



College of Complementary Health Professionals of British Columbia

INSTRUCTIONS

Registrants are responsible for immediately notifying the College of any change of address, legal name, or any other registration information previously provided to the College. This form must be completed and signed in accordance with the format provided. Mandatory Business/Clinic Address is mandatory for Full, Limited, Temporary and Non-Practising registrants. Student registrants may skip the Mandatory Business / Clinic Address section if not applicable. If you have additional addresses to provide, please attach a separate page. This form may be mailed, faxed or emailed to the College.

PERSONAL INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name (if any)
TCMA Registration Number	Date of Birth (MM/DD/YYYY)	

MANDATORY BUSINESS / CLINIC CONTACT

Business / Clinic Name (if applicable):		
Business / Clinic Address:		City:
Province:	Postal Code:	Country:
Email (if applicable):	Tel:	Fax (if applicable):

HOME CONTACT

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

MANDATORY MAILING ADDRESS

The Mandatory Business/Clinic Contact will be deemed as Mandatory Mailing Address if you leave this section blank.

☐ **Business / Clinic Address** ☐ **Home Address**

REGISTRANT'S SIGNATURE

I confirm the information provided above is true, complete, and correct. Please complete, sign and submit this form to CTCMA by mail, fax, or email.

_____ Signature of Applicant	_____ Date
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