



## APPLICATION FOR CERTIFICATE IN THE INACTIVE CLASS OF REGISTRATION

The purpose of the application for a certificate in the Inactive Class of registration is to allow registered General Class members to maintain their membership with CTCMPAO during such periods of time when they will not be practising the profession in the province of Ontario for reasons such as, but not exclusive to, parental leave, illness or educational leave. This classification does not apply to any applicants **not** currently registered with CTCMPAO in the General class.

### 1. Member Name

Please ☒ one box only

☐ Mr.

☐ Ms.

Indicate your name on the CTCMPAO public register:

First Name: \_\_\_\_\_

Middle Name (if applicable): \_\_\_\_\_

Last Name: \_\_\_\_\_

### 2. Class, Title/Designation and Registration Number

#### Class of Certificate

Indicate your current class of certificate

☐ General

#### Title(s)/Designation(s) and Registration Number

Indicate your current title(s):

☐ Traditional Chinese Medicine Practitioner (R. TCMP)

☐ Acupuncturist (R. Ac)

Registration Number: \_\_\_\_\_

### 3. Contact Information While Inactive (If Different From Present Address)

Street No. & Name (Required)

Suite No.

City (Required)

Province (Required)

Country (Required)

Postal Code (Required)

Telephone (Required)


Ext.

Fax

### 4. Email Address for College Communication

Email Address (Required): \_\_\_\_\_

## 5. Reason For Application To The Inactive Class

Please  one box only

- ☐ Leave of absence (parental)
- ☐ Leave of absence (medical)
- ☐ Leave of absence (academic)

- ☐ Retirement
- ☐ Working in another profession
- ☐ Moving to another province

- ☐ Moving to another country
- ☐ Not specified
- ☐ Other: \_\_\_\_\_

## 6. Declaration

To answer the questions below, please  the appropriate box next to each question.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. I have ensured all my information on the public register is current.                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. I am not in default of any fee, penalty or other amount owing to CTCMPAO.                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. I am in compliance with any outstanding requirements of the Quality Assurance Committee. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I hereby attest that during the period \_\_\_\_\_, 2018 to March 31, 2019, I will not:

- ☐ Practice or engage in the profession of traditional Chinese medicine ("TCM") in the province of Ontario.
- ☐ Use any title or designation other than what is specified for a certificate in the Inactive Class of registration set out in the Registration Regulation (i.e., R. TCMP [Inactive] or R. Ac [Inactive]);
- ☐ Supervise the practice of the TCM profession in the province of Ontario.
- ☐ Make any claim to or representation of having any competence in the TCM profession in the province of Ontario.

Should you wish to practice the TCM profession before March 31, 2019 you must contact CTCMPAO to transfer from the Inactive Class of registration to your previous class of registration and pay the applicable fee(s).

Please note, the Registrar will not reissue a Grandparented certificate of registration after April 1, 2018.

As a member of the Inactive Class you are required to fulfill the continuing competencies required as outlined in [Ontario Regulation 28/13, Registration](#) (the "Registration Regulation"), [Quality Assurance Program](#), as well as other requirements imposed on registered members of CTCMPAO, such as annual renewal of registration and duty to self-report any offence findings, professional negligence/malpractice or misconduct as per section 5(1) of the Registration Regulation.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date of Signature (mm/dd/yyyy)

## 7. Fees

- |  |                                  |
|--|----------------------------------|
| • 2018-2019 Transfer Fee for change in class of registration | <b>\$193.23</b> (\$171.00 + HST) |
| • 2018-2019 Inactive Class Registration Fee                  | <b>\$360.47</b> (\$319.00 + HST) |

After the College reviews your application, the College will contact you via email to login to the online Portal to complete the renewal form and pay both fees stated above. Please do not complete the renewal form prior to receiving this email notification.

**Mail your complete application to:**

Registration  
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario  
705-55 Commerce Valley Drive West  
Thornhill, ON L3T 7V9

**You may also fax or scan/email your application to:**

Fax: (416) 214-0879  
Email: [registration@ctcmpao.on.ca](mailto:registration@ctcmpao.on.ca)