



College of Traditional Chinese Medicine  
Practitioners and Acupuncturists of Ontario

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

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# Candidates Guide to the Application for a Certificate in the Student Class of Registration

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*College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario*

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## Introduction

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 a registered member. This also ensures that the students who register with the College receive accurate and timely advice about registration requirements and any changes to them.

The Student Class will allow students who have finished their formal education, but have not completed their other registration requirements, to perform the controlled acts authorized by the College, under supervision. 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 (i.e. who are registered in a TCM formal education program or a TCM clinical experience program) and who are under the supervision of a suitable member of the College to perform the controlled acts authorized by the College. However, once a student has graduated from said programs, the provision of the [Regulated Health Professions Act, 1991](#) no longer applies. The Student Class allows those who have graduated, but are waiting to take the registration examinations, to still perform the authorized controlled acts (as long as it occurs under supervision of a suitable member of the College).

As stated above, if you are still registered in a TCM formal education program or TCM clinical experience program, it is not mandatory to become a Student member of the College. However, Student members are permitted to use the protected titles (Student Traditional Chinese Medicine Practitioner and 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

You must meet all the applicable registration requirements posted in [Ontario Regulation 27/13](#).

**It is important for you to be accurate and truthful when completing the application form. If you make a false or misleading statement, and a certificate is issued, it can be revoked by the Registrar. This is a serious matter and could significantly impact your application to become a General Class member of the College.**

**It is also important that you advise the College, in writing, if any information on your application changes. Failure to do so can have a significant impact on your application.**

## Explanation of Education Requirements

To be eligible to apply for registration in the Student Class, you must meet one of the below requirements:

- The applicant is 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 0 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.
- The applicant is 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
- The applicant has applied to take the registration examinations, but has not yet taken the examinations.

If you are enrolled in a post-secondary TCM education program you will be required to submit a [Confirmation of Education Standing](#). This document must be completed by the education institution, and will be used to confirm that your education meets the requirements for registration, as detailed below. The Confirmation of Education Standing also asks for information on the clinic supervisor at the school’s clinic. Finally, if you will receive professional liability insurance coverage by your school or clinic supervisor, the school must provide this information as well.

If you will be completing your clinic training separately from your education program, your school is not required to complete sections 4. and 5. of the Confirmation of Education Standing. You 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 *Performance Indicators* (available on our website at [www.ctcmpao.on.ca](http://www.ctcmpao.on.ca)) developed based on the [Entry-Level Occupational Competencies for the Practice of Traditional Chinese Medicine Practice in Canada](#) (May 2010).

**Practical instruction** refers to education in which students work directly with an experienced practitioner and a simulated patient to develop hands-on abilities that enable them to demonstrate relevant *Performance Indicators* developed based on the [Entry-Level Occupational Competencies for the Practice of Traditional Chinese Medicine Practice in Canada](#) (May 2010).

### **Program of Clinical Experience**

To be eligible for the Student Class through a program of clinical experience, you must be supervised by a member of the College who holds a certificate of registration in either the General or Grandparented 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, you must complete at least 500 hours of direct patient contact experience. For more information on this, please review the [Supervision Policy](#) of the College.

Students must submit the name and registration number of their proposed supervisor for approval of the College. Once approved, applicants will have their supervisor complete the Supervisor Acknowledgement and Undertaking before the supervisor can begin the supervision

### **Language Proficiency Requirements**

To be eligible for registration you must be able to speak, read and write either English or French with reasonable fluency. CTCMPO will assess your language fluency based on the successful completion of the registration application form, the language background information provided on the application form, and your ability to communicate with the CTCMPO.

CTCMPO expects members to have the ability to communicate with CTCMPO, 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**

You 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. Criminal record check reports can be request from any regional or provincial police services.

For registration purposes, CTCMPAO only requires a name-based criminal record check report. You must ensure that the record check is conducted on your 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.

Visit the CTCMPAO website to obtain information on the CTCMPAO's [Criminal Background Check Policy](#).

## Professional Liability Insurance

The requirement to be personally insured against professional liability applies to all regulated health professionals in Ontario. You are required to provide a declaration that you are eligible for professional liability insurance coverage and that you will submit proof of insurance coverage in the form of a Certificate of Insurance issued by the insurer within thirty (30) days after the registration is approved.

Student Class members may be covered against professional liability 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.

The Registrar shall not issue the certificate of registration until actual proof of coverage is received.

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

Visit the CTCMPAO website to obtain information on CTCMPAO's [Professional Liability Insurance Policy](#).

## Good Conduct

Your previous conduct must afford reasonable grounds for belief that you 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.

There are several questions that will elicit the relevant information. For example, you must disclose any details if you have been found guilty of an offence and/or an offence related to the practice of TCM. If you are currently, or have ever been registered or licensed in Ontario in a profession other than TCM, or in another jurisdiction in TCM, you must advise if you are the subject of any current professional misconduct, incompetence, incapacity proceeding or a similar proceeding or have been the subject of a finding of professional misconduct, incompetence, incapacity or a similar finding.

If your previous conduct affords reasonable grounds for the belief that you will not practise the TCM profession safely and ethically, the Registrar may refer your application to the Registration Committee.

## Current/Previous Registration in Another Jurisdiction

You are required to list any current and/or previous professional affiliations with any regulatory bodies in any jurisdiction.

You must provide verification of their previous registration/license with any body responsible for the regulation of any profession in Ontario or any other jurisdiction. CTCMPAO may waive this requirement if there is no certification/registration/licensing body in their previous jurisdiction.

## Health Profession Database

The Ministry of Health and Long-Term Care 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 Health Force Ontario, the province's health human resources strategy. Your answers to these questions 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 as part of their annual registration and renewal process. To protect your privacy, the data we submit to the Ministry will be anonymous. You are required to provide this information under the [Regulated Health Professions Act, 1991](#).

The reliability of the information we receive and the quality of the decision making that follows depends on you. By completing this form accurately and thoroughly, you will help ensure that Ontarians have access to the services of your profession, when and where they need them.

## Additional Requirements

### Photograph

You are required to submit a passport-size and quality photograph taken within 12 months of submitting their application. The photograph is requested for identification purposes. 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](#).

### Title/Designation

Student Class members of CTCMPAO 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.

You may wish to apply for one or both of the titles described above. However, the CTCMPOA shall make the final decision on the title(s) to be issued to you depending on the experience and supporting documents you have provided to support the application.

To determine the appropriate title for which you are qualified, CTCMPOA will take into consideration the following factors for determining which title an applicant is eligible for:

- The type of education program you are enrolled in or completed.
- The information provided by the school in the Confirmation Form of Education Standing.
- The detailed course curriculum and the courses you are currently enrolled in.
- Your application to the CTCMPOA's Registration Examination (if applicable).

### Date of Birth

You must provide your date of birth. This information is necessary to verify identities for registration purposes with CTCMPOA.

### Proof of Name Change

Your name used in practice and the name on CTCMPOA's public register must be the same. If your current name is different from the name on your birth certificate, citizenship card, passport, record of landing or permanent residency card, you must provide evidence of name change. This may include a notarized copy of one of the following:

- Marriage Certificate or Record of Marriage
- Name Change Certificate
- Divorce Decree
- Validation of identity signed by a lawyer

## How to Apply

### Step 1

Please read this entire guide before you start the process. If you have any questions, contact CTCMPOA Registration staff:

Telephone:	416.238.7359
Toll-free:	1.866.624.8483
Email:	<a href="mailto:registration@ctcmpao.on.ca">registration@ctcmpao.on.ca</a>

### Step 2

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 CTCMPOA.

### Step 3

Send in your application form along with the required supporting documents and fees. **ALL** applicants must submit **CREDIT CARD INFORMATION, CERTIFIED CHEQUE** or **MONEY ORDER** made payable to "CTCMPOA," for the total amount due.

1. 2017 Application Fee for a Certificate in the General class of registration:  
\$150.00 + HST = **\$169.50**;
2. 2017 Registration Fee for a Certificate in the General class of registration:  
\$200.00 + HST = **\$226.00**

**The Application fee of \$169.50 will be processed once the College receives an application. The Registration Fee of \$226.00 will be charged once all registration requirements have been met.**

To avoid delay in processing of your application, please ensure that you:

1. Complete all sections of the form that apply to you;
2. Attach the required documents;
3. Sign the application form where required; and
4. Attach your Credit Card information/certified cheques/money orders for payment to the CTCMPAO.

If CTCMPAO does not receive a completed application form with all required documents and payment, the application form will not be processed.

The CTCMPAO will initially alert you to any deficiencies in the application package but it is up to you to forward any missing or requested information.

Please take care to **print** your information on the application form **legibly. Illegible applications will be returned.**

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

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

#### **Step 4**

When CTCMPAO has received your completed application, along with the required supporting documents and an application fee payment, your qualifications will be evaluated. Please understand that the requirements for registration are based upon Ontario legislations and professional standards.

If you do not meet all the requirements for registration, the Registrar will refer your application to CTCMPAO's Registration Committee for decision. You will be advised of this referral and will be provided an opportunity to make written submissions that will be considered by the Registration Committee. You will be notified of the Registration Committee's decision in writing after the Registration Committee has reviewed your application and written submissions (if any).

## **Completing the Application for Certificate in the Student Class of Registration**

If possible, please complete the application on your computer using the fillable PDF form. If you are completing a paper version of the form, please print all information clearly. Ensure that your application form is completed and that you have signed your declaration. 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 contained on the application form.

### **1. Personal Information**

*Legal First, Middle and Last Name*

Please provide all of the requested information and ensure proper use of upper and lower case letters (e.g. street names, cities, postal codes, etc.). The name you indicate as your legal name will be the name

used on the public register, and must be the name you use in practice. Your registration certificate, and tax receipt will contain your legal name.

### *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 notarized copy of 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 Legal First and Last Name*

If you have any legal previous names which is different than your current legal name, please provide this information. This information is required as set out in CTCMPAO's [By-Laws](#). You will also be required to submit proof of the name change with your application (e.g., notarized copy of a marriage/divorce certificate).

## **2. Pursuing Title(s)**

Please indicate which title(s) you are applying for with the College.

## **3. Contact Information**

Complete your contact information.

### *Address 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. Legislation requires the public register to list each member's business address. It is your responsibility to keep CTCMPAO advised of any changes specific to your business and residential addresses.

### *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 member of CTCMPAO.

### *Primary Business*

Refers to the location of your supervised clinic training in the profession.

### *Primary Business / Practice Address*

Your practice address must be provided on this form if you currently have one. Information regarding employment, in particular full data on your employer(s) or private practice, is a requirement for the public register under the [Regulated Health Professions Act, 1991](#) and the CTCMPAO [By-Laws](#). As a member, it will be your responsibility to provide CTCMPAO with all employment profile changes that may occur throughout the year, within thirty (30) days of the changes.

#### 4. Preferred Mailing Address

Provide the telephone number, email address and mailing address you wish CTCMPAO to use to communicate with you.

#### 5. Photo

Attach a photograph that is full-faced, of passport-size and quality, taken within 12 months prior to submitting the application.

#### 6. Registration Information

It is a requirement of the Student Class that you have not previously held registration in the Student Class and been unsuccessful in completing their post-secondary TCM program, clinical experience program, or Registration Examinations. You are required to disclose if this requirement pertains to them.

#### 7. Current Status as a Student

It is a registration requirement that you be either:

- enrolled in a TCM education program;
- enrolled in a program of clinical experience; or
- has applied to attempt the Registration Examination of the College.

In this section, you are asked to confirm that one of these applies to you. Please also attach the required supporting document to verify this information.

#### 8. 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 submitting or within thirty (30) days after the registration is **approved by the College**.

#### 9. Professional Liability Insurance

You must indicate that you are or will be compliant with CTCMPAO's policy on [professional liability insurance](#). Members in the Student Class must be covered for professional liability in one of the following ways:

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

If you are not purchasing your own professional liability insurance, you must be covered by your supervisor or school.

You must attach a photocopy of the Certificate of Insurance to the application form, OR submit a photocopy of the Certificate of Insurance within thirty (30) days after the registration is **approved**.

## 10. Language Fluency

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

## 11. 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.

## 12. 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.

Should you answer “yes” to any of the questions listed on the application, please supply CTCMPAO with a detailed written summary explaining the circumstances of your situation. You may be asked for further details for clarification.

If your answer to any of the questions in this section changes following your submission of the application, but before any issuance of a certificate of registration, you must immediately advise CTCMPAO 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 in this section unless a decision has been made to hold a disciplinary or other hearing; in which case, you are then “facing a proceeding.” (however please pay special attention to the question at 12. (o))
- 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 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, breach of the *Regulated Health Professions Act, 1991*, 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 you have said “yes” to any of the questions, does not mean that CTCMPAO will deny your application; all of the circumstances will be reviewed.
- You must report any criminal offence, or relevant finding, complaint, etc., even if it does not specifically relate to the practice of the profession.

### **13. Criminal Record Check**

Attach an original name-based criminal background check report using the CPIC database issued within the last six (6) months.

### **14. Registration in Other Professions**

Complete this section if you are currently registered with another regulated professional college or regulatory body in Ontario as of the date of your application.

Attach to your application a copy of all licenses or certificates of registration for verification.

### **15. Registration Outside Ontario**

If you hold a current certificate of registration/licence to authorize you to work as a Health Care provider outside of Ontario, indicate the profession(s) of registration, and the regulatory body(ies)/College(s) for which you are registered. Also indicate your registration/licence number, date of initial registration, province/state you are registered in, and the country.

Memberships in professional associations are not to be included in this section. (If not applicable, enter “N/A”)

Attach to your application a copy of all licenses or certificates of registration for verification.

### **16. Health Profession Database**

Your answers to these questions will help the Ministry of Health and Long-Term Care develop policies and programs that address supply and distribution, education, recruitment and retention for your profession. By completing this form accurately and thoroughly, you will help ensure that Ontarians have access to the services of your profession.

### **17. Employment**

Please provide your practice history in the TCM profession.

### **18. Applicant’s Declaration**

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

## Review Process

CTCMPAO's Registration department handles all inquiries regarding the registration process. Completed applications are reviewed to ascertain whether the applicant meets the current registration requirements. When CTCMPAO receives your application package, you will be notified of any missing documentation. CTCMPAO begins the application review process after all of the required supporting documents have been received by CTCMPAO. 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 do not meet all of the registration requirements, a review by a panel of CTCMPAO's Registration Committee is required. When a review by a panel of CTCMPAO's Registration Committee is required, the review process usually takes between two to six months to complete. The Registration Committee is expected to meet at least once every six weeks. Additional meetings may be scheduled as needed. If you wish to enquire about the status of your application, you may contact CTCMPAO's Registration staff at:

Tel: 416.238.7359  
Fax: 416.214.0879  
Email: [registration@ctcmpao.on.ca](mailto:registration@ctcmpao.on.ca)

## 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 your application is referred to the Registration Committee, the Registrar will give you notice of the statutory grounds for the referral and of your right to make written submissions.

You 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 your application at its next scheduled meeting, following receipt of your submission(s). 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 your submission is unclear, the panel may also request additional information from you before a decision is made. A decision/order from a panel of CTCMPAO's Registration Committee will be mailed to you within two to four weeks of the meeting date.

## Appeals

If you receive an order from a panel of CTCMPAO's Registration Committee directing the Registrar to refuse to issue a certificate of registration or issue a certificate that has some limits or conditions, you can require the [Health Professions Appeal and Review Board](#) to either review or hold a hearing regarding your application for registration.

The [Health Professions Appeal and Review Board](#) may be reached at:

Mail:	Health Professions Appeal and Review Board 151 Bloor Street West, 9 <sup>th</sup> 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, plus HST.

### Submitting Documents in languages other than 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](mailto:info@atio.on.ca)  
Website: [www.atio.on.ca](http://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.

### 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.