



RESIGNATION FORM

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

Member's Full Legal Name: _____

CTCMPAO Registration Number: _____

Current title(s)/designation(s):

- ☐ Traditional Chinese Medicine Practitioner (R. TCMP)
- ☐ Acupuncturist (R. Ac)
- ☐ Traditional Chinese Medicine Practitioner (Inactive) [R. TCMP (Inactive)]
- ☐ Acupuncturist (Inactive) [R. Ac (Inactive)]
- ☐ Student Traditional Chinese Medicine Practitioner
- ☐ Student Acupuncturist

Telephone (Required) _____

Email Address _____

Reasons for Resignation

Indicate your reason(s) for resignation. Please ✓ 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.**

Please ✓ :

- ☐ This is to notify CTCMPAO of my decision to resign my registration with CTCMPAO

Conditions of Resignation

- A.** I understand that if I am intending to resign my registration as of a date later than March 31 of the current year, I am required to renew my annual registration with CTCMPAO no later than March 31, in order to practise until my resignation date.
- 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.

Please ✓ if applicable:

- ☐ I confirm that I understand each condition and will comply with each condition as noted above and have indicated my compliance by checking this box.

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 Complete Resignation Form

Mail: Registrar
CTCMPAO
705-55 Commerce Valley Drive West
Thornhill, ON L3T 7V9

Email: registration@ctcmpao.on.ca

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