registration Examination(s) and graduated from a TCM/A education program for more than 3 years ago (CCHPBC Bylaws Schedule 5 Sections 10.2 & 10.3); OR
- failed an examination and will apply for the 2nd or 3rd attempt (CCHPBC Bylaws Schedule 5 Sections 11.4 & 11.5).

This form requires **two submissions** to the College (applications@cchpbc.ca). The first submission is **prior to** the commencement of the proposed refresher program/course in order to obtain pre-approval by the Registration Committee. The second submission is to be submitted together with the exam application package before the exam application deadline in order to verify completion of the pre-approved refresher program/course. **Please note that the refresher program/course must be completed prior to submitting the exam application package.**

On first submission, you are required to complete Sections A, B, C and D. When your proposed refresher program/course has been reviewed by the Registration Committee, it will be returned to you with a decision and/or comments in Section E. When your proposed refresher plan has been completed, please have Section F completed by the preceptor(s) and returned to CCHPBC.

If your proposed program *involves clinical training* and you are *not* a current CCHPBC [TCMA] student registrant, please attach a fully completed CCHPBC [TCMA] Student Registration application to this form for submission.

SECTION A: APPLICANT INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name
CCHPBC [TCMA] Registration/Exam/File Number		Informal Name (if applicable)

Examination planned to apply

- PCE-Acupuncturist Examination
 PCE-Herbalist Examination
 PCE-Practitioner Examination
 Dr.TCM Written Examination
 Dr.TCM Clinical Examination

Number of times that you have failed the above selected examination, if applicable: _____

SECTION B: EMAIL ADDRESS

My PREFERRED Email is:



SECTION C: TYPE OF PROPOSED PROGRAM

Type of Program Didactic Study Clinical Training

Length of Program _____ month(s) *(Please note the student registration fee will be pro-rated on monthly basis, if applicable)*

Please note that **current & valid CCHPBC [TCMA] student registration** is required for those who plan to complete the Refresher program/course that **involves clinical training**.

If your proposed program **involves clinical training** and you are not a current CCHPBC [TCMA] student registrant, please attach a fully completed student registration application including all the required documents with up-to-date information and fees to this application form and submit to CCHPBC.

For the forms and requirements of CCHPBC [TCMA] Student Registration, please refer to [Student Registration](#).

Please choose ONE that applies to you

50-hour Refresher Program/Course (because I graduated from TCM/A education program more than 3 but fewer than 5 years prior to my examination application)

100-hour Refresher Program/Course (because I graduated from TCM/A education program more than 5 years prior to my examination application)

50-hour Refresher Program/Course (because I failed the registration examination or examination once and plan to retake for the 2nd attempt) - please check CCHPBC Bylaws Schedule 5 Sections 11.7 for validity period

100-hour Refresher Program/Course (because I failed the registration examination or examination twice and plan to retake for the 3rd attempt) - please check CCHPBC Bylaws Schedule 5 Sections 11.7 for validity period

SECTION D: PROPOSED REFRESHER PROGRAM/COURSE

The applicant/candidate may complete the refresher program/course through either:

- Training institution **(For both Didactic and Clinical Training Programs)** – Table 1 listed TCM schools or TCM schools approved by Board to be listed under Table 1; or
- Registrant Preceptors **(For Didactic Program Only)** – The preceptor should be a full [TCMA] registrant of the College without limits or conditions, holding equivalent or higher registration title in good standing with CCHPBC for a minimum of 7 years.

Please attach course descriptions or course outlines etc. to this form for submission.

Subject	Hours	Name of Preceptor	Preceptor's Registration #



SECTION E: REGISTRATION COMMITTEE DECISION/COMMENTS

(TO BE COMPLETED BY CCHPBC)

Proposed refresher plan was pre-approved on _____

Proposed refresher plan was not approved (please adjust your proposed refresher plan according to the comments stated below and submit another Refresher Program/Course Application Form to the College)

Comments:

SECTION F: COMPLETION OF REFRESHER PROGRAM

(TO BE COMPLETED BY TRAINING INSTITUTION OR REGISTRANT PRECEPTOR)

The proposed refresher program/course has been completed on _____(yyyy/mm/dd).

The whole program was a total of _____ hours and was completed from _____ (yyyy/mm/dd)

to _____ (yyyy/mm/dd). I confirm that the applicant has demonstrated that they have met the core competency required in this pre-approved refresher course.

Signature of Training Institution Administrator / Registrant Preceptor

Date

***** Please email the completed form to applications@cchpbc.ca**