



2026 DOCTOR OF TCM CLINICAL RETAKING EXAMINATIONS APPLICATION FORM

APPLICATION FORM INSTRUCTIONS

Application Deadline – Tuesday, April 7, 2026 (1:00pm Vancouver Local Time)

- (1) Please read the Candidate Handbook carefully before you complete this form.
- (2) Please ensure that you complete all sections of the form and attach all required documents.
- (3) Please print or type the information clearly on the application form. Illegible applications will be considered as incomplete application.
- (4) **Please submit your completed application form and supporting documentation(s)** according to the instructions provided in the Examination Submission section (end of application form).
- (5) All the application documents/forms/application fee must be **received** by CCHPBC **before the application deadline**.
- (6) Incomplete application (with missing information on the application form and/or missing required documents) will not be processed. It will be shredded after the examination deadline to protect your personal information.
- (7) Keep copies of all application documents for your file. NO documents will be returned to you.

1. PERSONAL INFORMATION

Legal Last Name		Legal First Name		Legal Middle Name (if any)
Previous Last Name <i>(only if different from legal name)</i>		Previous First Name <i>(only if different from legal name)</i>		Previous Middle Name <i>(only if different from legal name)</i>
My current status with CCHPBC [TCMA] Profession <input type="checkbox"/> Current [TCMA] Registrant – must a current R.TCM.P with the college Registration Number: _____				Please affix a photo taken within 12 months here (1½" W x 2" L)
Date of Birth	MM	DD	YYYY	For Office Use Applicant No. :



2. PURPOSE OF APPLICATION

Please choose the examination(s) and the language version that you apply for:

Examination The examination will be held in person in the city of Vancouver.	Language (Choose ONLY ONE for each examination)	Is this your first time applying for the examination?
<input type="checkbox"/> Dr.TCM Clinical Examination ONLY 高級中醫師臨床考試/高級中醫師臨床考試	<input type="checkbox"/> English <input type="checkbox"/> Simplified Chinese (简体)	<input type="checkbox"/> Repeating

3. PREFERRED MAILING ADDRESS

Address: (MANDATORY)			<input type="checkbox"/> Business / Clinic Address <input type="checkbox"/> Home Address
City:	Province:	Postal Code:	Country:
Email: (MANDATORY)		Cell:	Tel:

4. TCM / ACUPUNCTURE EDUCATION AND TRAINING

Detailed instructions are available at CCHPBC website and Candidate Handbook – must be sent to CCHPBC directly from the issuing training institution and/or acceptable credential evaluation agencies.

- TCM education completed in Canada: an official transcript OR
- TCM education completed outside Canada: an acceptable credential evaluation report with transcript attached

Period <i>(mm/yyyy– mm/yyyy)</i>	Name and length of Program <i>(hours)</i>	Institution Name	Attendance <i>(check one)</i>
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time



5. Fees (in Canadian Dollars) & PAYMENT PROCEDURE

Please refer to the College Bylaws and the [FEES](#) section for the fee information.

The fees will be charged in two steps:

Step 1: Application Fee(s) - Payment link(s) will be emailed to you upon receipt of your application package; Please pay the application fee(s) through the link(s) within 48 hours after the payment link is sent by CCHPBC. Your application will not be processed until after payment is received.

Step 2: Examination Fee(s) –Payment link(s) will be emailed to you upon approval of your examination application. Please pay the examination fee(s) through the link(s) by the payment deadline indicated in the email. Approved candidates are not registered to participate in the examination until after payment is received.

6. TERMS AND CONDITIONS

CCHPBC will cancel, without refund, an application or registration including forged or altered documents. The College reserves the right to verify educational credentials with the issuing institutions/authority, including, but not limited to, sending copies of transcripts to the institution/authority for verification and/or authentication. It is the sole responsibility of the applicant to provide sufficient information and proof to the satisfaction of CCHPBC. In considering any applications, the Registration Committee may require an evaluation by a panel and/or supplementary testing.

Limits of Liability

While the College takes reasonable steps to ensure the accuracy and completeness of information, resources and reports, the College is not responsible for damages in the event of errors or omissions. The College is not responsible for impacts of a personal, professional or financial nature. This includes such impacts as loss of income, loss of salary and/or expenses incurred by an employer, a contractor or a candidate. It is the responsibility of each candidate in registering for the examination to have read and understood the limits of liability. Further it is the candidate's responsibility to advise those interested parties (e.g., employers) about the limits of liability. By participating in the examination, each candidate agrees that he or she shall take no action or other proceeding against the College or any of its officers, employees or agents for an act done in good faith or for any neglect or default related to the Pan-Canadian Examinations.



7. 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.

By submitting your application to write the Dr.TCM Examinations, you authorize the College of Complementary Health Professionals of British Columbia ("CCHPBC") to share your personal information (full name, email address, birth date, jurisdiction, school, preferred test centre location(s), and preferred examination language [English, Simplified Chinese, Traditional Chinese]) with the examination service providers for the purposes of registering you for your examination, delivering your examination, and providing you with your examination results. CCHPBC and their examination service providers take precautions to securely store and transmit your personal information. However, there is always some risk inherent in the storage and transmittal of information in an electronic format.

For questions about the collection and distribution of your personal information and examination results, please contact CCHPBC at applications@cchpbc.ca.

CCHPBC is committed to protecting the privacy of people whose personal information is held by the CCHPBC through responsible information management practices. Any personal information provided to CCHPBC is collected, used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Please contact the CCHPBC's Information and Protection of Privacy Officer (i.e. the Registrar) if you have any questions at info@ccpbc.ca.

I agree to pay CCHPBC the fees required for the examinations when payment is requested. Failure to make payment by the deadline can result in termination of the application.

I have read the Terms and Conditions in this application form, the Examination Policies and the Code of Conduct of Examinations in the Candidate Handbook. I agree to abide to them by submitting an application.

Signature of Applicant

Date

