



2025 DOCTOR OF TCM EXAMINATIONS – APPLICATION FORM

APPLICATION FORM INSTRUCTIONS

Application Deadline – Wednesday, February 19, 2025 (1:00pm Vancouver Local Time)

- (1) Please read the Candidate Handbook 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 CCHPBC **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.

1. 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 CCHPBC [TCMA] Profession <input type="checkbox"/> Current [TCMA] Registrant – must a current R.TCM.P with the college Registration Number: _____				Please affix a photo taken within 12 months here (1½” W x 2” L)
Date of Birth	MM	DD	YYYY	For Office Use Applicant No. :



2. 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"/> Dr.TCM Examinations (both written and clinical) 高级中医师考试 (笔试 + 临床) 高級中醫師考試 (筆試 + 臨床)	<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"/> Dr.TCM Clinical Examination ONLY 高级中医师临床考试 高級中醫師臨床考試	<input type="checkbox"/> English <input type="checkbox"/> Simplified Chinese (简体)	<input type="checkbox"/> Repeating

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. TCM / ACUPUNCTURE EDUCATION AND TRAINING

Detailed instructions are available at CCHPBC website and Candidate Handbook – **must be sent to CCHPBC 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 acceptable credential evaluation report with transcript attached

Period <i>(mm/yyyy– mm/yyyy)</i>	Name and length of Program <i>(hours)</i>	Institution Name	Attendance <i>(check one)</i>
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

5. CHOICE OF THE WRITTEN EXAMINATION CENTER (Check One Box ONLY)

The Dr.TCM **written** examination is a **computer-based** examination and will be offered at the following centers on the examination day. Please choose the one that is close and convenient to you.
Please note that the Dr.TCM **clinical** examination will **ONLY** be offered in Vancouver.

<input type="checkbox"/> Lower Mainland	<input type="checkbox"/> Vancouver Island	<input type="checkbox"/> Okanagan Valley
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6. FEE CHART (in Canadian Dollars) & PAYMENT PROCEDURE

Examination Applications	Application (Non-refundable)	Written Examination (plus applicable tax)	Clinical Examination (plus applicable tax)
Apply to take the full Dr.TCM Examinations (Both Written Exam & Clinical Exam Parts)	\$300	\$800	\$800
Apply to Repeat the Clinical Examination Part ONLY	\$150		\$800

The fees will be charged in three steps:

Step 1: Application Fee- Payment link will be emailed to you upon receipt of your application package; Please pay the application fee through the link by the application deadline. Your application will **not** be processed **until** after payment is received.

Step 2: Written Examination Fee –The payment link will be emailed to you **upon approval of your examination application (around late early March)**. Please pay the written examination fee through the link by the payment deadline indicated in the email. Approved candidates are **not** registered to participate in the examination **until** after payment is received.

Step 3: Clinical Examination Fee – The payment link will be emailed to approved candidates who have successfully passed the Written Examination Part in April 2025 or previously (**around May**). Please pay the clinical examination fee through the link by the payment deadline indicated in the email. Approved candidates are **not** registered to participate in the examination **until** after payment is received.

7. TERMS AND CONDITIONS

CCHPBC 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 CCHPBC. In considering any applications, the Registration 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 Dr.TCM Examinations.



8. 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 Dr.TCM Examinations, you authorize the College of Complementary Health Professionals of British Columbia ("CCHPBC") 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 examination service providers for the purposes of registering you for your examination, delivering your examination, and providing you with your examination results. CCHPBC 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.

For questions about the collection and distribution of your personal information and examination results, please contact CCHPBC at applications@cchpbc.ca.

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

I agree to pay CCHPBC 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 Candidate Handbook. I agree to abide to them by submitting an application.

Signature of Applicant

Date



9. DOCUMENT CHECKLIST (Put an "X" in the box next to the documents enclosed)	OFFICE USE
<input type="checkbox"/> Document Checklist (this page) - completed & signed	<input type="checkbox"/>
<input type="checkbox"/> Application Form - 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 <ul style="list-style-type: none"> <input type="checkbox"/> Official Transcript for TCM education completed in Canada; OR <ul style="list-style-type: none"> <input type="checkbox"/> Acceptable credential evaluation report for TCM education completed outside Canada with a copy of transcript attached <p style="margin-left: 40px;">Name of Agency: Confirmation #</p>	<input type="checkbox"/>
<input type="checkbox"/> Proof of completion of Approved Refresher Course – details available HERE , (if applicable)	<input type="checkbox"/>

❖ Please check details at "Examination Submission" Section below.
 *** 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.

EXAMINATION SUBMISSION

THE COMPLETE EXAMINATION APPLICATION PACKAGE MUST BE RECEIVED BY CCHPBCA NO LATER THAN THE EXAMINATION APPLICATION DEADLINE – 1:00 PM, February 19, 2025 (Vancouver local time).

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: CCHPBC – TCM 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/2025_DrTCMExam_App_Doc.aspx

Please check the [Candidate Handbook](#) for detailed document submission procedure

Please note:

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