



CCHPBC [TCMA] STUDENT REGISTRATION CANCELLATION REQUEST FORM

In the Designated Health Profession of Traditional Chinese Medicine and Acupuncture [TCMA]

RE: 2025 RENEWAL (Not Renewing Student Registration)

PERSONAL INFORMATION		
Legal Last Name	Legal First Name	Legal Middle Name
CCHPBC [TCMA] Registration Number	Date of Birth (yyyy/mm/dd)	Informal Name (if applicable)
REGISTRANT'S DECLARATION		
<p>I, _____ (Registrant's Full Legal Name) _____ (Registration #) currently is a Dual Registrant who holds both Full and Student Registrations at the same time. I am informing CCHPBC that I am not going to renew my CCHPBC [TCMA] Student Registration; therefore, my current Student Registration will be cancelled after March 31, 2025. I declare that I will not undertake any clinical training in a Traditional Chinese Medicine/Acupuncture education program in British Columbia, Canada after my Student Registration is cancelled.</p>		
Signature of Applicant (MUST match signature in official IDs):		Date:
<ul style="list-style-type: none">• Please ensure fully complete and sign this form before submitting to the College.• Registrants may submit this request form to CCHPBC [TCMA] by email in PDF form at registration@cchpbc.ca• Please submit this form to the College <u>no later than February 14, 2025</u>.• Registration fee is non-refundable.		

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