



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 _____, 2020 to March 31, 2021, 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. TCM [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, 2020 you must contact CTCMPAO to transfer from the Inactive Class of registration to your previous class of registration and pay the applicable fee(s).

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

- | | |
|---|-----------------|
| • 2020-2021 Application to Change Class | \$50.00 |
| • 2020-2021 Inactive Class Registration Fee | \$300.00 |

Please note that after the College reviews your application, we will send an email to notify you to login to the member portal. You will then have to complete the renewal form and pay for the fees stated above online.

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