



CCHPBC REINSTATEMENT TO [TCMA] FULL REGISTRATION APPLICATION FORM

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

IMPORTANT NOTE

This application form is for former [TCMA] full registrant OR current [TCMA] non-practising registrant to apply for reinstatement to [TCMA] Full Registration to practise in BC, Canada.

*****Applicant who holds a valid registration in another regulated Canadian Jurisdiction, may consider applying for [TCMA] Full Registration (via Reciprocity).** For details, please refer to the College's website at www.cchpbc.ca

*****Reinstatement to Full Registration application, submitted by former [TCMA] full registrant OR current [TCMA] non-practising registrant who has been out of practice in TCMA in BC, Canada for less than three (3) years, will be processed according to schedule 5 paragraph 7.1 of CCHPBC Bylaw available at www.cchpbc.ca**

*****Reinstatement to Full Registration application, submitted by former [TCMA] full registrant OR current [TCMA] non-practising registrant who has been out of practice in TCMA in BC, Canada for three (3) years or more, will be reviewed by the Registration Committee (RC) on a case-by-case basis. Considering the length of time of the applicant in the de-registered period / in non-practising status and the activities conducted by the applicant during the de-registered period / in non-practising status, the College may set certain requirements for the applicant to complete before allowing them to reinstate to Full Registration or practising status. For requirement details, please refer to the schedule 5 paragraph 7.3 of CCHPBC Bylaw available at www.cchpbc.ca Additional process time is required, please allow sufficient time for the application to be processed.**

- Please carefully read this whole application form before filling it out.
- A fully completed application including all the required documents (with up to date & valid information) and fees are required.
- Incomplete / Invalid application and application with outdated document / information cannot be processed.
- Please **mail** the fully completed application form, the notarized Form 1 and all the required documents to CCHPBC [TCMA].
- Keep a copy of all application documents in your own file. NO documents will be returned to you.
- After the application is received by CCHPBC [TCMA], an email with application fee payment link for online payment will be emailed to the applicant within 2 weeks.
- Application will not be processed until the application fee is received by the College.
- This application is only valid for 3 months from the date of signature. Please ensure CCHPBC [TCMA] receives all the required documents (with up-to-date and valid 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 CCHPBC [TCMA] Registration in future.

1. PERSONAL INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name
Previous Last Name (only if different with legal name)	Previous First Name (only if different with legal name)	Previous Middle Name (only if different with legal name)
CCHPBC [TCMA] Registration/Exam #	Date of Birth (yyyy/mm/dd)	Informal Name (if applicable)

Gender (indicated on your government issued IDs attached to this application): ☐ Male ☐ Female ☐ Other _____



2. MANDATORY BUSINESS / CLINIC CONTACT INFORMATION (Will be published in Public Registry)

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

If this section is left blank, you agree that your home contact in below section is equivalent to your Mandatory Business/Clinic Contact which will be published in the Public Registry of the College.

3. HOME CONTACT INFORMATION

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

4. MANDATORY MAILING & EMAIL ADDRESS

My PERFERRED Mailing address is ☐ Business / Clinic Address ☐ Home Address in above (Select ONE only).

If you left this section blank or indicated both addresses, your Mandatory Business/Clinic Contact will be deemed as your Mailing Address.

My PREFERRED Email is: _____

5. LANGUAGE

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

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6. PHOTO IDENTIFICATION & AUTHORIZATION TO WORK IN CANADA

6(a) Affix a recent photo of applicant affixed to this form. It must be <ul style="list-style-type: none">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;	<p>Please affix one recent photo here.</p> <p>(1½"W X 2"H)</p> <p>Not actual size. Refer to Measurements above.</p>
6(b) Enclose a clear photocopy of a government issued Photo ID, i.e. a Driver license, BC Services Card or BCID.	
6(c) <u>Also</u> enclose a clear photocopy of proof of authorization to work in Canada issued by Canadian Government, such as valid Canadian passport, Canadian citizenship card, Canadian permanent resident card, Birth Certificate (with applicant's current legal name) or valid work permit.	



7. ENDORSEMENT OF APPLICANT'S GOOD CHARACTER TO PRACTICE

Please obtain signatures and information from two (2) referees who are Canadian citizens. One of them is a current regulated health professional (registrant of a College or Order), preferably a CCHPBC registrant.

Referee's testimony:

I am **not a relative** of this applicant (**print applicant's name:** _____) and I have known the applicant personally for more than 12 months. I certify that the applicant is a person of good character and integrity, who, in my judgment, will apply their 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:	
Registration Professional Title:	Registration #:	Registration Professional Title:	Registration #:
Contact Phone Number (Daytime):		Contact Phone Number (Daytime):	
Signature:	Date:	Signature:	Date:

8. STANDARD FIRST AID (SFA) and LEVEL C CARDIOPULMONARY RESUSCITATION (CPR-C)

ALL applicants are required to hold current and valid Standard First Aid (SFA) & Level C cardiopulmonary resuscitation (CPR-C) certifications to be approved for registration. Expired or invalid results / certificates will not be accepted.

Standard First Aid (SFA) with Level C cardiopulmonary resuscitation (CPR-C) certifications:

- Requirements of SFA & CPR-C are available at www.cchpbc.ca
- The course must meet the CCHPBC [TCMA] requirement. Otherwise, it will not be accepted.
- Please attach a clear photocopy of the official certificate(s) to this application for submission.

Standard First Aid	Certificate Expiry Date (yyyy/mm/dd) _____
Level C Cardiopulmonary Resuscitation	Certificate Expiry Date (yyyy/mm/dd) _____



9. CCHPBC [TCMA] SAFETY EXAMINATION / COURSE and JURISPRUDENCE EXAMINATION

Applicants, who have been out of practice for more than 3 months in BC, Canada, are required to pass ALL the required course & examination in this section in the last three (3) years to be approved for registration. Expired or invalid results / certificates will not be accepted.

CCHPBC [TCMA] Safety Exam or Course	<input type="checkbox"/> Acupuncture – Result Expiry Date (yyyy/mm/dd) _____ <input type="checkbox"/> Herbology – Result Expiry Date (yyyy/mm/dd) _____ <input type="checkbox"/> Practitioner – Result Expiry Date (yyyy/mm/dd) _____
CCHPBC [TCMA] Jurisprudence Exam	Result Expiry Date (yyyy/mm/dd) _____
Any refresher courses as determined by the Registration Committee.	

10. CCHPBC [TCMA] REGISTRATION EXAMINATIONS

Applicants, who have been out of practice for 3 years or more in BC, Canada, are required to pass ALL the required registration examination(s) in respect to the title of registration in the last three (3) years to be approved for registration. Expired or invalid results / certificates will not be accepted.

- Details of CCHPBC [TCMA] examinations and courses requirements for each title (R.Ac., R.TCM.H., R.TCM.P. or Dr.TCM.) are available at www.cchpbc.ca
- Current/Former registrants may find the expiry date of their exam(s) or course(s) in their account online through CCHPBC [TCMA] Registrant Portal at <https://portal.ctcma.bc.ca/>

Name of Registration Exam	Expiry Date(s) of the Exam(s) you passed. (yyyy/mm/dd)	Exam results are only valid for three (3) years after the EXAMINATION DATE on your exam result notification. If you took the Written and Clinical Examination separately, BOTH results must be valid at the time when you apply for Full Registration.
Pan-Canadian Acupuncturists Exam (PCE – ACU)		
Pan-Canadian TCM Herbalists Exam (PCE – HER)		
Pan-Canadian TCM Practitioners Exam (PCE – PRA)		
Doctor of TCM Exam		

- * If your Pan-Canadian Examinations result(s) was/were not issued by CCHPBC [TCMA], please ensure an official confirmation letter (confirming that you passed the registration exam(s) in the last 3 years) is/are sent directly to CCHPBC [TCMA] from an Acupuncture/TCM Regulatory Body in a Canadian Jurisdiction.

11. PROFESSIONAL TCM ACTIVITIES & SUPPORTING DOCUMENT

Applicants, who have been out of practice for 3 years or more in BC, Canada, are required to include the following documents in their application.



- (1) A summary (in Chronological Order) of professional TCM activities you have conducted (in particular activities that help maintaining the currency of your TCM clinical skills) during the de-registered and/or non-practising period. Please ensure to print your full legal name with CCHPBC [TCMA] registration number, sign, and date.
- (2) Supporting documents (in English or translated into English by certified translator) for the activities mentioned in (1) above. They may include good-standing letters with registration confirmation in other jurisdictions, employment agreements, business license, proof of professional liability insurance, certificates / transcripts of further education program completion, etc.

12. PROFESSIONAL ETHICS AND DISCLOSURE OF COMPLAINTS, DISCIPLINE OR CLAIMS

12(a) Statutory Declaration Form for [TCMA] Full Registration in the Designated Health Profession of Traditional Chinese Medicine & Acupuncture [TCMA]

- 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 mail an original copy of notarized Statutory Declaration Form with this application form.
- If applicants are living outside BC, they may have the affidavit formalized in their current jurisdictions.

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

Select ONE of the boxes below.

- ☐ I have completed my CRC by CRRP recently and my CRC payment receipt issued by CRRP is attached. I will follow up my CRC application by contacting CRRP to ensure I have fulfilled all CRC requirements set by CRRP and a CRC clearance letter / result of my CRC will be sent to CCHPBC [TCMA] directly from CRRP in a timely manner.
- ☐ I completed my CRC by CRRP previously and the clearance letter / result had been sent to the CCHPBC [TCMA] directly from CRRP. 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 Registrant Portal at <https://cchpbc.ca/login/>)

12(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 you provided in this section 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 delays in the processing of your application, suspension or revocation of your registration even after issue.

12(d) Professional Affiliations

Have you ever been registered with any other Regulatory authority / body?

☐ **No** – skip and go to the next section

☐ **Yes – (1)** provide the information below **and (2)** submit a good standing/reference letter from each regulatory body

Full Name of Regulatory Authority	Registration Title	Registration Number
Registration Period (mm-yyyy to mm-yyyy)	Website Address of Regulatory Authority	
Full Name of Regulatory Authority	Registration Title	Registration Number



Registration Period (mm-yyyy to mm-yyyy)	Website Address of Regulatory Authority	
Full Name of Regulatory Authority	Registration Title	Registration Number
Registration Period (mm-yyyy to mm-yyyy)	Website Address of Regulatory Authority	
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 Complementary Health Professionals of British Columbia (CCHPBC).		
Signature of Applicant:	Date:	

13. FEES (Non-refundable)		
Title	Application Fee	Annual Registration Fee
R.Ac. / R.TCM.H. / R.TCM.P. / Dr.TCM.	When applicant has been out of practice in BC <u>for less than 3 years</u>: \$300.00 When applicant has been out of practice in BC <u>for 3 years or more</u>: \$950.00	\$850
➤ Annual registration fee will NOT be prorated. ➤ 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 within 2 weeks after your application package is received by the College. 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 at the final stage of the application processing. 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 without further notice if all the required documents and fees are not received by the College by the deadline.



14. TERMS AND CONDITIONS

- It is the responsibility of the applicant to complete this application form accurately and submit it with all the required documents and fees to the College. The applicant must complete the application process personally.
- 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.
- Pursuant to schedule 5 paragraph 9.1 of the College Bylaw which states “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.”
- Pursuant to schedule 5 paragraph 9.3 of the College Bylaw which states “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.”
- Pursuant to schedule 11 paragraph 4.33 of the College Bylaws which states that a registrant must notify the registrar of any change to the information provided to the College under schedule 11 paragraph 4.34 of the Bylaws not later than 14 calendar days after the change occurred.
- Keep a copy of all application documents for your own file. NO document will be returned to you.
- This application is valid for 3 months ONLY from the date of signature. Please ensure the College receives all the required documents (with up-to-date and valid 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 CCHPBC Registration in future.

15. 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*, TCMPA Regulation and CCHPBC 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.

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