



College of Complementary Health Professionals of British Columbia

PERSONAL INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name (if any)
TCMA 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 [CCHPBC Bylaws](#) to understand the registration requirements and the statutory responsibilities of a regulated health professional.
- Schedule 5 Paragraph 4.1.2 of the Bylaw: Applicant must pay any outstanding fee, debt, or levy owed to the college.
- Schedule 5 Paragraph 9.1 of the Bylaw: Each Registrant in the Registrant classes of Traditional Chinese Medicine and Acupuncture: Full, Traditional Chinese Medicine and Acupuncture: Limited, and Traditional Chinese Medicine and Acupuncture: Temporary must obtain and at all times maintain professional liability insurance coverage of at least \$1,000,000.00 per claim or per occurrence in a form satisfactory to the Registration Committee.
- Schedule 5 Paragraph 9.2 of the Bylaw: For a period of at least five (5) years after the grant of registration under the Registrant class of Traditional Chinese Medicine and Acupuncture: Non-Practising each Registrant who did not have occurrence-based professional liability insurance coverage immediately prior to the time at which registration in the non-practising Registration class was granted must maintain professional liability insurance coverage in the amount per claim and in the form specified in paragraph 9.1 against liability arising from their practice while the Registrant in the nonpractising Registration class was a practising Registrant.
- Schedule 5 Paragraph 9.3 of the Bylaw: Each Registrant, except for those in the Registrant class of Traditional Chinese Medicine and Acupuncture: Student, must provide written proof of professional liability insurance to the Registrar on 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 by the Registration Committee in accordance with Schedule 5 Paragraph 7 of the Bylaw.
- The application fee and 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:

- 1) This application form - Signed and fully completed with up-to-date information
- 2) Original copy of notarized non-practising statutory declaration. The form is available at www.cchpbc.ca
- 3) \$100 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 Regulation in the Province of British Columbia, Canada and will be insured against liability for negligence as described in CCHPBC 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
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