



College of Traditional Chinese Medicine
Practitioners and Acupuncturists of Ontario

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

APPLICATION GUIDE FOR THE STUDENT CLASS OF REGISTRATION

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APPLICATION FOR A CERTIFICATE IN THE STUDENT CLASS OF REGISTRATION GUIDE

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INTRODUCTION

The College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO) is a governing body established by the government of Ontario, under the [Regulated Health Professions Act, 1991](#) (RHPA) and the [Traditional Chinese Medicine Act, 2006](#) (TCM Act). CTCMPAO regulates the practice of traditional Chinese medicine and acupuncture in the public interest.

The law in Ontario requires that any person who does the following must be a registered member of CTCMPAO:

- Performs the following authorized controlled acts:
 1. Performs a procedure on tissue below the dermis and below the surface of a mucous membrane for the purpose of performing acupuncture.
 2. Communicates a traditional Chinese medicine diagnosis identifying a body system disorder as the cause of a person's symptoms using traditional Chinese medicine techniques.
- Uses the protected title(s) of "Traditional Chinese Medicine Practitioner" and/or "Acupuncturist" and designation(s) of "R. TCMP" and/or "R. Ac"
- Holds him/herself out as a member of the CTCMPAO.

Student Registration is a means for the College to engage and assist individuals in their preparation for registration as General class members while they are undergoing formal education, preparing for registration examinations, and/or when they are acquiring clinical experience under the supervision of a registered Traditional Chinese Medicine Practitioner and/or Acupuncturist.

It is important to remember that section 29(1)(b) of the [Regulated Health Professions Act, 1991](#), permits students who are fulfilling the requirements to become a member of the College (e.g., who are registered in a TCM education program or a TCM clinical experience program) and who are under the supervision of a member of the profession to perform the controlled acts authorized to the profession. However, once a student has graduated from said programs, the RHPA provision no longer applies.

The Student Class allows those who have graduated but are waiting to take the registration examinations, to perform the controlled acts authorized to the profession (as long as they are under the supervision of a member who holds a General certificate of registration and who has been approved by the Registrar).

If you are still registered in a TCM education program or TCM clinical experience program, it is not mandatory for you to become a Student member of the College. However, as a Student member you will be permitted to use the protected titles (Student Traditional Chinese Medicine Practitioner and/or Student Acupuncturist), whereas non-members cannot use the titles.

This guide will assist you in navigating the Student Class registration process, inform you of the requirements to become a Student Class member, and help you prepare the required documents for registration.

REGISTRATION REQUIREMENTS

The requirements for registration for a certificate in the Student class are listed in [Ontario Regulation 27/13 \(the Registration Regulation\)](#).

EDUCATION REQUIREMENTS

To be eligible to apply for registration in the Student Class, an applicant must meet one of the following requirements:

The applicant must:

- Be enrolled in post-secondary program in TCM that:
 - In the case of a full traditional Chinese medicine program, consists of at least four years of full-time education, or education that is of equivalent duration, and
 - In the case of a traditional Chinese medicine acupuncture program, consists of at least three years of full-time education, or education that is of equivalent duration.
- Be enrolled in a program of clinical experience in the profession that is structured, comprehensive, supervised and evaluated, and which consists of at least 45 weeks of clinical experience involving at least 500 hours of direct patient contact; or
- Have applied to take the registration examinations, but have not yet taken the examinations.

Applicants enrolled in a post-secondary TCM education program are required to submit a [Confirmation of Education Standing](#). This document must be completed by the education institution and will be used to confirm that the applicant's education meets the requirements for registration, as detailed below. For applicants who are completing their clinical training separately from their education program, their school will not be required to complete sections 4. and 5. of the Confirmation of Education Standing. Applicants will be required to provide this information separately.

Full-Time Education

The [Registration Regulation](#) further defines a full-time education program as a program that annually consists of:

- At least 480 hours per year of classroom theoretical instruction; or
- At least 620 hours per year of practical instruction; or
- Some combination of the two where, for every hour of classroom theoretical instruction that is less than 480 hours, there must be a corresponding increase of 1.3 hours in the number of hours of practical instruction. For example, minimum hours per year:

Year	Completed Theory (Hours)	Completed Practical (Hours)	Required practical hours to make up the gap of theory hours
1	300	200	$(480-300) \times 1.3 = 234$

Year 1 would not qualify as a full-time education program. This is due to the fact that when 180 (the amount by which the theory component is deficient) is multiplied by 1.3, it amounts to 234. Therefore, in order to qualify as a full-time education program, the practical hours must amount to at least 234 hours. Unfortunately, the practical hours were only 200 hours so the year does not qualify as full-time education.

Classroom theoretical instruction refers to education/learning that takes place in a classroom or through guided independent study, in which students develop knowledge, thinking skills, beliefs and values, that enable them to demonstrate relevant entry-level competencies as listed in the [Entry Level Occupational Competency Profile \(2018\)](#).

Practical instruction refers to education in which students work directly with an experienced practitioner and a simulated patient to develop hands-on abilities which enable them to demonstrate relevant entry-level competencies as listed in the [Entry Level Occupational Competency Profile \(2018\)](#).

Program of Clinical Experience

To be eligible for the Student Class through a program of clinical experience, applicants must be supervised by a member of the College who holds a certificate of registration in the General Class of registration. It is important to note that the clinical experience program must be structured, comprehensive, supervised and evaluated and which consists of at least 45 weeks of clinical experience. Within these 45 weeks, applicants must complete at least 500 hours of direct patient contact experience. For more information, please review the [Supervision Policy](#).

Applicants must submit the name and registration number of their proposed supervisor for approval. The proposed supervisor must complete the [Supervisor Acknowledgement and Undertaking](#) before they can start supervising the applicant.

LANGUAGE PROFICIENCY REQUIREMENT

An applicant for registration must be able to speak, read and write either English or French with reasonable fluency. CTCMPAO will assess applicants' language fluency based on the successful completion of the registration application form, the language fluency information provided on the application form, and their ability to communicate with the CTCMPAO.

CTCMPAO expects members to have the ability to communicate with CTCMPAO, patients and other health professionals in English or French to the extent that he/she:

- Understands the information;
- Is able to give advice to patients and patients understand the advice;
- Can obtain patient consent;
- Can discuss treatment plan with patients;
- Is able to document and maintain patient records;
- Is able to respond to inquiries from patients or about patients from another healthcare professional;
- Is able to comprehend and understand patient records sent by other healthcare professionals; and
- Is able to provide speedy and accurate information about a patient during an emergency.

In addition, it is important for members to be able to communicate and work collaboratively with regulated healthcare professionals, hospitals, long-term care homes, emergency responders and other stakeholders in Ontario's healthcare system.

CRIMINAL RECORD CHECK

Applicants are required to submit a criminal record check report using the database of the Canadian Police Information Centre (CPIC) operated by the RCMP with their application form.

For registration purposes, CTCMPAO requires a name-based criminal record check report. Applicants must ensure that the record check is conducted on their full legal name, as well as any previous names. The search must have been conducted **no more than six (6) months before the date of application**, including records of discharges which have not been removed from the CPIC system in accordance with the *Criminal Records Act* and records of outstanding criminal charges of which the police are aware.

For more information, please see the [Criminal Background Check Policy](#).

GOOD CONDUCT

An applicant's previous conduct must afford reasonable grounds for belief that he/she will practise the profession in a safe and professional manner. The purpose of the good conduct requirement is to protect the public and maintain high ethical standards and public confidence in the profession.

Applicants must disclose any details if they have been found guilty of an offence and/or an offence related to the practice of TCM. If the applicant is currently or has ever been registered or licensed in Ontario in a profession other than TCM, or in another jurisdiction in TCM, the applicant must advise if he/she is the subject of any current professional misconduct, incompetence, incapacity proceeding or a similar proceeding or has been the subject of a finding of professional misconduct, incompetence, incapacity or a similar finding.

If an applicant's previous conduct affords reasonable grounds for the belief that he/she will not practise the TCM profession safely and ethically, the Registrar may refer the application to the Registration Committee.

Applicants must provide verification of their current and/or previous registration/license with any body responsible for the regulation of any profession in Ontario or any other jurisdiction. A letter of standing must be submitted directly from the regulatory body to CTCMPAO.

PROFESSIONAL LIABILITY INSURANCE

The requirement to be personally insured against professional liability applies to all regulated health professionals in Ontario. A prospective member of the CTCMPAO is required to provide a declaration that he or she will comply with the professional liability insurance requirements. The certificate of registration will not be issued until actual proof of coverage is received by CTCMPAO.

Student Class members may obtain professional liability coverage in the following ways:

- The Student Class member purchases their own professional liability coverage;
- The Student Class member is covered by their supervisor’s professional liability insurance coverage; or
- The Student class member is covered by their school’s professional liability insurance coverage.

CTCMPAO does not endorse any particular insurance company. Applicants are responsible for conducting their own research and may select any company that best suits their needs.

For more information, please see the [Professional Liability Insurance Policy](#).

HOW TO APPLY

Step 1

Review the Application for a Certificate in the Student Class of Registration Guide before you start the process. If you have any questions, contact CTCMPAO Registration staff by:

Telephone:	416.238.7359
Toll-free:	1.866.624.8483
Email:	registration@ctcmpao.on.ca

Step 2

Complete all sections of the application form that apply to you. Please take care to **PRINT** your information on the application form **legibly**. Sign and date the application form.

Step 3

Gather all of the documents that you need to include with your application. 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.

Step 4

Send in your application form along with the required supporting documents and the \$50.00 application fee. Please note that the application fee is non-refundable. The application fee may be paid by **CREDIT CARD, CERTIFIED CHEQUE** or **MONEY ORDER** made payable to “CTCMPAO,”

Send or deliver your completed registration application form with payment to:

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

COMPLETING THE APPLICATION FOR CERTIFICATE IN THE STUDENT CLASS OF REGISTRATION

Please print all information clearly. Ensure that your application form is completed and that you have signed the declaration section. Provide all of the requested information and ensure proper use of upper and lower case letters (e.g. street names, cities, postal codes, etc.). An incomplete application form will delay the approval process.

Please note that your application is valid for 12 months from the date of signing the declaration section.

TITLE

Please indicate which title(s) you are applying for. Student Class members shall use the title(s) “Student Traditional Chinese Medicine Practitioner” and/or “Student Acupuncturist”.

- Student Traditional Chinese Medicine Practitioners are authorized to practise traditional Chinese medicine under supervision, providing to patients a combination of therapies including TCM herbal medicine and acupuncture within the scope of TCM practice; they are also entitled to use the title of Student Acupuncturist.
- Student Acupuncturists are authorized to practise traditional Chinese medicine under supervision using acupuncture, including tuina, cupping and moxibustion, etc., excluding TCM herbal medicine.

Applicants may wish to apply for one or both of the titles described above. However, the CTCMPAO shall make the final decision on the title(s) to be issued to an applicant depending on the applicant’s qualifications and supporting documents he/she provides to support the application.

To determine the appropriate title, CTCMPAO will take into consideration the following factors:

- The type of education program the applicant is enrolled in or had completed and supporting documentation provided by the program;
- The applicant’s application for the Registration Examinations (if applicable).

PERSONAL INFORMATION

Legal First, Middle and Last Name

Please provide your legal name. Your legal name will be displayed on the public register, and must be the name you use in practice. Your registration certificate and tax receipts will be issued under your legal name.

Change of Legal Name

If you need to make changes to your legal name on file, please forward the request in writing to CTCMPAO along with the proper documentation (e.g., notarized copy of a Marriage Certificate, Divorced Certificate, Name Change Certificate, or Validation of identity signed by a lawyer).

Proof of Identification

CTCMPAO requires legal proof of identification. **Attach to your application a notarized copy of your identification** that indicates your legal name. Examples of acceptable forms of identification include a Birth Certificate, Passport, Certificate of Canadian Citizenship, Permanent Resident Card, Record of Landing, Driver's License, Ontario Photo Card, or a validation of identity signed by a lawyer.

Previous / Names

If you have changed your name, please indicate your previous last and/or first name(s). If the name you are applying under is different from the name on the supporting documentation, e.g., your education, citizenship or immigration documents, you must enclose a copy of a Change of Name Certificate, Marriage Certificate or other evidence of legal name change.

If you have ever used names that are different than your current legal name (e.g., you graduated with a different last name), please include this information on the application form.

Photo

Attach a photograph that is full-faced, of passport-size and quality, taken within 12 months prior to submitting the application. When a member of CTCMPAO resigns from the CTCMPAO, his/her photo will be destroyed unless the photo is required for regulatory purposes. Visit the CTCMPAO website for information on CTCMPAO's [Photo Destruction Policy](#).

Date of Birth

Applicants must provide their date of birth. This information is necessary to verify identities for registration purposes with CTCMPAO.

CONTACT INFORMATION

Email

CTCMPAO will use this email address to communicate with you electronically during the registration process. Please indicate the email address that you would like CTCMPAO to use. Your email address must be a unique email address and cannot be shared with another applicant or member of CTCMPAO.

Home Address and Contact Information

Your residential mailing address must be provided on this form; this includes your postal code. Your residential address will not appear on the public register unless you designate it as your business address.

Primary Business / Practice Address and Contact Information

Primary Business / Practice refers to the location of your supervised clinic training in the profession.

Your business address must be provided on the application form if you currently have one. In accordance with the [Health Professions Procedural Code](#), each registered member's name, business address and business telephone number will appear on [CTCMPAO's public register](#). As a member, it will be your responsibility to provide CTCMPAO with employment information changes that may occur throughout the year, within thirty (30) days of the changes.

Preferred Mailing Address

Please indicate your preferred mailing address.

LANGUAGE FLUENCY

Please indicate if you are able to speak, read and write either in English or French with reasonable fluency.

Additional Languages

Please indicate all language(s) in which you can competently provide TCM services other than English or French. Your name and work information may be provided to anyone who requests a TCM practitioner and/or acupuncturist with your specific language fluency.

POST-SECONDARY EDUCATION AND SUPERVISED CLINICAL EXPERIENCE

Education Program Related to TCM/TCM Acupuncture

If you are currently enrolled in a "full time education" post-secondary program in traditional Chinese medicine and acupuncture or traditional Chinese medicine acupuncture, please complete section 8 A. You will need to attach a detailed curriculum or course outline for the program with your application. You will also need to include [Confirmation of Education Standing Form](#).

If you have completed a Traditional Chinese Medicine/Traditional Chinese Medicine Acupuncture education program in the past, please list your education in the space provided.

Supervised Clinical Experience

If you are currently enrolled in a program of clinical experience in the profession that is structured, comprehensive, supervised and evaluated and which consists of at least 45 weeks of clinical experience involving at least 500 hours of direct patient contact, please complete section 8B. You will also need to submit the Confirmation of Education Standing Form and an original letter from the educational institution/supervisor confirming your enrollment in the clinical experience program, including a detailed description of the supervised clinical experience, showing the number of clock hours in direct patient contact and number of weeks spent in clinical training/experience. The letter must include the name and registration number of the supervisor.

Highest Level of Education Other than TCM/TCM Acupuncture

Complete this section if you have completed any post-secondary education not related to TCM/TCM Acupuncture.

REGISTRATION EXAMINATIONS – PAN-CANADIAN EXAMINATIONS

Complete this section if you have applied to take the Pan-Canadian Examinations.

PREVIOUS CTCMPOA REGISTRATION INFORMATION

Please indicate if you have ever been registered with CTCMPOA as a Student member. It is a Registration Regulation requirement that applicants for the Student Class have not previously held registration in the Student Class and been unsuccessful in completing their post-secondary TCM program, clinical experience program, or the Registration Examinations.

TCM/ACUPUNCTURE REGISTRATION OUTSIDE ONTARIO

Are you now, or have you ever been registered/licensed to practise as a TCM Practitioner and/or Acupuncturist outside of Ontario? If so, please list all TCM regulatory/licensing bodies where you are or have ever been a member or licensee. A Letter of Standing is required from each organization listed. The letter of standing must be submitted directly to CTCMPOA.

REGISTRATION IN OTHER PROFESSIONS

Are you now, or have you ever been registered/licensed to practise any other regulated profession inside or outside of Ontario? If so, please list regulatory/licensing bodies where you are or have ever been a member or licensee. A Letter of Standing is required from each organization listed. The letter of standing must be submitted directly to CTCMPOA.

PRACTICE INFORMATION

Please provide your traditional Chinese medicine and/or traditional Chinese medicine acupuncture 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.

If applicable, indicate how many traditional Chinese medicine and/or traditional Chinese medicine acupuncture patient visits you have conducted in the last three years. CTCMPOA may request original patient records to verify patient visits information, if necessary. To assist applicants in understanding the interpretation of TCM patient visits, CTCMPOA drafted a definition of “traditional Chinese medicine patient visits”, which can be found in [the Traditional Chinese Medicine Patient Visit Policy](#).

PROPOSED SUPERVISOR'S INFORMATION

You are required to provide the name and registration number of your proposed clinic supervisor. The supervisor is required to complete the supervisor [Acknowledgement and Undertaking](#), which you will attach to your application when you submit it to the College.

DECLARATION OF CONDUCT

You must answer all questions truthfully. Should you make a false declaration in this (or any other section) of the application, you may be disqualified from the registration process. If you have already been registered, the Registrar may revoke your registration.

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. If your answer to any of the conduct questions changes after your submission of the application, you must immediately advise the College and provide written details with respect to any change.

For Your Reference:

- A “finding” occurs after a formal hearing or by a formal admission by you of wrongdoing or of incapacity (e.g., before a Discipline Committee or Fitness to Practise Committee).
- You are currently “facing a proceeding” if you have been notified that there will be a hearing held in respect to allegations of professional misconduct, incompetence, incapacity, or a similar issue (different words are used by different regulators to describe the same concept).
- You do not have to mention that a complaint has been made against you or that you are under investigation unless a decision has been made to hold a disciplinary or other hearing; in which case you are then “facing a proceeding.”
- An “offence” is a breach of law that is prosecuted in a court.
- An offence can be criminal in nature (e.g. a breach of the [Criminal Code](#)), or contrary to another federal statute (e.g. [Controlled Drugs and Substances Act](#)).
- Breaches of a provincial statute prosecuted in court can also be an offence (e.g. [Child, Youth and Family Services Act](#), [Health Protection and Promotion Act](#), [Health Care Consent Act](#)).
- Being “found guilty” means that a court has found that you committed the offence even if you were given a conditional or absolute discharge. You can be found guilty of an offence, but not be convicted if you are given a discharge. Even if you were not convicted, you must report any finding of guilt.
- Offences “related to the practice of TCM” means that it has some relevance to your practice of TCM or your suitability to practice the profession. An offence that is work-related or that involves significant dishonesty or a breach of trust should be reported (e.g. assault of a client, sexual abuse of a child).
- If in doubt, it is safer to report a finding of guilt than to risk failing to make a required report.
- Just because a report has been made does not mean that CTCMPAO will take action; all of the circumstances will be reviewed.
- You must report any criminal offence even if it does not relate to the practice of the profession.

CRIMINAL RECORD CHECK

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.

APPLICANT'S DECLARATION

Applicants are required to carefully review and complete, sign and date their application before a Commissioner of Oaths, Notary Public or lawyer and submit their application for registration with CTCMPAO. Do not forget to sign your form. Please note that false statements can lead to the revocation of your certificate of registration.

CHANGES TO THE INFORMATION PROVIDED ON THE APPLICATION FORM

If there are changes to any of the information provided on your application, you must immediately provide written details to CTCMPAO.

REVIEW PROCESS

CTCMPAO's Registration department handles all application and registration inquiries. Completed applications are reviewed to ascertain whether the applicant meets the registration requirements. When CTCMPAO receives an application package, the applicant will be notified of any missing documentation. CTCMPAO begins the application review process after all of the required supporting documents have been received. Missing documentation will delay the review process. The review process usually takes approximately one to two weeks to complete (if a review by CTCMPAO's Registration Committee is not required). Please be advised that the length of CTCMPAO's review process may vary for a variety of reasons.

If you wish to enquire about the status of your application, please contact CTCMPAO's Registration staff by:

Telephone: 416.238.7359
Toll-free: 1.866.624.8483
Email: registration@ctcmpao.on.ca

If the application for registration meets all of the registration requirements, the applicant will receive a confirmation from CTCMPAO that their application is approved. At that time, to complete the registration process, the applicant will be required to submit proof of professional liability insurance and the registration fee.

The initial registration fee is pro-rated on a quarterly basis:

- April 1, 2021 – June 30, 2021: \$200.00
- July 1, 2021 – September 30, 2021: \$150.00
- October 1, 2021 – December 31, 2021: \$100.00
- January 1, 2022 – March 31, 2022: \$50.00

REVIEW BY THE REGISTRATION COMMITTEE

An application for registration may be referred to CTCMPAO's Registration Committee for review if the Registrar:

- a. Has doubts, on reasonable grounds, about whether the applicant fulfils the registration requirements;
- b. Is of the opinion that terms, conditions or limitations should be imposed on a certificate of registration of the applicant and the applicant does not consent to the imposition; or
- c. Proposes to refuse the application.

If the application is referred to the Registration Committee, the Registrar will give the applicant notice of the statutory grounds for the referral and of the applicant's right to make written submissions.

An applicant may make written submissions to the panel within thirty (30) days after receiving notice of the referral. A panel of the Registration Committee will consider the application at its next scheduled meeting, following receipt of the applicant's submission(s). The Registration Committee review may take two to six months to complete.

After considering the application and the submission(s), a panel of CTCMPAO's Registration Committee may make an order doing any one or more of the following:

1. Directing the Registrar to issue a certificate of registration.
2. Directing the Registrar to issue a certificate of registration if the applicant successfully completes examinations set or approved by the panel.
3. Directing the Registrar to issue a certificate of registration if the applicant successfully completes additional training specified by the panel.
4. Directing the Registrar to impose specified terms, conditions and limitations on a certificate of registration of the applicant and specifying a limitation on the applicant's right to apply under subsection 19(1).
5. Directing the Registrar to refuse to issue a certificate of registration.

If any information in the applicant's submission is unclear, the panel may also request additional information from the applicant before a decision is made. A decision/order from a panel of CTCMPAO's Registration Committee is mailed to the applicant within four weeks of the meeting date.

APPEALS

If an applicant disagrees with a decision by the Registration Committee, they can appeal the decision by submitting a written request to the [Health Professions Appeal and Review Board](#) (the Board), an independent review board established under the *Regulated Health Professions Act* (RHPA). The applicant can request a hearing or a review of the decision. The request must be submitted in writing to the Board within 30 days of after the date the applicant received notice of the Registration Committee's decision. We ask that applicant also notify the CTCMPAO. The contact information is as follows:

Applicants may contact the [Health Professions Appeal and Review Board](#) at:

Mail:	Health Professions Appeal and Review Board 151 Bloor Street West, 9 th floor Toronto, ON M5S 2T5
Telephone:	416.327.8512
Fax:	416.327.8524

After the hearing or review, the [Health Professions Appeal and Review Board](#) will make an order doing any one or more of the following:

1. Confirming the order made by the panel.
2. Requiring the Registration Committee to make an order directing the Registrar to issue a certificate of registration to the applicant if the applicant successfully completes any examinations or training the Registration Committee may specify.
3. Requiring the Registration Committee to make an order directing the Registrar to issue a certificate of registration to the applicant and to impose any terms, conditions and limitations the Board considers appropriate.
4. Referring the matter back to the Registration Committee for further consideration by a panel, together with any reasons and recommendations the Board considers appropriate.

IMPORTANT INFORMATION

DOCUMENTATION SUBMITTED WITH THE APPLICATION

All original documentation submitted to CTCMPAO throughout the registration process remains as part of the register and physical file; therefore, such documents will not be returned regardless of whether your application is approved or denied for registration.

ACCESS TO RECORDS

In accordance with the [Health Professions Procedural Code](#), Schedule 2 to the [Regulation Health Professions Act, 1991](#), upon written request CTCMPAO will provide you with a photocopy of your application materials. You must submit the following service fee with their written request:

- \$50.00 per request, which includes copies of the first twenty-five pages, and \$1.00 per page thereafter.

IF SUPPORTING DOCUMENTS ARE NOT IN ENGLISH OR FRENCH

Documents submitted for registration purposes that are not in English or French must be accompanied by a certified translation. To find a certified translator in Ontario, contact:

Mail: Association of Translators and Interpreters of Ontario
1 Nicholas St. Suite 1202
Ottawa, ON K1N 7B7

Telephone: 613.241.2846
Toll-free: 800.234.5030
Email: info@atio.on.ca
Website: www.atio.on.ca

If you are outside of Ontario, please contact your local directory for certified translators. For those outside of Canada or the USA, you may also find assistance at a Consulate or Embassy.

INABILITY TO PROVIDE SOME OF THE REQUESTED DOCUMENTATION

While in some cases this may pose a challenge, in the vast majority of cases you will be able to obtain the requested documentation. If you believe that the documentation is unobtainable, contact Registration staff and they may be able to assist with contact information in your country of origin or provide guidance or alternative solutions.

HEALTH PROFESSIONS DATABASE

The Ministry of Health and CTCMPAO are working together to learn more about the TCM profession by collecting demographic, geographic, educational, and employment information. This data collection is part of HealthForceOntario, the province's health human resources strategy. The information 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. To protect members' privacy, the data we submit to the Ministry will be anonymous. Members are required to provide this information under the [*Regulated Health Professions Act, 1991*](#).

PRIVACY

The personal information collected on this form is used by CTCMPAO for its regulatory purposes (e.g., the registration and identification of the CTCMPAO registrants and for the administration of the CTCMPAO) and to develop and provide aggregate or de-identified statistical information for human resource planning and demographic and research studies. It is collected under the authority of the [*Regulated Health Professions Act, 1991*](#), the [*Health Professions Procedural Code*](#), the [*TCM Act*](#) and the regulations and by-laws made under the authority of these statutes. CTCMPAO does not sell this information, nor does it provide the information to commercial entities in a format that facilitates mass marketing.



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