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 of Application Received:	Month | Day | Year

APPLICATION FOR CERTIFICATE IN THE STUDENT CLASS OF REGISTRATION

Complete application form in full (print clearly).
Incomplete forms will delay the registration process (see the Candidates' Guide).
Please note that if any of the following information changes you must immediately provide written details to CTCMPAO.

1. PERSONAL INFORMATION

Legal first name		Previous legal first name *(if applicable)*
Legal middle name *(if any)*		Previous middle name *(if applicable)*
Legal last name		Previous last name *(if applicable)*
Gender ☐ Male ☐ Female	Date of Birth Month | Day | Year	☐ Proof of identification *(e.g. notarized copy of birth/ marriage/ divorce certificate, passport)* ☐ Name change documentation *(if applicable)*

2. PURSUING TITLE(S)

☐ Student Traditional Chinese Medicine Practitioner
☐ Student Acupuncturist

3. CONTACT INFORMATION

Home Address: Street No. & Name *(Required)*			**Suite No.**
City	**Province**	**Country**	**Postal Code**
Home Telephone	**Alternate Phone**		**Fax**
	Email **Must be a unique email address and cannot be shared with another member of CTCMPAO*		

4. BUSINESS / PRACTICE ADDRESS

(Please provide a designated business address where you anticipate to practise under supervision. In accordance with the *Health Professions Procedural Code,* each member's name, PRIMARY business address and PRIMARY business telephone number will appear on CTCMPAO's public register)

Facility Name			
Street Number and Name			**Suite No.**
City	**Province/State**	**Country**	**Postal Code**
Telephone	**Extension**		**Fax**
Website			

Preferred Mailing Address: Please ✓ one box only
☐ Home Address ☐ Business Address

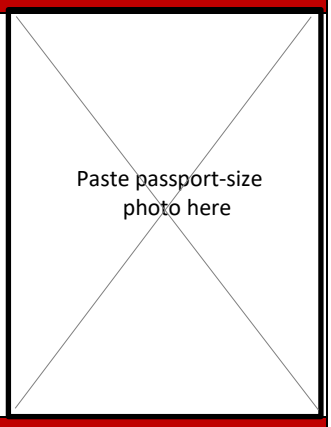
THIS APPLICATION IS VALID FOR 12 MONTHS FROM THE DATE OF SIGNING DECLARATION.

5. PHOTO (Photograph is required for Student Badge Purposes)

Please attached a passport size and quality photo taken within 12 months. My attached photograph was taken on:

Month	
Day	
Year	

Signature of Applicant



6. REGISTRATION INFORMATION

Previous Registration: If applicable

Have you ever been registered with the College as a Student? ☐ Yes ☐ No

If yes, you must provide the information requested below.

If yes, have you been unsuccessful in completing:

The post-secondary program ☐ Yes ☐ No

The clinical experience program and/or ☐ Yes ☐ No

The Registration Examinations ☐ Yes ☐ No

Previous Registration Number (if applicable)	
Previous Registration date (if applicable)	

7. CURRENT STATUS AS STUDENT – Please complete only ONE section –A OR B OR C

A. I confirm that I am currently enrolled in a post-secondary program in traditional Chinese medicine and acupuncture or traditional Chinese acupuncture that aligns with the definition of "full time education" as defined in Section 1 and Section 9(1) paragraph 1 of the Ontario Regulation 27/13 Registration. I have attached a detailed curriculum or course outline for this program, certified by the educational institution, including a detailed list of courses and a description of the content of each course completed during my education and training, including the number of clock hours, and CONFIRMATION FORM OF EDUCATION STANDING

Institution Name:

B. I confirm that I am 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. I have attached an original letter from the educational institution/supervisor confirming my enrollment in the clinical experience in the TCM profession 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 with CTCMPAO, and CONFIRMATION FORM OF EDUCATION STANDING

Institution/Clinic Name:

C. I confirm that I have applied to take the registration examinations to be held on _____(Date) but have not yet taken the examinations.

EXAMINATION APPLIED

☐ Acupuncturist ☐ Traditional Chinese Medicine Practitioner

THIS APPLICATION IS VALID FOR 12 MONTHS FROM THE DATE OF SIGNING DECLARATION.

8. PROPOSED SUPERVIOR'S INFORMATION

All applicants are required to provide name of a supervisor under whose supervision the Student member expects to work, as per the Supervision Policy. The Supervisor must be holding a General Class registration with CTCMPAO and complete the *Acknowledgment and Undertaking* and submit with the application form for Registrar's approval.

Proposed Supervisor's Name	
Registration Number with CTCMPAO	

9. PROFESSIONAL LIABILITY INSURANCE

All applicants must be covered for professional liability in one of the following ways:

- ❑ Be covered by their clinic supervisor's professional liability insurance
- ❑ Be covered by insurance held by their education institution
- ❑ Maintain their own professional liability insurance

Please confirm and complete the section below:

- ❑ I hereby certify that I will have the professional liability insurance in accordance with CTCMPAO By-laws and Registration Policy on *Professional Liability Insurance* as of the anticipated date of the issuance of a certificate;
- ❑ I confirm that my professional liability insurance will meet the minimum required coverage:
  - No less than $1,000,000 coverage per claim
  - Aggregate coverage no less than $5,000,000
  - No more than $1,000 deductible per claim

Signature of Applicant **Date of Signature** *(mm/dd/yyyy)*

_____ _____

- ❑ I have attached a photocopy of the Certificate of Insurance to this application form, OR
- ❑ I will submit a photocopy of the Certificate of Insurance within thirty (30) days after the registration is **approved**.

10. 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
If yes,		
Is English or French your first language?	☐ Yes	☐ No
Have you completed primary and secondary school in English or French?	☐ Yes	☐ No
Have you completed or enrolled to complete post-secondary school in English or French?	☐ Yes	☐ No

11. ADDITIONAL LANGUAGES

Additional languages you can personally and competently provide professional services (up to 4):

1.	2.
3.	4.

I agree to allow information regarding my ability to personally and competently provide professional services in the additional languages noted above to be disclosed on the public register

☐ Yes ☐ No

THIS APPLICATION IS VALID FOR 12 MONTHS FROM THE DATE OF SIGNING DECLARATION.

12. DECLARATION OF CONDUCT

a.	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 or had a finding of guilt for a criminal offence in Ontario or in any other jurisdiction in or outside Canada? If **yes**, attach a detailed explanation and **relevant** documents to this application.	☐ Yes	☐ No
b.	Has there ever been a finding of professional negligence or malpractice against you? If **yes**, attach a detailed explanation and relevant documents to this application.	☐ Yes	☐ No
c.	Has there ever been any finding of professional misconduct, incompetence or incapacity, or similar finding against you by any regulatory body in Ontario or in any other jurisdiction? If **yes**, attach a detailed explanation and relevant documents to this application.	☐ Yes	☐ No
d.	Is there currently a proceeding against you involving an allegation of professional misconduct, incompetence or incapacity, or any similar proceeding by any regulatory body in Ontario or in any other jurisdiction? If **yes**, attach a detailed explanation and relevant documents to this application.	☐ Yes	☐ No
e.	Have you ever made an application for registration as a Traditional Chinese Medicine Practitioner and/or Acupuncturist in any other jurisdiction that was refused? If **yes**, attach a detailed explanation and relevant documents to this application.	☐ Yes	☐ No
f.	Have you ever had an application for registration rejected by a regulatory college in Ontario or in another province? If **yes**, attach a detailed explanation and relevant documents to this application.	☐ Yes	☐ No
g.	Have you ever been unsuccessful in an attempt to pass a registration examination for a regulated health profession in Ontario or in another jurisdiction? If **yes**, attach a detailed explanation and relevant documents to this application.	☐ Yes	☐ No
h.	Has there ever been a court proceeding brought against you alleging that you held yourself out, or practised, as a regulated health professional without being so registered? If **yes**, attach a detailed explanation and relevant documents to this application.	☐ Yes	☐ No
i.	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? *If you answered "yes" to question 10.i, attach a detailed explanation to this application and arrange for your treating regulated health professional(s) to send directly to CTCMPAO a report on your condition or disorder setting out your diagnosis, course of treatment and current health prognosis. Where appropriate, this report should indicate any accommodation(s) that your regulated health professional deems necessary in order for you to practise in a safe manner. CTCMPAO might require further information from your past and/or present treating regulated health professional and will contact him or her, if necessary. In submitting this form, you are providing your authorization to your past and/or present treating regulated health professional to disclose further information to CTCMPAO.*	☐ Yes	☐ No

j.	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? If **no**, attach a detailed explanation and relevant documents to this application.	☐	Yes	☐	No	☐ N/A
k.	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)? If **no**, attach a detailed explanation and relevant documents to this application.	☐	Yes	☐	No	☐ N/A
l.	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? If **yes**, attach a detailed explanation and relevant documents to this application.	☐	Yes	☐	No	☐ N/A
m.	If you are a member of a regulated profession, has an investigation by the regulator ever been initiated in respect of you? If **yes**, attach a detailed explanation and relevant documents to this application.	☐	Yes	☐	No	☐ N/A
n.	If you are a member of a regulated profession, has the regulator ever imposed a sanction on you? If **yes**, attach a detailed explanation and relevant documents to this application.	☐	Yes	☐	No	☐ N/A
o.	Is there any other event that would provide reasonable grounds that you will not practise traditional Chinese medicine in a safe and professional manner? If **yes**, attach a detailed explanation and relevant documents to this application.	☐	Yes	☐	No	

13. CRIMINAL BACKGROUND CHECK

❑ Attach an **original (NOT a copy)** criminal background check report using the Canadian Police Information Centre (CPIC) database.

14. REGISTRATION IN OTHER PROFESSIONS (if applicable)

Are you registered with another regulated profession in Ontario? Please ✓ one box only

❑ Yes (indicate below)

❑ No (skip to next section)

Ensure that the initial date of registration follows the format requested and that the declaration of conduct, section 15, question J is consistent with the information provided in the chart below, otherwise your application will be inaccurate.

Regulatory Body	Registration /Licence No.	Date of Initial Registration (MM / DD/ YY)	Regulatory Body	Registration /Licence No.	Date of Initial Registration (MM/ DD/ YY)
❑ College of Chiropodists			❑ College of Physiotherapists		
❑ College of Chiropractors			❑ College of Psychologists		
❑ College of Dental Hygienists			❑ College of Respiratory Therapists		

Regulatory Body	Registration /Licence No.	Date of Initial Registration (MM / DD/ YY)	Regulatory Body	Registration /Licence No.	Date of Initial Registration (MM / DD/ YY)
☐ College of Dental Technologists			☐ Association of Architects		
☐ Royal College of Dentist Surgeons			☐ Institute of Chartered Accountants		
☐ College of Denturists			☐ Association of Certified Engineering Technicians and Technologists		
☐ College of Dietitians			☐ College of Early Childhood Educators		
☐ College of Kinesiologists			☐ Professional Engineers		
☐ College of Massage Therapists			☐ Professional Foresters Association		
☐ College of Medical Laboratory Technologists			☐ Certified General Accountants		
☐ College of Audiologists and Speech-Language Pathologists			☐ Association of Professional Geoscientists		
☐ College of Medical Radiation Technologists			☐ Association of Land Surveyors		
☐ College of Midwives			☐ Law Society of Upper Canada		
☐ College of Nurses			☐ Certified Management Accountants		
☐ College of Occupational Therapists			☐ College of Social Workers and Social Service Workers		
☐ College of Opticians			☐ College of Teachers		
☐ College of Optometrists			☐ College of Trades		
☐ College of Pharmacists			☐ College of Veterinarians		
☐ College of Physicians and Surgeons			☐ Other:		

15. REGISTRATION OUTSIDE ONTARIO (if applicable)

Are you registered with another regulated health profession including Traditional Chinese Medicine profession outside of Ontario? Please ✓ one box only

❑ Yes (indicate below)

❑ No (skip to next section)

Regulatory Body	Registration /Licence No.	Date of Initial Registration (MM / DD/ YY)	Province/State	Country

16. HEALTH PROFESSION DATABASE

A. Practice History If you previously practised **only outside of Canada**, indicate the country where you practised most recently	**Country**	
OR		
If you previously practised **only outside of Ontario, but within Canada**, indicate the province/ territory where you practised most recently	**Province/Territory**	❑ Not applicable
Last year in which you practised in your most recent location **outside of Ontario,** if applicable		

B. Education other than Traditional Chinese Medicine Qualifications

Check **only** the highest level of education completed that was **unrelate**d to TCM and/ or traditional Chinese acupuncture qualifications:

❑ Diploma	❑ Baccalaureate	❑ Master	❑ Doctorate	❑ Professional Doctorate

❑ Other: _____

Country of Graduation for **highest** level of education completed that was **unrelated** to TCM and/or traditional Chinese acupuncture qualifications:

❑ Canada	Province/Territory, if education completed in Canada:	
❑ USA	State(s) if education completed in the USA:	
❑ Other (Specify)		

Year of graduation for **highest** level of education completed that was **unrelated** to TCM and/or traditional Chinese acupuncture qualifications:	

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

- ❑ General Rehabilitation Science
- ❑ Medical Laboratory Science
- ❑ Public Administration
- ❑ Public Health
- ❑ Gerontology
- ❑ Psychology
- ❑ Physical Sciences
- ❑ Education
- ❑ Engineering
- ❑ Mathematics, Computer Information Sciences
- ❑ Health Administration/Management
- ❑ Kinesiology and Exercise Science
- ❑ Health Professions and Related Clinical Sciences
- ❑ Biological and Biomedical Sciences
- ❑ Social Sciences, Arts and Humanities
- ❑ Business, Management, Marketing and Related
- ❑ Law
- ❑ Other Field of Study

17. EMPLOYMENT

Is this the first time you will practise the TCM profession?

❑ Yes ❑ No

If no, in which country and year did you first begin to practise in the TCM profession?

- ❑ Canada — Province/Territory, if education completed in Canada: _____ Year: _____
- ❑ USA — State(s) if education completed in the USA: _____ Year: _____
- ❑ Other (Specify): _____ Year: _____

If the country where you **first** practised the TCM profession was **not Canada** provide the first Canadian province/territory of practise in the profession:	
In which year did you first begin to practise the TCM profession **in Canada?**	

18. 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 a Student Certificate of registration will allow me to practise as a Student Traditional Chinese Medicine Practitioner/Student Acupuncturist and I can only practise the profession while under the supervision of a member who holds a General certificate of registration who can communicate with me in my language. I understand that the Registrar must pre-approve the supervisor before I can practise the profession.

I understand that I am not permitted to 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 to have not satisfied the registration requirements for a Student Class 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 in writing within thirty (30) days of any change of residential, business or employment address, email address or telephone number.

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.

Taken and declared before me in the city/town of

City/Town	Province/State	Country

this _____ **day of** _____ **20** _____

Full Legal Name of Applicant	Signature of Applicant

Signed _____

Commissioner of Oaths, Notary Public, Lawyer
(Official seal/stamp or business card must be provided/attached to this sheet)

THIS APPLICATION IS VALID FOR 12 MONTHS FROM THE DATE OF SIGNING DECLARATION.

19. FEES

2020-2021 Student Class Fees

- ❑ **Application Fee (non-refundable):** **$50.00**
- ❑ **Registration Fee (will be charged when all registration requirements have been met)**

2020-2021 FEES

Fees Relating to Student Class	
Item	**Total Fee**
Application*	**$50.00**
Initial Registration (registration pro-rated by quarter in which registered)	
April 1, 2020 - June 30, 2020	**$200.00**
July 1, 2020 - Sept 30, 2020	**$150.00**
October 1, 2020 - December 31, 2020	**$100.00**
January 1, 2021 - March 31, 2021	**$50.00**

Payment Method 1 **Credit Card**

If you are paying by credit card, fill out this section.

Declined credit card payment will incur an additional service charge of **$50.00**

Visa ❑ MasterCard ❑

Card number: _____

Expiry date on card (mm/yyyy): _____ /_____

Name on card (PLEASE PRINT) _____

Security code (3-digit number on back of card): _____

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 _____ in Canadian funds.

Cardholder Signature: _____

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 $50.00 in Canadian Funds Only.	

Please email your complete application with payment and all necessary documents to registration@ctcmpao.on.ca followed by regular mail to:

Registration
CTCMPAO
705-55 Commerce Valley Drive West
Thornhill, ON L3T 7V9

THIS APPLICATION IS VALID FOR 12 MONTHS FROM THE DATE OF SIGNING DECLARATION.

Application for Student Class of Registration

Checklist of Information/Documents to Submit

- ❑ Attached a payment for
    - Application Fee (non-refundable) **$50.00**
    - Pro-rated Registration Fee (will be charged when all requirements have been met)
- ❑ Provided evidence of identity (e.g. a notarized copy of birth certificate, passport, marriage certificate, divorce decree or a validation of identity **signed by Commissioner of Oaths, Notary Public, Lawyer**.)
- ❑ Provided contact information
- ❑ Provided Email address
- ❑ Attached a passport-size photograph
- ❑ Attached a detailed curriculum or course outline for this program, certified by the educational institution, including a detailed list of courses and a description of the content of each course completed and training, including the number of clock hours, and CONFIRMATION FORM OF EDUCATION STANDING
- ❑ Attached an original letter from the educational institution/supervisor confirming my enrolment in the clinical experience in the TCM profession 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 with CTCMPAO, and CONFIRMATION FORM OF EDUCATION STANDING
- ❑ Indicated language fluency
- ❑ Provided Professional Liability Insurance information from either the education institution, supervisor, or own coverage
- ❑ Completed all declaration of conduct questions
- ❑ Attached an **original** criminal background check report
- ❑ Completed all applicable Health Profession Database questions (i.e. Registration in Other Professions, Registration Outside Ontario, Practice History, Education NOT Related to TCM Qualifications, Employment)
- ❑ Applicants declaration signed and dated