



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
- Examination
- Item-Writing

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 March 2019. 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 Stamatis Kefalianos, Deputy Registrar and Director of Statutory Programs by email at stamatis.kefalianos@ctcmpao.on.ca.

Once all the sections have been completed, submit your application form, together with your resume, by **February 15, 2019** to registrar@ctcmpao.on.ca

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 March Council Meeting