



## RESIGNATION FORM

Complete this form **ONLY** if you are resigning your registration with CTCMPAO

### Member Information

Member's Full Legal Name: \_\_\_\_\_

CTCMPAO Registration Number: \_\_\_\_\_

Current Class:

General                       Inactive                       Student

Current Title(s)/Designation(s):

Traditional Chinese Medicine Practitioner (R. TCMP)  
 Acupuncturist (R. Ac)

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### Reasons for Resignation

Indicate your reason(s) for resignation. Please check (✓) one box only

- Retiring (no longer part of the labour force)
- Leaving the country (leaving Canada for another country)
- Leaving the province (leaving Ontario for another province in Canada)
- Changing profession (leaving current profession for another profession)
- On leave (on leave from practising in the profession)

Other: \_\_\_\_\_

### Declaration

To resign your registration with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO), read the following conditions of resignation carefully, sign and date this form and return the completed form to CTCMPAO. **CTCMPAO recommends that resigning members ensure that they have ongoing professional liability insurance to ensure adequate coverage for liability situations arising from their practice during the time period that they were members.**

### Conditions of Resignation

- A.** I understand that the College will process my request for resignation upon receipt of this form, and my resignation will be effective at that time.
- B.** I understand that I cannot retroactively resign from the College and that the resignation effective date must be no earlier than the date of signature.
- C.** I understand that once my resignation becomes effective, I cannot use the protected title(s) Traditional Chinese Medicine Practitioner and/or Acupuncturist and designation(s) R. TCMP and/or R. Ac, a variation or abbreviation or an



equivalent in another language, in Ontario. Further, I understand that I cannot hold myself out as a person who is qualified to practise in Ontario as a Traditional Chinese Medicine Practitioner and/or Acupuncturist.

- D. I understand that once my resignation becomes effective, I cannot perform the controlled acts authorized to members of CTCMPAO, namely:
  - a. Performing TCM acupuncture
  - b. Communicating a TCM diagnosis
- E. I understand that resigning my registration with CTCMPAO is not akin to becoming a member in the Inactive class of registration.
- F. I understand that even after my resignation date, I remain subject to CTCMPAO for professional misconduct or incompetence referable to the time when I was a member.
- G. I understand that resigning from the CTCMPAO does not prevent CTCMPAO from rendering a decision on any current or future investigation(s).
- H. I understand that if I wish to become a member of the CTCMPAO in the future, I will be subject to the registration requirements in effect at the time I apply, including but not limited to registration examination(s).
- I. I understand that making a false or misleading statement will be considered to be an act of professional misconduct and may lead to disciplinary action and other proceedings.
- J. I understand that in advance of the effective resignation date, I will return to the Registrar my certificate of registration, wallet-size certificate and/or related forms of identification issued to me by CTCMPAO.
- K. \*I understand that in advance of the effective resignation date, I must take reasonable steps to notify each patient/client for whom I have primary responsibility of my intended resignation and practice closure and ensure their records are transferred to successors or another member or are otherwise retained or disposed in a secure manner. Failure to do so can be considered an act of professional misconduct.

**By signing this Resignation Form, I confirm that I understand each condition and will comply with each condition as noted above.**

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**Signature of Member**

**Date of Signature (MM/DD/YYYY)**

Please note that the CTCMPAO provides you with a “cooling off” period of 30 days from the date the CTCMPAO receives this Form to change your mind. If you would like to retract your request for resignation, after you have sent in this Form, and maintain your current registration (or, if applicable, transfer to the Inactive Class), please contact the CTCMPAO as soon as possible. If the CTCMPAO does not hear from you by the end of the cooling off period, your resignation will be processed.

**Submit Your Completed Resignation Form**

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

\* Applies to members registered in the General Class of registration.