

### INSTRUCTIONS

- This application form is for student registration applicants who are enrolled in a traditional Chinese medicine education program in B.C.
- According to CTCMA Bylaws, NO clinical training involving direct patient care may be conducted without valid CTCMA Student Registration. CTCMA will not recognize clinical training hours completed while TCM students are not registered.
- 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 Invalid/incomplete applications and/or applications with outdated document/information cannot be processed.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 unless otherwise specified in the application form.

**Fully complete this application form and prepare the following items with up-to-date and valid information for submission:**

- Confirmation Form of Education Standing issued by your TCM school.
- Good standing/reference letter from other Canadian regulatory bodies you have registered, if applicable
- ONLINE Payment for application fee and registration fee by credit card (Visa/Mastercard) via payment link email to you by the College
- Payment of any outstanding fee, debt, or levy owed to the college (if applicable)
- One recent photograph of applicant exactly 1½" W x 2" H
- Photocopy of one piece of Government issued photo identification i.e. Driver license, Service card or BCID.
- Photocopy of one piece of Canadian passport/citizenship card/permanent resident card or study permit

If you are not currently registered with the College:

- Statutory Declaration (Form 1.1) - must be notarized.
- Criminal Record Check conducted by Criminal Records Review Program (CRRP) in B.C.

**Mail the original signed application package to the College at 900 - 200 Granville St, Vancouver, BC, V6C 1S4.**

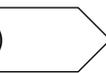
### 1. PERSONAL INFORMATION

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

**Gender** (As 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. MANDATORY CONTACT AND MAILING ADDRESS

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

### 3. EDUCATION INSTITUTION

**Institution / School Name:**

You obtain an original signed copy of the **Confirmation Form of Education Standing** from your TCM school and submit it with this application.



#### 4. PHOTOGRAPHS AND IDENTIFICATION

**4(a)** Affix a recent photo of applicant affixed to this form. It must be

- with exact dimensions of 1½" width x 2" height;
- taken within the last twelve months;
- taken straight on with the face and shoulders centered and squared to the camera;
- The photo image will be used on your student badge.

Please affix a recent photo of applicant here.

**(1½"W X 2"H)**

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

Measurements of this box might not be the actual size.

**4(c)** Enclose a proof of authorization to study in Canada by Canadian Government

- a clear photocopy of your valid Canadian passport, Canadian citizenship card or Canadian permanent resident card or your valid study permit issued by Canadian Government.

#### 5. CHARACTER REFERENCE

**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:

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

Are you currently registered with the College?

- No – complete sections 6(a), 6(b), 6(c) and 6(d).  
 Yes – complete sections 6(c) and 6(d).

**6(a) Statutory Declaration ("Form 1.1")**

- 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 1.1") with this application form.
- If applicants are living outside BC, they may have the affidavit formalized in their current jurisdictions.



**6(b) Criminal Record Check (CRC) conducted by the Criminal Records Review Program (CRRP) in B.C.**

I have completed my CRC by CRRP recently and the CRC payment receipt is attached. (If the CRC clearance letter / result has NOT been received by CTCMA.)

I completed my CRC by CRRP previously and the clearance letter / result 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 clearance letter online via CTCMA Registrant Portal at

<https://portal.ctcma.bc.ca/> )

**6(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 6 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.



<b>6(d) Professional Affiliations</b>			
Have you ever been registered with any other regulatory authority / body?			
<input type="checkbox"/> No – skip to the next section.			
<input type="checkbox"/> Yes – (1) provide the information below <b>and</b> (2) submit a good standing/reference letter from each regulatory body			
<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:	

## 7. LANGUAGE

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

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## 8. FEES (Non-refundable)

Title	Application Fee	Annual Registration Fee	Prorated monthly
<b>Student</b>	\$30	\$200	\$17

- For initial application, registration fee will be prorated based on the number of months remaining until March 31<sup>st</sup> (end of registration year).
- Payment by 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. 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 results will not be available 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.



## 9. TERMS AND CONDITIONS

- It is the responsibility of the applicant to complete this application form accurately and include all 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 of the College Bylaws 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 Bylaws not later than 14 calendar days after the change occurred.
- Keep copies of all application documents for your file. NO document will be returned to you.
- **This application is ONLY valid for three (3) months from the date of signature. Please ensure CTCMA receives all the required documents (with up-to-date 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 the future.**

## 10. 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*, 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.

## IMPORTANT NOTICE ON FULL REGISTRATION REQUIREMENTS

If you intend to apply for full registration in the future, please read Section 48 of the Bylaws carefully and note that:

- you must satisfy ALL requirements in effect at the time your application is received. Requirements may change from time to time.
- current requirements include, but are not limited to,
  - "successful completion of not less than two (2) years of liberal arts or sciences study (comprised of at least 60 credits) in an accredited college or chartered/approved university acceptable to the registration committee,"
  - evidence satisfactory to the registration committee that the applicant be a Canadian citizen or a permanent resident of Canada or be otherwise authorized under the laws of Canada to work in Canada.

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