



College of Traditional Chinese Medicine  
Practitioners and Acupuncturists of Ontario

Ordre des praticiens en médecine traditionnelle  
chinoise et des acupuncteurs de l'Ontario

## Name Change Request Form

To request a change of name on the College of Traditional Chinese Medicine Practitioners and Acupuncturist's public registry, you must complete this form and submit it to the College with the required supporting documents and your old registration certificate with the old name.

Please be advised that there is a fee of \$50.00 associated with the name change for printing of a new certificate.

### MEMBER INFORMATION

**Current Name on Registry:**

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name (if any)

\_\_\_\_\_

Last Name

**New Name:**

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name (if any)

\_\_\_\_\_

Last Name

### SUPPORTING DOCUMENTATION

Please provide at least one of the following documents to confirm your change of name:

- Notarized copy of an Ontario change of name certificate
- Notarized copy of an Ontario marriage certificate
- Notarized copy of an Ontario Divorce certificate
- Statutory declaration for validation of identity signed by legal counsel

### DECLARATION

By checking this box, I confirm that I understand the following:

1. The College's by-laws require each Member's name in the register shall be the full name indicated on the documents used to support the Member's initial registration with the College.
2. A member's name on the register will only be change only upon the College having received evidence that the name has been changed legally
3. Section 34 of the Professional Misconduct Regulation requires members to practice the profession or offer to provide services in the name set out in the public register.
4. The name of Health Professional Corporations must contain the surname of one or more shareholders of the corporation. A change to a member's name must be reflected in the corporation name, if applicable.

\_\_\_\_\_  
Member's Signature

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

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



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## FEES

The replacement certificate fee is \$50.00. You may submit a certified cheque, money order or complete the below credit card payment authorization form payable to the "College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario" or "CTCMPAO".

### Payment Method 1: Credit Card

By my signature, I authorize the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario to charge my credit card account for a full amount of **\$50.00** in Canadian funds.

VISA  MasterCard

Card Number: \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_

Expiry Date on Card (mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_

Security Code (3-digit number  
on back of card): \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

### Payment Method 2: Certified Cheque / Money Order

A certified cheque or money order payable to the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario for a full amount of **\$50.00** in Canadian funds only.

Please complete the form, attach any relevant documents the College needs to complete, and submit the replacement certificate fee.

**Attention to:** College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO)

Address: 705 – 55 Commerce Valley Drive West Thornhill, ON L3T 7V9 Canada

Fax: (416) 214-0879

Email: [registration@ctcmpao.on.ca](mailto:registration@ctcmpao.on.ca)