



STATUTORY DECLARATION for [TCMA] Student Registration

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

CANADA PROVINCE OF BRITISH COLUMBIA IN THE MATTER OF AN APPLICATION FOR REGISTRATION
IN THE COLLEGE OF COMPLEMENTARY HEALTH PROFESSIONALS OF BRITISH COLUMBIA (CCHPBC)

I, _____, of _____ in the city of _____, in the
province of _____, in the Country of _____ do solemnly declare that:

1. I have not been convicted in Canada or elsewhere of any offence that, if committed by a person registered under the Health Professions Act of British Columbia, would constitute unprofessional conduct or conduct unbecoming a person registered under these bylaws except as follows:

2. My past conduct does not demonstrate any pattern of incompetence or untrustworthiness which would make registration contrary to the public interest.
3. I am a person of good character.
4. My entitlement to practise in a regulated profession has not been limited, restricted or subjected to conditions in any jurisdiction at any time except as follows:

5. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which could result in the suspension or cancellation of my authorization to practise in a regulated profession in that jurisdiction except as follows:

6. I have read the Health Professions Act of British Columbia, and the regulations and bylaws of the College of Complementary Health Professionals of British Columbia made pursuant to that Act. I understand the requirement for student registration: in schedule 5 heading 3.0 of the bylaws; for Full Registration in schedule 5 heading 1.0 of the bylaws; and for examinations in schedule 5 headings 10.0 & 11.0 of the bylaws.
7. I will practise at all times in compliance with the Health Professions Act of British Columbia and the regulations and bylaws of the College of Complementary Health Professionals of British Columbia made pursuant to that Act.

AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant

DECLARED before me in the city of _____, in the province of _____, in
the country of _____, this _____ day of _____ month _____ year.

A Commissioner for taking Affidavits