



APPLICATION FOR NON-COUNCIL MEMBER

SECTION A: APPLICANT'S INFORMATION

Applicant's Name:

Registration Number:

SECTION B: COMMITTEE(S) OF INTEREST

Please check off **at least two Committee(s)** to which you are interested in being appointed.

- ☐ Patient Relations
- ☐ Registration
- ☐ Investigation, Complaints and Reports
- ☐ Quality Assurance
- ☐ Discipline
- ☐ Fitness to Practice
- ☐ Doctor Title Working Group

SECTION C: ELIGIBILITY CONFIRMATION

I confirm (check all the boxes that apply to you):

- ☐ I hold a General class of certificate of registration;
- ☐ I am not the subject of any disciplinary or incapacity proceedings by a body that governs a profession, inside or outside of Ontario;
- ☐ I have not had a finding of professional misconduct, incompetence or incapacity made against me in the preceding six years by a body that governs a profession, inside or outside of Ontario;
- ☐ A period of six years has elapsed since I complied with all aspects of an order imposed by the Discipline or Fitness to Practice Committee or by a similar committee of a body that governs a professional, inside or outside of Ontario;
- ☐ I have not had my certificate of registration revoked or suspended for any reason in the past six years;
- ☐ I am not subject to any order, direction, or term, condition and limitation of the Discipline Committee, the Fitness to Practise Committee or the Quality Assurance Committee or by a similar committee of a body that governs a profession, inside or outside of Ontario;
- ☐ I am not in default of payment of any fees to the College;
- ☐ I am not now nor have been at any time within the last two years, a director, owner, board member or officer or employee of any Professional Association;
- ☐ I am not now nor have been at any time within the last two years, a director, owner, board member or officer of an educational institution relating to Traditional Chinese Medicine;
- ☐ I have not been disqualified from the Council or a Committee of the Council in the preceding three years;
- ☐ I have not resigned from the Council in the preceding three years;

- ☐ I do not have a conflict of interest to serve as a member of a Committee or I agree to remove any such conflict of interest before accepting an appointment;
- ☐ I am not a member of the Council or of a Committee of the College of any College regulated under the RHPA;
- ☐ I have not been a member of the staff of the College at any time within the preceding one year;
- ☐ I have not initiated, joined, continued or materially contributed to a legal proceeding against the College or any Committee or representative of the College.

SECTION D: APPLICANT'S SIGNATURE

I, _____ submit my name for appointment to a College Committee(s) for the terms commencing in October 2022. I understand that my application will be reviewed by the College's Executive Committee and Council. I understand that if appointed I will be obligated to sign the College's Code of Conduct for Council and Non-Council Members. By signing this form, I authorize the College to verify any and all information provided by me.

Signature of Applicant: _____

Date: _____

WHO TO CALL IF YOU STILL HAVE QUESTIONS

You may contact the Registrar's office by email at registrar@ctcmpao.on.ca.

Once all the sections have been completed, submit your application form, together with your resume, by **July 22, 2022** to registrar@ctcmpao.on.ca to be considered for the October 2022 Council meeting.

UPON SUBMISSION

1. You will receive an email acknowledging receipt of your application
2. Your application will be reviewed to determine suitability
3. If you are selected to serve on a committee, you will be contacted by staff after the September Council Meeting