



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 Application Received:

LETTER OF STANDING

This form is intended for applicants seeking registration with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO), who are or have been registered with another regulatory/licensing body. The completed form must be submitted to CTCMPAO directly by the regulatory/licensing body at registration@ctcmpao.on.ca.

SECTION 1 – APPLICANT INFORMATION	
Full Legal Name of Practitioner:	
Registration Title:	Registration Number:
Class of Certificate of Registration:	
Current Registration Status:	
Date of Initial Registration:	Date of Expiry:
SECTION 2 – REGISTRATION HISTORY (*Please provide an explanation.)	
1. Has the practitioner ever had any terms, limitations or restrictions on his or her Certificate of Registration?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
2. Has the practitioner ever had his or her Certificate of Registration suspended, revoked or cancelled?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
3. Is the practitioner in arrears of any fees or other monies owing to your organization?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
SECTION 3 – PROFESSIONAL CONDUCT RECORD (*Please provide an explanation.)	
1. Has the practitioner ever been the subject of a formal complaint, an investigation, or a discipline proceeding?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
SECTION 4 – QUALITY ASSURANCE PROGRAM (*Please provide an explanation.)	
1. Has the practitioner always complied with your continuing education requirement?	Yes <input type="checkbox"/> No* <input type="checkbox"/>
2. Has the practitioner's practice ever been inspected?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. If the practitioner's practice has been inspected, is his or her practice in compliance?	Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A <input type="checkbox"/>
4. Has the practitioner always complied with your practice requirement (in practice hours, dates, etc.)?	Yes <input type="checkbox"/> No* <input type="checkbox"/>
SECTION 5 – REGULATORY/LICENSING BODY INFORMATION	
Name of the Regulatory/Licensing Body:	
Email Address:	
Phone Number:	
Address:	
SECTION 6 - CERTIFICATION	
Name of the Signing Official:	Position:
Signature:	Date of Issue: