

### IMPORTANT NOTE

This application form is for former full registrant OR current non-practising registrant to apply for reinstatement to Full Registration to practise in BC, Canada.

**\*\*\*Applicant who holds a valid registration in another regulated Canadian Jurisdiction, may also consider applying for Full Registration via Reciprocity.** For details, please refer to the College's website at <https://www.ctcma.bc.ca/applicants/registration-process/become-registered/registered-in-another-canadian-jurisdiction/>

**\*\*\*Every Reinstatement to Full Registration application will be reviewed by the Registration Committee (RC) on a case-by-case basis. Considering the length of time of the applicant in the de-registered period / in non-practising status and the activities conducted by the applicant during the de-registered period / in non-practising status, the College may set certain requirements for the applicant to complete before allowing them to reinstate to Full Registration or practising status. For requirement details, please refer to the section 58 of Bylaw available at <https://www.ctcma.bc.ca/wp-content/uploads/2023/07/ctcma-bylaws-and-schedules.pdf>.**

Please mail the application form, the notarized Form 1 and all the required documents to CTCMA.

#### Please Note:

- Please carefully read this whole application form before filling it out.
- A fully completed application including all the required documents (with up to date & valid information) and fees is required.
- Incomplete / Invalid application and application with outdated document / information could not be processed.
- Keep a copy of all application documents in your own file. NO documents will be returned to you.
- After the application is received by CTCMA, an email with application fee payment link for online payment will be emailed to the applicant. If you do not receive the email within 2 weeks, please contact CTCMA. Application will not be processed until the application fee is received.
- 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.
- Since each Reinstatement to Full Registration application must be referred to the Registration Committee (RC) for decision, additional time is required. Please allow sufficient time for your application to be processed.

### 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 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 \_\_\_\_\_



## 2. MANDATORY BUSINESS / CLINIC CONTACT INFORMATION (WILL BE POSTED IN PUBLIC REGISTRY)

Business / Clinic Name (if applicable):			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.

## 3. HOME CONTACT INFORMATION

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

## 4. 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 Address will be deemed as your Mailing Address.

**My PREFERRED Email is:** \_\_\_\_\_

## 5. LANGUAGE

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

--	--	--	--	--

## 6. PHOTO IDENTIFICATION & AUTHORIZATION TO WORK IN CANADA

<p><b>6(a)</b> Affix a recent photo of applicant to this form. It must be</p> <ul style="list-style-type: none"><li>• with dimensions of 1½" width x 2" height</li><li>• taken within the last twelve months</li><li>• taken straight on with your face and shoulders centered and squared to the camera</li></ul>	<p>Please affix a recent photo of applicant here.</p> <p><b>(1½"W X 2"H)</b></p> <p>Measurements of this box might not be the actual size.</p>
<p><b>6(b)</b> Enclose a clear photocopy of a government issued Photo ID, i.e. a Driver license, BC Services Card, BCID, etc.</p>	
<p><b>6(c)</b> Enclose a proof of authorization to work in Canada issued by Canadian Government</p> <ul style="list-style-type: none"><li>• a clear photocopy of Canadian government issued passport, citizenship card or permanent resident card, or valid work permit.</li></ul>	



## 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:

## 8. STANDARD FIRST AID and LEVEL C CARDIOPULMONARY RESUSCITATION (CPR-C)

**ALL applicants are required to hold current and valid Standard First Aid & Level C cardiopulmonary resuscitation (CPR-C) certifications to be approved for registration. Expired or invalid results / certificates will not be accepted.**

***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.**



## 9. SAFETY EXAMINATION / COURSE and JURISPRUDENCE EXAMINATION

**Applicants, who have been out of practice for more than 3 months in BC, Canada, are required to pass ALL the required course & examination in this section in the last three (3) years to be approved for registration. Expired or invalid results / certificates will not be accepted.**

CTCMA Safety Examination or Interactive Safety 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) _____
CTCMA Jurisprudence Examination	Result Expiry Date (yyyy/mm/dd) _____
Any refresher courses as determined by registration committee.	

## 10. REGISTRATION EXAMINATIONS

**Applicants, who have been out of practice for 3 years or more in BC, Canada, are required to pass ALL the required registration examination(s) in respect to the title of registration 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)	
Pan-Canadian Acupuncturists Exam (PCE – ACU)		<p><b><u>Exam results are only valid for three (3) years after the EXAMINATION DATE on your exam result notification.</u></b></p> <p><b><u>If you took the Written and Clinical Examination separately, BOTH results must be valid at the time when you apply for reinstatement to Full Registration.</u></b></p>
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 an official confirmation letter for registration exam result(s) (confirming that you passed the exam(s) in the last 3 years) is sent directly to CTCMA from an Acupuncture/TCM Regulatory Body in a Canadian Jurisdiction.**

## 11. PROFESSIONAL TCM ACTIVITIES & SUPPORTING DOCUMENT

**Applicants, who have been out of practice for 3 years or more in BC, Canada, are required to include the following documents in their application.**

- (1) A summary (in Chronological Order) of professional TCM activities you have conducted (in particular activities that help maintaining the currency of your TCM clinical skills) during the de-registered and/or non-practising period. Please ensure to print your full legal name with CTCMA registration number, sign, and date.
- (2) Supporting documents (in English or translated into English by certified translator) for the activities mentioned in (1). They may include good-standing letters with registration confirmation in other jurisdictions, employment agreements, business license, proof of professional liability insurance, certificates / transcripts of further education program completion, etc.



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

**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 or official stamp are required.
- If applicants are living outside BC, they may have the affidavit formalized in their current jurisdictions.

**12(b) Criminal Record Check (CRC) conducted by Criminal Records Review Program (CRRP) – Select ONE box 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 another 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.

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

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 and in Canadian Funds)**

<b>Title</b>	<b>Application Fee</b>	<b>Annual Registration Fee</b>
<b>R.Ac. / R.TCM.H. / R.TCM.P. / Dr.TCM</b>	<b>When applicant has been out of practice in BC for less than 3 years: \$300.00</b> <b>When applicant has been out of practice in BC for 3 years or more: \$950.00</b>	<b>\$850.00</b>

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

Acceptable Payment Method: Visa/Mastercard. Please note that cash, cheques, e-transfer will NOT be accepted.

**Step 1: Application Fee (Non-refundable)**

Payment link for the 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 files will be closed if all the required documents and fees are not received by the College by the deadline. The annual registration fee is non-prorated.



## 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.

## 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.

I also declare that I will meet the applicable requirements in section 60.2 of CTCMA Bylaw described in section 58(1)(a)(viii) of Bylaw or section 58(3)(a)(ix) of Bylaw.

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*, TCMPSA 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.

--- END ---

