



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario
Ordre des praticiens en médecine traditionnelle
chinoise et des acupuncteurs de l'Ontario

OFFICE USE ONLY

Application/Registration #:

Date of Application Received:

Month | Day | Year

APPLICATION FOR CERTIFICATE IN THE GENERAL CLASS OF REGISTRATION (LABOUR MOBILITY)

For an Applicant who is currently holding a General certificate of registration with a TCMP/A regulatory authority in a province other than Ontario and to whom section 22.18 of the *Health Professions Procedural Code* applies.

Instructions:

1. **ALL** applicants must complete this form and submit certified cheque, money order or credit card information for the required fees
2. To avoid delay in processing of your application, ensure that you:
 - a) complete all sections of the form that apply to you
 - b) attach the required documents
 - c) sign the application form
 - d) attach payment for the required fees to the College
3. If the College does not receive a completed application form with all required documents and payment, the application form will not be processed.
4. **Print** your information on the application form legibly. Illegible application form will be returned.
5. Send or deliver your completed application form to:

Registrar
CTCMPAO
55 Commerce Valley Drive West, Suite 705
Thornhill, ON L3T 7V9

APPLICATION VALID FOR 12 MONTHS FROM THE DATE OF SIGNING DECLARATION

1. LETTER OF GOOD STANDING FROM CANADIAN REGULATORY AUTHORITIES OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND/OR ACUPUNCTURISTS (TCMPA)

You are required to provide a Letter of Standing from the Canadian TCMPA regulatory authority of every jurisdiction where you currently hold a General certificate of registration with a Traditional Chinese Medicine Practitioner and/or Acupuncturist title. This certificate must establish, to the satisfaction of the CTCMPAO that you are in good standing as a practising member. Currently, only four provinces other than Ontario regulate the TCMPA profession in Canada, namely, British Columbia, Alberta, Quebec, Newfoundland and Labrador.

Please visit the [General Class \(Labour Mobility\)](#) page on our website to access the sample letter of good standing.

☐ I have requested the TCMPA regulatory authority to send the "Letter of Standing" directly to the College.

Canadian Regulatory Authority of Traditional Chinese Medicine and Acupuncturists - 1

Name of the TCMPA Regulatory Authority	Class in which you are registered
Registration Number	Title and Designation
Initial registration date: (mm/dd/yyyy)	Registration expiry date (mm/dd/yyyy)

Are there any terms, limitation and conditions on your registration?

☐ Yes ☐ No If Yes, please provide details:

Canadian Regulatory Authority of Traditional Chinese Medicine and Acupuncturists - 2

Name of the TCMPA Regulatory Authority	Class in which you are registered
Registration Number	Title and Designation
Initial registration date (mm/dd/yyyy)	Registration expiry date (mm/dd/yyyy)

Are there any terms, limitation and conditions on your registration?

☐ Yes ☐ No If Yes, please provide details:

2. TITLE/DESIGNATION

An applicant may apply for one or both of the titles/designations described below. The Traditional Chinese Medicine Practitioner title and R. TCMP designation denotes that an applicant can use both Traditional Chinese Medicine Practitioner and Acupuncturist titles and designations. The Acupuncturist title and R. Ac designation denotes that an applicant can only use the Acupuncturist title and designation.

Check the box(es) applicable to you.

I am applying for General (Labour Mobility) Registration to use the title(s):

☐ Traditional Chinese Medicine Practitioner

☐ Acupuncturist

The College shall decide on the title and designation to be awarded to an applicant depending on the experience and the documents he or she provides to support the application. (Refer to the Guide to Applicants for more information).

3. PERSONAL INFORMATION

☐ Mr. ☐ Ms.

Legal First Name

Legal Last Name

Legal Middle Name (if any)

Previous First Name
(if applicable)

Previous Last Name
(if applicable)

Previous Middle Name
(if applicable)

☐ Proof of identification (e.g. notarized copy of birth/ marriage/ divorce certificate, passport)

☐ Name change documentation (if applicable)

Date of Birth (mm/dd/yyyy) / /

Gender ☐ Male ☐ Female

This information is necessary to verify identity for registration purposes with the College.

4. CONTACT INFORMATION

Home Address - Street No. & Name

Apt/Suite No.

City/Town

Province

Postal Code

Country

Email

Tel.

Fax

Primary Business Address - Street No. & Name

Apt/Suite No.

City/Town

Province

Postal Code

Country

Email

Tel.

Fax

Secondary Business Address - Street No. & Name

Apt/Suite No.

City/Town

Province

Postal Code

Country

Email

Tel.

Fax

Choose one address for your mailing address ☐ Home ☐ Primary Business ☐ Secondary Business

Please be advised in accordance with the Health Professions Procedural Code, each registered member's name, primary business address and primary business telephone number will appear on CTCMPAO's public register.

5. PHOTO

One photograph must be full faced, of passport size and quality, taken within 12 months of submitting the application.

My attached photograph was taken on:

Month
Day
Year

Paste a passport-size photo here

Signature of Applicant

6. COMPLETION OF JURISPRUDENCE COURSE (TEST)

You are required to have successfully completed a course in Jurisprudence set or approved by the College. For this purpose, you must successfully complete the College of Traditional Chinese medicine Practitioners and Acupuncturists of Ontario Jurisprudence Course.

Check the box(es) applicable to you.

☐ Yes, I have successfully completed the College Jurisprudence Course (test).

Date completed			
	Month	Day	Year

☐ If yes, **attach** a copy of the letter confirming the completion of the College Jurisprudence Course (test).

☐ No, I will be taking the College Jurisprudence Course (test)

Scheduled Date			
	Month	Day	Year

7. LANGUAGE FLUENCY [Please check ☒ all the appropriate box(es)]

- a) If you are currently registered to practise in British Columbia, please advise if you are able to speak and write with reasonable fluency, in English or French. ☐ Yes ☐ No
- b) If you are currently registered to practise in Alberta, please advise if you met the English language requirements. ☐ Yes ☐ No
- If **no**, did you have to practise under the supervision of an acupuncturist who spoke English? ☐ Yes ☐ No
- c) If you are currently registered to practise in Quebec, please advise if you met the French language requirements. ☐ Yes ☐ No
- d) If you are currently registered to practise in Newfoundland & Labrador, please advise if you met the English language requirements. ☐ Yes ☐ No
- If **no**, were you required to practise pursuant to conditions or restrictions that addressed your lack of working knowledge of the English knowledge? ☐ Yes ☐ No

8. PROFESSIONAL LIABILITY INSURANCE

☐ I hereby certify that I will have the professional liability insurance in accordance with CTCMPAO By-laws and Registration Policy on *Professional Liability Insurance* as of the anticipated date of the issuance of a certificate; and I have attached a photocopy of my eligibility or Certificate of Insurance to this application form.

☐ I confirm that my professional liability insurance will meet the minimum required coverage:

- No less than \$1,000,000 coverage per claim
- Aggregate coverage no less than \$5,000,000
- No more than \$1,000 deductible per claim

Please  **one box only**

☐ I agree to submit the insurance certificate to the College within 30 days after my registration has been approved.

☐ I have attached the certificate of professional liability insurance.

For more information, refer to the [Registration Policies on "Professional Liability Insurance"](#) available on our website.

9. DECLARATION OF CONDUCT

- | | | |
|---|------------------------------|-----------------------------|
| a) Have you ever been found guilty of any non-criminal offence that resulted in a fine of over \$1,000 or any form of custody or detention or had a finding of guilt for a criminal offence in Ontario or in any other jurisdiction in or outside Canada? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Has there ever been a finding of professional negligence or malpractice against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Has there ever been any finding of professional misconduct, incompetence or incapacity, or similar finding against you by any regulatory body in Ontario or in any other jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Is there currently a proceeding against you involving an allegation of professional misconduct, incompetence or incapacity, or any similar proceeding by any regulatory body in Ontario or in any other jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Have you ever made an application for registration as a Traditional Chinese Medicine Practitioner and/or Acupuncturist in any other jurisdiction that was refused? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Have you ever had an application for registration rejected by a regulatory College in Ontario or in another province? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) Have you ever been unsuccessful in an attempt to pass a registration examination for a regulated health profession in Ontario or in another jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h) Has there ever been a court proceeding brought against you alleging that you held yourself out as, or practising as a regulated health professional without being so registered? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i) Do you currently suffer from any physical or mental condition or disorder which may impair your ability to practise traditional Chinese medicine safely and competently and which, if left untreated, would impair your ability to practise traditional Chinese medicine safely and competently? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answer "yes" to question i), provide a detailed explanation and arrange for your treating regulated health professional(s) to send directly to the College a report on your condition or disorder setting out your diagnosis, course of treatment and current health prognosis. Where appropriate, this report should indicate any accommodation(s) that your regulated health professional deems necessary in order for you to practise in a safe manner.

The College might require further information from your past and/or present treating regulated health professional and will contact him or her, if necessary.

In submitting this form, you are providing your authorization to your past and/or present treating regulated health professional to disclose further information to the College.

- j) If you were registered with a body responsible for the regulation of a profession, and you ceased being registered, were you in good standing (i.e., all fees paid, all information provided, no outstanding investigations, proceedings or sanctions) at the time you ceased being registered? If no, **provide** details. ☐ Yes ☐ No ☐ N/A
- k) If you are a member of a regulated profession, did you ever fail to comply with any obligation to pay fees or provide information to the regulator? ☐ Yes ☐ No ☐ N/A
- l) If you are a member of a regulated profession, has an investigation by the regulator ever been initiated in respect of you? ☐ Yes ☐ No ☐ N/A
- m) If you are a member of a regulated profession, has the regulator ever imposed a sanction on you? ☐ Yes ☐ No ☐ N/A
- n) Is there any other event that would provide reasonable grounds that you will not practise traditional Chinese medicine in a safe and professional manner? ☐ Yes ☐ No

If you answer "yes" to any of the above questions (with the exception of j), provide full details and attach copies of all relevant documents.

If your answer to any of the above questions changes following your submission of the application, but before any issuance of a certificate, you must immediately advise the College and provide written details with respect to any change.

- ☐ I have **attached** the original criminal background check using the Canadian Police Information Centre (CPIC) database issued on ____/____/____ and by ____
(mm dd yyyy) (Specify OPP or municipal police service in Canada)

For registration purposes, the College only requires a name-based criminal check. For more information, refer to the [Registration Policies on "Criminal Background Check"](#) available on our website.

10. HEALTH PROFESSION DATABASE

The Ministry of Health and Long-Term Care and the College are working together to learn more about your profession by collecting demographic, geographic, educational, and employment information. This data collection is part of HealthForceOntario, the province's health human resources strategy. Your answers to these questions will help the Ministry develop policies and programs that address supply and distribution, education, recruitment and retention for your profession.

All of Ontario's 80,000 regulated allied health professionals are providing this information as part of their annual registration and renewal process. To protect your privacy, the data we submit to the Ministry will be anonymous. You are required to provide this information under the *Regulated Health Professions Act, 1991*.

The reliability of the information we receive and the quality of the decision making that follows depends on you. By completing this form accurately and thoroughly, you will help ensure that Ontarians have access to the services of your profession, when and where they need them.

Concurrent registration

Check the box(es) applicable to you. If not applicable, enter N/A.

- ☐ I am currently registered to practise traditional Chinese medicine in countries **other than Canada**

If yes, **provide** up to three countries where you are currently registered to practise the traditional Chinese medicine profession.

1.

2.

3.

Provinces/territories or states other than Ontario where you are currently registered to practise (Select ☒ up to 3)

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Alberta | <input type="checkbox"/> British Columbia | <input type="checkbox"/> Manitoba | <input type="checkbox"/> Other |
| <input type="checkbox"/> Newfoundland | <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> Northwest Territories | <input type="checkbox"/> State(s) in USA |
| <input type="checkbox"/> Nunavut | <input type="checkbox"/> Prince Edward Island | <input type="checkbox"/> New Brunswick | 1. _____ |
| <input type="checkbox"/> Quebec | <input type="checkbox"/> Saskatchewan | <input type="checkbox"/> Yukon Territory | 2. _____ |
| | | | 3. _____ |

Practice history

If you previously practised **outside of Canada**, indicate the country where you practised most recently

OR

If you previously practised **outside of Ontario but within Canada**, indicate the province/ territory where you practised most recently

(Country)

(Province/Territory)

If USA, specify the state _____

Last year in which you practised in the most recent location **other than Ontario**

(year)

Education related to traditional Chinese medicine

Indicate all education related to the traditional Chinese medicine profession (e.g. diploma, doctorate, baccalaureate, master, professional doctorate, other.)

Degree	Institution of Graduation	Province/State	Country	Year of Graduation
1.				
2.				
3.				
4.				
5.				

Education NOT related to traditional Chinese medicine qualifications

Highest level of education completed that was unrelated to traditional Chinese medicine qualifications

- | | | |
|------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Baccalaureate | <input type="checkbox"/> Masters |
| <input type="checkbox"/> Doctorate | <input type="checkbox"/> Professional Doctorate | <input type="checkbox"/> Others |

Field of study for highest level of education completed that is NOT related to traditional Chinese medicine qualifications

- | | |
|---|---|
| <input type="checkbox"/> General Rehabilitation Science | <input type="checkbox"/> Mathematics, Computer Information Sciences |
| <input type="checkbox"/> Medical Laboratory Science | <input type="checkbox"/> Health Administration/Management |
| <input type="checkbox"/> Public Administration | <input type="checkbox"/> Kinesiology and Exercise Science |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Health Professions and Related Clinical Sciences |
| <input type="checkbox"/> Gerontology | <input type="checkbox"/> Biological and Biomedical Sciences |

- | | |
|--|--|
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Social Sciences, Arts and Humanities |
| <input type="checkbox"/> Physical Sciences | <input type="checkbox"/> Business, Management, Marketing and Related |
| <input type="checkbox"/> Education | <input type="checkbox"/> Law |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Other Field of Study |

Country of Graduation

- | | | |
|---------------------------------|------------------------------|--|
| <input type="checkbox"/> Canada | <input type="checkbox"/> USA | <input type="checkbox"/> Other (Specify) |
|---------------------------------|------------------------------|--|

Year of Graduation _____ Province/Territory, if education completed in Canada _____

State(s) if education completed in USA _____

Employment

Is this the first time you will practise the traditional Chinese medicine profession? ☐ Yes ☐ No

If no, in which country and year did you first begin to practise in the traditional Chinese medicine profession?

_____ (Country) _____ (year)

If the country where you first practised the traditional Chinese medicine profession was Canada or the USA indicate province/territory or state.

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Alberta | <input type="checkbox"/> British Columbia | <input type="checkbox"/> Manitoba | <input type="checkbox"/> Ontario |
| <input type="checkbox"/> Newfoundland | <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> Northwest Territories | <input type="checkbox"/> State(s) in USA |
| <input type="checkbox"/> Nunavut | <input type="checkbox"/> Prince Edward Island | <input type="checkbox"/> New Brunswick | 1. _____ |
| <input type="checkbox"/> Quebec | <input type="checkbox"/> Saskatchewan | <input type="checkbox"/> Yukon Territory | |

If the country where you **first practised the traditional Chinese medicine profession was not Canada**, provide the first Canadian location of practice in the profession.

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Alberta | <input type="checkbox"/> British Columbia | <input type="checkbox"/> Manitoba |
| <input type="checkbox"/> Newfoundland | <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> Northwest Territories |
| <input type="checkbox"/> Nunavut | <input type="checkbox"/> Prince Edward Island | <input type="checkbox"/> New Brunswick |
| <input type="checkbox"/> Quebec | <input type="checkbox"/> Saskatchewan | <input type="checkbox"/> Yukon Territory |
| <input type="checkbox"/> Ontario | | |

In which year, did you first begin to practise the traditional Chinese medicine profession **in Canada**? _____

11. APPLICANT'S DECLARATION

I, solemnly declare that the contents of this application including all attachments are true and complete to the best of my knowledge and belief.

I understand and agree that if I make any false or misleading statement or representation on or in connection with my application, I shall be deemed not to have satisfied the registration requirements for a Certificate of Registration. I further understand and agree that if the Certificate of Registration should be issued to me based upon any false or misleading statement or representation, the Certificate of Registration can be immediately revoked and I may face disciplinary proceedings.

I acknowledge that the information provided on this form is used by the College to administer the *Regulated Health Professions Act, 1991*, the *Traditional Chinese Medicine Act, 2006*, the Regulations under these Acts, the By-laws, policies, Standards of Practice and programs related to the governance of the profession; and that the information is collected, used and disclosed in accordance with the *Health Professions Procedural Code* and the College By-laws.

I understand that I must notify the Registrar in writing within thirty days of any change of location of practice or employment, business name of practice, home and mailing addresses, phone number, and email address.

I authorize the College to obtain information from other regulatory bodies, educational institutions, present and former employers, referees, any of my past and/or present treating regulated health practitioners, and any other sources for the purposes related to my application for registration, including any experience and qualifications.

I authorize my past and/or treating regulated health practitioners to disclose personal health information to the College for the purposes related to my application for registration.

Taken and declared before me in the

City/Town	Province/State	Country
this	day of	20
Signed		
Commissioner of Oaths, Notary Public, Lawyer (Official seal/stamp or business card must be provided)		Signature of Applicant

APPLICATION VALID FOR 12 MONTHS FROM THE DATE OF SIGNING DECLARATION

12. FEES

In order for your application to be processed you must include the **\$285.00** application fee. Once your application has been approved you will be required to submit the pro-rated registration fee of **\$242.00**. The application fee is non-refundable.

- | | |
|---|-----------------|
| <input type="checkbox"/> 2018-2019 Application Fee | \$285.00 |
| <input type="checkbox"/> 2018-2019 Pro-rated Registration Fee (General) | \$242.00 |

2018-2019 Pro-rated Registration Fee of \$242.00 will be required when all registration requirements have been met.

☐ Payment Method 1: Credit Card

If you are paying by credit card, fill out this section.

Registration Number: _____

Visa ☐ MasterCard ☐

Card number: _____

Name on card (please print): _____

Expiry date on card (mm/yyyy): _____ / _____

Security code (3-digit number on back of card): _____

By my signature, I authorize the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario to charge my Visa or MasterCard account with the amount of **\$285.00** in Canadian funds.

Signature: _____

Declined credit card payment will incur an additional service charge of \$52.00

☐ Payment Method 2: Certified Cheque / Money Order

Made payable to the "College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario" or "CTCMPAO", in the applicable amount above.

Mail your complete application with payment and all necessary documents to:

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

CHECKLIST OF INFORMATION/DOCUMENTS TO SUBMIT FOR THE GENERAL (LABOUR MOBILITY) REGISTRATION APPLICATION

- ☐ Provided my credit card information for a payment of **\$285.00** or Attached a certified cheque or money order made payable to “CTCMPAO”
- 2018 – 2019 Pro-rated Registration Fee of \$242.00 will be required when all registration requirements have been met.**
- ☐ I have requested my Canadian TCMPS regulatory authority in which I currently hold a certificate of Traditional Chinese Medicine Practitioner and/or Acupuncturist registration to send “In Good Standing Letter” directly to the College.
- ☐ Selected the title/designation to apply
- ☐ Provided evidence of identity (e.g. a notarized copy of birth certificate, passport, marriage certificate, divorce decree or a validation of identity **signed by Commissioner of Oaths, Notary Public, Lawyer**)
- ☐ Provided name change documentation (**if applicable**)
- ☐ Provided contact information
 - ☐ Provided Email address
 - ☐ Provided business address
- ☐ Attached passport size photo taken within last 12 months
- ☐ Attached letter confirming completion of Jurisprudence Course
- ☐ Attached professional liability insurance (if available, if not, submit within 30 days after registration has been approved)
- ☐ Answered **all questions** on declaration of conduct
- ☐ Attached an **original** criminal background check report
- ☐ Answered **all questions** on Health Profession Database (required by the Ministry of Health and Long-Term Care)
- ☐ Applicants declaration signed and validated by Commissioner of Oaths, Notary Public, Lawyer