



CCHPBC [TCMA] FULL REGISTRATION (via RECIPROCITY) APPLICATION FORM

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

IMPORTANT NOTE

- **This application form is for CCHPBC [TCMA] Full Registration (via Reciprocity) applicants who hold valid registration or licence in good standing in another Canadian jurisdiction as equivalent of a full registrant in practising status in the profession, which is not subject to any practice limitations, restrictions or conditions in that jurisdiction that do not apply generally to registrants in British Columbia.**
- This application form is not for student applicant to apply for [TCMA] Student Registration or applicant who do not currently hold Full Registration in practising status in good standing in another Canadian jurisdiction. For the Student Registration application form or the Full Registration application form, please refer to the College's website at www.cchpbc.ca
- This application is only valid for three (3) months from the date of signature. Invalid/incomplete applications and/or applications with outdated document/information cannot be processed.
- To avoid any unnecessary delay, please ensure to submit a fully completed application (originally signed copy) including all the required documents (with up-to-date and valid information) and fees to the College. Unless otherwise specified in the application form.
- Keep a copy of all application documents in your own file. NO documents will be returned to you.
- **Mail the fully completed application package to CCHPBC [TCMA] at 900 - 200 Granville St, Vancouver, BC, V6C 1S4, Canada.**

1. PERSONAL INFORMATION

| | | |
|---|--|---|
| Legal Last Name | Legal First Name | Legal Middle Name |
| Previous Last Name <i>(only if different with legal name)</i> | Previous First Name <i>(only if different with legal name)</i> | Previous Middle Name <i>(only if different with legal name)</i> |
| CCHPBC [TCMA] Registration/Exam/File Number | Date of Birth (yyyy/mm/dd) | Informal Name <i>(if applicable)</i> |

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

Have you ever registered with the College?

☐ No – skip to Section 2

☐ Yes -

| | |
|-----------------------------------|---|
| CCHPBC [TCMA] Registration Number | Registration Title <input type="checkbox"/> Student <input type="checkbox"/> R.Ac. <input type="checkbox"/> R.TCM.H. <input type="checkbox"/> R.TCM.P. |
|-----------------------------------|---|

2. APPLYING FOR (Select ONE only)

| | |
|---|--|
| <input type="checkbox"/> Registered Acupuncturist (R.Ac.) | <input type="checkbox"/> Registered TCM Herbalist (R.TCM.H.) |
| <input type="checkbox"/> Registered TCM Practitioner (R.TCM.P.) | <input type="checkbox"/> Doctor of TCM (Dr.TCM.) |



3. 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.

4. HOME CONTACT INFORMATION

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

5. MANDATORY MAILING & EMAIL ADDRESS

My PERFERRED Mailing address is ☐ Business / Clinic Address ☐ Home Address 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: _____

6. PHOTO IDENTIFICATION & AUTHORIZATION TO WORK IN CANADA

| | |
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| 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 <u>government issued Photo ID</u> , i.e. a Driver license, BC Services Card or BCID. | |
| 6(c) Also enclose a clear photocopy of <u>proof of authorization to work in Canada issued by Canadian Government</u> , 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. GENERAL EDUCATION / OTHER QUALIFICATIONS (post-secondary only)

| Qualification attained and date (mm-yyyy) | Name of Institution attended and address |
|---|--|
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Note: F/T = Full-time P/T = Part-time Other = neither full-time nor part-time.



9. TCM / ACUPUNCTURE EDUCATION AND TRAINING

| Period (mm/yyyy– mm/yyyy) | Name <u>and</u> Length of Program (hours) | Name <u>and</u> Address of Institution |
|------------------------------|---|--|
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Note: F/T = Full-time P/T = Part-time Other = neither full-time nor part-time

10. EXAMINATIONS & COURSES

Applicants must pass all the required examinations and courses 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/>

CCHPBC [TCMA] Jurisprudence Exam and other required Courses in BC, Canada

| | |
|--|--|
| CCHPBC [TCMA] Jurisprudence Exam | Result Expiry Date (yyyy/mm/dd) _____ |
| ***Standard First Aid | Certificate Expiry Date (yyyy/mm/dd) _____ |
| ***Cardiopulmonary Resuscitation - Level C | Certificate Expiry Date (yyyy/mm/dd) _____ |

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

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

**11. PRACTICE HISTORY (add extra sheets of paper if necessary)**

| Practice Period (mm-yyyy – mm-yyyy) | Registration Title | Registration # | Full Address of Practice |
|--|--------------------|----------------|--------------------------|
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12. PROFESSIONAL ETHICS AND DISCLOSURE OF COMPLAINTS, DISCIPLINE OR CLAIMS

Are you currently registered with the CCHPBC [TCMA]?

- ☐ No – complete the whole section 12
- ☐ Yes – For current CCHPBC [TCMA] Student Registrants complete sections 12(a), 12(c) and 12(d);
For current CCHPBC [TCMA] R.Ac. / R.TCM.H. / R.TCM.P. complete sections 12(c) and 12(d).

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 submit 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.
- Notarization is not required from current CCHPBC [TCMA] R.Ac. / R.TCM.H. / R.TCM.P.

12(b) Criminal Record Check (CRC) conducted 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).

Registrants or applicants, who already have a CCHPBC [TCMA] account, 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 | |
|------|-----------------|-----------------------------------|--|
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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 his/her 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

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: | |

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| 13. FEES (Non-refundable) |
| <p>Please refer to the College Bylaws and the FEE section for the fee information.</p> <ul style="list-style-type: none"> ➤ For initial application (R.Ac. / R.TCM.H. / R.TCM.P. / Dr.TCM.), registration fee will be prorated based on the number of months remaining until March 31st (end of registration year). ➤ <i>If you have already been granted one title (i.e. R.Ac.) and are applying to change your registration title (i.e. R.TCM.P), you will be charged the application fee only.</i> ➤ 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. REFERENCE FORM FOR RECIPROCITY APPLICATION

- All applicants applying through reciprocity must ensure an up to date "Reference Form for Reciprocity Application" issued by their originating regulatory body has been sent or arranged to be sent to the CCHPBC [TCMA] directly.
- "Reference Form for Reciprocity Application" is available to be downloaded on the "Practitioner Registered in Another Canadian Jurisdiction" page of the College website.

15. LANGUAGE

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

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16. 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.



17. 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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