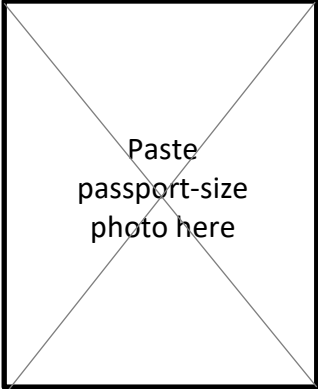




OFFICE USE ONLY
Application/Registration #:
Date Application Received: (MM/DD/YY)

APPLICATION FOR CERTIFICATE IN THE GENERAL CLASS OF REGISTRATION

Please **PRINT clearly**. For detailed information on how to complete the form, see the [Application Guide](#). Incomplete applications will not be processed. If there are changes to any of the following information, you must immediately provide written details to CTCMPAO.

1. TITLE(S) – please indicate which title(s) you are applying for:			
<input type="checkbox"/> Traditional Chinese Medicine Practitioner		<input type="checkbox"/> Acupuncturist	
2. PERSONAL INFORMATION			
Legal first name		PHOTO  Include a passport-size and quality photo taken within the last 12 months. My attached photograph was taken on: Month Day Year	
Legal middle name (if any)			
Legal last name			
Preferred/Common name(s) (if applicable)			
All previous first name(s) (if applicable)			
All previous middle name(s) (if applicable)			
All previous last names (if applicable)			
Attach Proof of identity (e.g., a copy of driver's licence or passport) and if applicable, name change documentation (e.g., a copy of marriage or divorce certificate). If you have previously submitted this documentation to the College, you do not need to submit it again.			
Date of Birth	Month	Day	Year
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Applicant's Signature
3. EMAIL ADDRESS			
Must be a unique email address that is regularly checked by the applicant <u>and</u> cannot be shared with another applicant or member of CTCMPAO			
4. HOME ADDRESS AND CONTACT INFORMATION			
Number	Street		Apt/Suite/Unit
City	Province/State	Postal Code/ ZIP Code	Country
Home Telephone Number		Cell Number	
5. PRIMARY BUSINESS/ PRACTICE ADDRESS AND CONTACT INFORMATION (if applicable) In accordance with the <i>Health Professions Procedural Code</i> , each registered member's name, business address and business telephone number will appear on CTCMPAO's public register			
Facility Name			
Number	Street		Apt/Suite/Unit
City	Province/State	Postal Code/ ZIP Code	Country
Telephone	Extension	Fax number	
Website			
Preferred Mailing Address (✓ Choose One): <input type="checkbox"/> Home <input type="checkbox"/> Primary Business			

6. LANGUAGE FLUENCY

Are you able to speak, read and write with reasonable fluency in English? Yes No

Are you able to speak, read and write with reasonable fluency in French? Yes No

7. ADDITIONAL LANGUAGES

List additional languages in which you can personally and competently provide professional services (up to 4):

1. _____ 3. _____

2. _____ 4. _____

Please be advised that the information noted above regarding your ability to personally and competently provide professional services in these additional languages will be disclosed on the public register.

8. POST-SECONDARY EDUCATION AND SUPERVISED CLINICAL EXPERIENCE**A. EDUCATION PROGRAM RELATED TO TCM/TCM ACUPUNCTURE**

Attach proof of program completion if not submitted previously

First Traditional Chinese Medicine/Traditional Chinese Medicine Acupuncture Education Program

Name of program	Program Start date		Graduation date	
	Month	Year	Month	Year

Level completed
 Diploma Baccalaureate Master Doctorate Other: _____

Name of education institution

Street Address

City	Province/State	Postal Code/ Zip Code	Country
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Second Traditional Chinese Medicine/Traditional Chinese Medicine Acupuncture Education Program (if applicable)

Name of program	Program Start date		Graduation date	
	Month	Year	Month	Year

Level completed
 Diploma Baccalaureate Master Doctorate Other: _____

Name of education institution

Street Address

City	Province/State	Postal Code/ Zip Code	Country
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Third Traditional Chinese Medicine/Traditional Chinese Medicine Acupuncture Education Program (if applicable)

Name of program	Program Start date		Graduation date	
	Month	Year	Month	Year

Level completed
 Diploma Baccalaureate Master Doctorate Other: _____

Name of education institution

Street Address

City	Province/State	Postal Code/ Zip Code	Country
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If you have more Traditional Chinese Medicine/Traditional Chinese Medicine Acupuncture education programs to list, please attach a separate sheet.

B. SUPERVISED CLINICAL EXPERIENCE

Have you completed a program of clinical experience in the profession that is structured, comprehensive, supervised and evaluated? Yes No

If your answer is Yes, please ensure that an **original letter confirming your successful completion of supervised clinical experience has been submitted to the College directly from the educational institution/supervisor**. The letter must confirm the completion of at least 45 weeks of clinical experience involving at least 500 hours of direct patient contact.

C. HIGHEST LEVEL of EDUCATION OTHER than TCM/TCM ACUPUNCTURE

Have you completed any post-secondary education **NOT** related to TCM/TCM Acupuncture? Yes (indicate below) No (skip to section 9)

Highest level of education completed that was unrelated to TCM and/or TCM acupuncture:
 Diploma Baccalaureate Master Doctorate Other:

Country of graduation: Canada USA Other:

Province/state of graduation: _____ Year of graduation: _____

Field of study for highest level of education completed that was unrelated to TCM and/or TCM acupuncture qualifications:

<input type="checkbox"/> Biological & Biomedical Sciences	<input type="checkbox"/> Health Administration/Management	<input type="checkbox"/> Physical Sciences
<input type="checkbox"/> Business, Management, Marketing & Related	<input type="checkbox"/> Health Professions & Related Clinical Sciences	<input type="checkbox"/> Psychology
<input type="checkbox"/> Education	<input type="checkbox"/> Kinesiology and Exercise Science	<input type="checkbox"/> Public Administration
<input type="checkbox"/> Engineering	<input type="checkbox"/> Law	<input type="checkbox"/> Public Health
<input type="checkbox"/> General Rehabilitation Science	<input type="checkbox"/> Mathematics, Computer Information Sciences	<input type="checkbox"/> Social Sciences, Arts & Humanities
<input type="checkbox"/> Gerontology	<input type="checkbox"/> Medical Laboratory Science	<input type="checkbox"/> Other:

9. JURISPRUDENCE COURSE AND SAFETY PROGRAM

Have you successfully completed the CTCMPAO Jurisprudence Course Test? Yes No

Have you successfully completed the CTCMPAO Safety Program Test? Yes No

10. REGISTRATION EXAMINATIONS

Have you successfully completed the Pan-Canadian examinations? Yes (indicate below) No (skip to section 11)

Examination Type: TCM Practitioners Acupuncturists

Date(s) of examination(s):	Multiple-choice Examination		Clinical Case-Study Examination	
	Month	Year	Month	Year

11. TCM/ACUPUNCTURE REGISTRATION OUTSIDE ONTARIO (if applicable)

Are you now, or have you ever been registered/licensed to practise as a TCM Practitioner and/or Acupuncturist outside of Ontario? For example, in other provinces or countries, this includes Student Class of Registration. Yes (indicate below) No (skip to section 12)

Please list all TCM regulatory/licensing bodies where you are or have ever been a member or licensee. **Ensure that the declaration of conduct, section 14 (i) is consistent with the information provided in the chart below.** A **Letter of Standing** is required from each organization listed. If you have more organizations to list, please attach a separate sheet.

Organization Name:							
Registration/Licence Number:			Country		Province/State		
Date of initial registration	Month	Day	Year	Registered until (if applicable)	Month	Day	Year

TCM/ACUPUNCTURE REGISTRATION OUTSIDE ONTARIO (continued)

Organization Name:							
Registration/Licence Number:			Country		Province/State		
Date of initial registration	Month	Day	Year	Registered until (if applicable)	Month	Day	Year

If you have more organizations to list, please attach a separate sheet.

12. REGISTRATION IN OTHER PROFESSIONS (if applicable)

Are you now, or have you ever been registered/licensed to practise any other regulated profession* **inside or outside of Ontario**? Yes (indicate below) No (skip to section 13)

*Sample list of other regulated professions (note this list is not exclusive):

Regulated Health Professions

- Audiologists
- Chiropodists
- Chiropractors
- Dental Hygienists
- Dental Surgeons
- Dental Technologists
- Denturists
- Dietitians
- Homeopaths
- Kinesiologists
- Massage Therapists
- Medical Laboratory Technologists
- Medical Radiation Technologists
- Midwives

- Naturopaths
- Nurses
- Occupational Therapists
- Opticians
- Optometrists
- Pharmacists
- Physicians and Surgeons
- Physiotherapists
- Podiatrists
- Psychologists
- Psychotherapists
- Respiratory Therapists
- Speech Language Pathologists

Other Regulated Professions

- Accountants
- Architects
- Early Childhood Educators
- Engineering Technicians
- Engineers
- Foresters
- Geoscientists
- Land Surveyors
- Lawyers
- Paralegals
- Social Service Workers
- Social Workers
- Teachers
- Trades
- Veterinarians

Please list all regulatory/licensing bodies where you are or have ever been a member or licensee. **Ensure that the declaration of conduct, section 14 (i) is consistent with the information provided in the chart below.** A Letter of Standing is required from each organization listed.

Organization Name:							
Registration/Licence Number:			Country		Province/State		
Date of initial registration	Month	Day	Year	Registered until (if applicable)	Month	Day	Year

Organization Name:							
Registration/Licence Number:			Country		Province/State		
Date of initial registration	Month	Day	Year	Registered until (if applicable)	Month	Day	Year

Organization Name:							
Registration/Licence Number:			Country		Province/State		
Date of initial registration	Month	Day	Year	Registered until (if applicable)	Month	Day	Year

If you have more organizations to list, please attach a separate sheet.

13. PRACTICE INFORMATION (if applicable) *Do not include Supervised Clinical Experience information in this section

Have you ever been engaged in the practice of traditional Chinese medicine and/or traditional Chinese medicine acupuncture in any jurisdiction at any time? Yes (indicate below) No (skip to section 14)

How many traditional Chinese medicine and/or traditional Chinese medicine acupuncture [patient visits](#)* have you conducted in the last three (3) years? **Number of Patient Visits in the Last Three Years:**

Specify the time period for the patient visits reported above	From:	Month	Year	To:	Month	Year
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CTCMPAO may request original patient records to verify patient visits information, if necessary. *Please note that these visits do not include the patient visits obtained during your Supervised Clinical Experience (reported under section 8B).

A. Practice History Summary

Most Recent Place of Practice outside Ontario

Have you ever practised outside Ontario? Yes No
 If yes, please provide the following information:
Most recent year of practice outside Ontario: _____
Most recent place of practice outside Ontario:
 Country: _____ Prov/State (if applicable): _____

First Place of Practice

Have you ever practiced in Canada? Yes No
 If yes, please provide the following information:
First year of practice in Canada: _____
First province/territory of practice in Canada: _____

Have you ever practiced outside Canada? Yes No
 If yes, please provide the following information:
First year of practice of practice outside Canada: _____
First place of practice outside Canada:
 Country: _____ Prov/State (if applicable): _____

B. Detailed Practice History

List the practice name and address information for **all** of your traditional Chinese medicine and/or traditional Chinese medicine acupuncture employment, **starting with the most recent**. If applicable, include employment information outside Canada. Please include start and finish dates. If needed, continue on a separate sheet of paper.

Practice Name						
Practice Area: <input type="checkbox"/> TCM <input type="checkbox"/> TCM Acupuncture						
Practice Address			City	Province/State	Country	
Telephone No.			Website			
Practice Start Date	Month	Year	End Date (if applicable)	Month	Year	

Practice Name						
Practice Area: <input type="checkbox"/> TCM <input type="checkbox"/> TCM Acupuncture						
Practice Address			City	Province/State	Country	
Telephone No.			Website			
Practice Start Date	Month	Year	End Date (if applicable)	Month	Year	

14. DECLARATION OF CONDUCT

In addition to answering all of the following questions, you will also need to attach an original (NOT a copy) **criminal background check report using the Canadian Police Information Centre (CPIC) database**. The name appearing on the Criminal Background Check report must match the name appearing on this application. The report must also indicate that a search was completed on all names the applicant is currently using or has used. The search must have been conducted no more than six months before the date of application.

Please answer all questions fully. Please include any findings, investigations, etc. **from any jurisdiction** (do not restrict your answers to Ontario). For every answer marked with an asterisk (*), you must attach a detailed explanation and relevant documents to this application. If your answer to any of the following questions changes after your submission of the application, you must immediately advise the College and provide written details with respect to any change.

a. Have you ever been found guilty of a criminal offence (this includes conditional or absolute discharges)?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
b. 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?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
c. Has there ever been a finding of professional negligence or malpractice against you?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
d. Have you ever had an application for registration rejected by a regulatory/licensing body responsible for the regulation of a profession (TCM or any other profession)?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
e. Have you ever been unsuccessful in an attempt to pass a registration examination for a regulated health profession (this includes failed Pan-Can Examinations attempts)?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
f. Have you ever received a cease and desist letter from any regulator alleging that you were holding yourself out as, or practising as, a regulated health professional?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
g. 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	
h. 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	
i. Are you or have you ever been registered with another regulatory/licensing body responsible for the regulation of a profession (TCM or any other profession)? If your answer is yes, complete questions 1 to 7 below. If no, skip to question j below.	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	(answer questions 1-7 below) (skip to j)
1. Has there ever been any finding of professional misconduct, incompetence or incapacity, or similar finding against you by any regulatory body?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
2. Is there currently a proceeding against you involving an allegation of professional misconduct, incompetence or incapacity, or any similar proceeding by any regulatory body?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
3. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
4. If you are a member of a regulated profession, are you in good standing, (i.e., all fees paid, all information provided, no outstanding investigations, proceedings or sanctions)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
5. 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?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. If you are a member of a regulated profession, has an investigation by the regulator ever been initiated in respect of you?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. If you are a member of a regulated profession, has the regulator ever imposed a sanction on you?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
j. Is there any other event (based on current and/or previous conduct) that would provide reasonable grounds that you will not practise traditional Chinese medicine in a safe and professional manner?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	

* Attach a detailed explanation and relevant documents to this application.

15. 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 that I am not permitted to perform any of the authorized controlled acts, use any of the restricted titles or hold myself out as a member of CTCMPAO unless I have received written notification that I have been registered with CTCMPAO.

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 CTCMPAO 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 [CTCMPAO By-Laws](#).

I promise to immediately inform CTCMPAO in writing if any of the information on this form changes. For example, I will report if, after submitting this form, I am referred to a hearing for allegations of professional misconduct, incompetence, incapacity or like allegations, by a statutory regulatory body. I further understand that even after I am registered, I must notify the Registrar of certain changes within a certain period of time.

I understand and agree that that should my registration be approved I will be required to comply with the Professional Liability Insurance in accordance with [CTCMPAO By-Laws](#) and the [Professional Liability Insurance Policy before a certificate of registration is issued](#).

I authorize CTCMPAO 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 CTCMPAO for the purposes related to my application for registration.

Signed this	Day of	20
Full legal name of Applicant	Signature of Applicant	

16. PAYMENT OF FEES

In order for your application to be processed you must include the **\$250.00** application fee. Once your application has been approved you will be required to submit the registration fee. The application fee is non-refundable.

Application Fee for a Certificate in the General Class of Registration: **\$250.00**

Declined credit card payments will incur an additional \$50.00 service charge.

Payment Method 1 - Credit Card

Visa MasterCard

Card number	Expiry Date		CVV
	Month	Year	3 digits
Name on Card (PLEASE PRINT)			
Signature		Date (MM/DD/YYYY)	

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 **\$250.00** in Canadian funds.

Payment Method 2 - Certified Cheque/Money Order

A certified cheque or money order payable to College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario for a full amount of **\$250.00** in Canadian Funds Only, with application number printed on the front of your payment.

Fees Relating to General Class

Item	Total Fee
Application Fee	\$250.00
Initial Registration Fee (registration pro-rated on a quarterly basis)	
April 1 - June 30	\$1300.00
July 1 - September 30	\$975.00
October 1 - December 31	\$650.00
January 1 - March 31	\$325.00

17. SUBMITTING YOUR APPLICATION

Please submit the application form and any supporting documentation including the \$250.00 application fee by:

Email to registration@ctcmpao.on.ca

Questions may be directed to registration@ctcmpao.on.ca

18. CHECKLIST OF INFORMATION/DOCUMENTS TO SUBMIT

- \$250.00 Application Fee**
Once your application has been approved you will be required to submit the registration fee
- Application form** - Ensure that:
 - You completed all sections of the application
 - You signed and dated the application form

Supporting documentation to be attached to your application

Proof of identity (e.g., a copy of driver's licence, passport, marriage certificate, divorce decree or a validation of identity signed by Commissioner of Oaths, Notary Public, Lawyer). If you have previously submitted this document to the College, you do not need to submit it again.

- Name change documentation** (if applicable)
Passport-size photograph
- An original **criminal background check report** using the Canadian Police Information Centre (CPIC) database

NOTE: The name appearing on the Criminal Background Check report must match the name appearing on the registration application. The report must also indicate that a search was completed on all names the applicant is currently using or has used. The search must have been conducted no more than six (6) months before the date of application.

Documentation to be submitted to the College from third parties

Note: If any of your documents are in a language other than English or French, you must arrange to have these documents translated by a certified translator before you submit them to CTCMPAO.

- Proof of **Completion of Education Program (if NOT submitted previously)**
 - Attach a **copy of your degree**, certificate or diploma in traditional Chinese medicine/traditional Chinese medicine acupuncture; OR ensure that your educational institution provides a letter confirming successful completion of the program
 - Ensure that your **official transcript of academic record** has been submitted to the College directly from the educational institution
 - Attach a **detailed curriculum or course outline** for your program, certified by your educational institution, including a detailed list of courses and a description of the content of each course completed during your education and training, including the number of clock hours
 - If applicable, **World Education Service (WES) credential evaluation and authentication report** with a course-by-course evaluation - internationally educated applicants must also ensure that their credential evaluation report is submitted to the College directly from WES
- Supervised Clinical Experience (if NOT submitted previously)** – ensure that the original letter confirming your Successful Completion of Supervised Clinical Experience has been submitted to the College directly from the educational institution/supervisor. The letter must confirm successful completion of 500 hours of direct patient contact within 45 weeks of clinical experience in the TCM
- A **Letter of Standing**, if you have been registered as a TCM practitioner and/or TCM acupuncturist in another jurisdiction, or in any other profession

Other registration requirements to be completed before your application can be approved

- Successfully complete CTCMPAO **Jurisprudence Course** and **Safety Program tests**
- Successfully complete the Pan-Canadian Examinations
- Submit a copy of Certificate of Professional Liability Insurance