

CURRENT FULL REGISTRANT APPLYING FOR NON-PRACTISING REGISTRATION APPLICATION FORM

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

| PERSONAL INFORMATION | | | |
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| Legal Last Name | Legal First Name | | Legal Middle Name (if any) |
| CTCMA Registration Number | Date of Birth (yyyy | /mm/dd) | For Office Use: |
| IMPORTANT NOTE | | | |
| Non-practising registrants are not authorized to practice or provide the services specified in the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation in the Province of British Columbia, Canada. It is the responsibility of the applicant to read the Health Professions Act (BC) and the CTCMA Bylaws (available at the College's website) to understand the registration requirements and the statutory responsibilities of a regulated health professional. Section 52(1)(c) of the Bylaws: Applicant must pay any outstanding fee, debt, or levy owed to the college. Section 60.2 (1) of the Bylaw: 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 per occurrence in a form satisfactory to the registration, each non-practising registrant who did not have occurrence-based professional liability insurance coverage immediately prior to the time at which non-practising registration was granted must maintain professional liability insurance coverage in the amount per claim and in the form specified in section 60.2 (1) against liability arising from their practice while the non-practising registrant must provide written proof of professional liability insurance to the registrant, and non-practising registrant must provide written proof of professional liability insurance to the registrant or request. A non-practising registrant whose registration is not suspended or cancelled under Part 3 of the Act and may be reinstated to Full Registration fee are non-refundable. Keep copies of all application documents for your file. NO documents will be returned to you. Mail or deliver the completed and signed application to the College at 900 - 200 Granville St, Vancouver, BC, V6C 1S4 | | | |
| I AM APPLYING FOR NON-PRACTISING (NP) REGISTRATION | | | |
| Please submit the following items to the College: This application form - Signed and fully completed with up-to-date information Original copy of notarized non-practising statutory declaration. The form is available at www.ctcma.bc.ca S100 application fee in Canadian funds (Non-Refundable) A payment link will be emailed to you after receipt of this application. Please use the payment link to complete the payment of application fee with a credit card (Visa / Mastercard) ONLINE in the Registrant Portal. Application without application fee will not be processed. | | | |
| PROCESSING TIME | | | |
| Application process starts right after the College receiving ALL required fees and documentations from the applicant. The result might be available within 1 - 2 weeks. Applicants should prepare to STOP practising after submitting their application to the College. | | | |
| APPLICANT'S DECLARATION | | | |
| I,, declare that I (as a Non-Practising registrant) will not provide professional service or delegate or supervise professional service or practise traditional Chinese medicine & acupuncture as specified in the Regulationin the Province of British Columbia, Canada and will be insured against liability for negligence as described in CTCMA Bylaws Section 60.2. I also 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 of Signature | |