



## STUDENT REGISTRATION - SCHOOL TRANSFER

*For Student Registrants in the Traditional Chinese Medicine and Acupuncture Profession*

### NOTE

- This application form is for current Student Registrants (in the Traditional Chinese Medicine and Acupuncture profession (TCMA) who wish to transfer to another TCM school in B.C.
- Current Student Registrants are required to notify the College before they transfer to another TCM school in B.C.
- Student Registrants are responsible to properly destroy their invalid/expired CCHPBC's TCMA Student Badges.

### APPLICANT'S INFORMATION

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

### MANDATORY CONTACT AND MAILING ADDRESS

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

### NAME OF THE SCHOOL YOU ARE TRANSFERRING TO

TCM School Name:

### APPLICATION INSTRUCTIONS

- Please submit the following along with your application form:**
  - Confirmation Form of Education Standing (must be completed by the school you are transferring to).
  - One photograph taken within the last twelve months, in exact dimensions of 1½" width x 2" height for your student badge. Please have your legal name & TCMA Registration Number printed on the back.
- Keep copies of all application documents for your file. NO documents will be returned to you.**
- Mail to CCHPBC at 900 - 200 Granville St, Vancouver, BC, V6C 1S4, Canada**

### 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:
-------------------------	-------

