



## APPLICATION FORM FOR VARIATION

For CTCMPAO members who wish to apply for:

- Title variation (e.g., for a Registered Acupuncturist to acquire the Traditional Chinese Medicine Practitioner title and the R. TCMP designation); or
- Variation to terms, conditions and limitations imposed on their certificates of registration by an order of the Registration Committee.

Please complete this application form in full (PRINT clearly)

### 1. Personal Information

Mr.

Ms.

Name on CTCMPAO's public register:

Registration Number:

### 2. Current class of certificate of registration

General class

Student class

### 3. Current title(s)

Traditional Chinese Medicine Practitioner

Acupuncturist

### 4. Member's request

Please describe your request in the space below.



## 5. Reason for request

Please provide the reason for your request in the space below. Attach additional pages if needed. Note that a panel of the Registration Committee will review these reasons to ascertain if the request should be granted.

## 6. Supporting documentation

Please list all documents attached to your application (e.g., letters from supervisors).

## 7. Declaration and authorization

- ✓ 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 authorize CTCMPAO to obtain information from the sources referred to on this form for the purpose of processing my application for variation.
- ✓ I am aware that if I am not satisfied with the decision of the panel of the Registration Committee, I can appeal its decision to the Health Professions Appeal and Review Board within 30 days of the date of the reasons.
- ✓ I understand that once my application has been disposed of, I may not make a new application without the permission of the Registrar.

**Member's Signature**

**Date of Signature**

\_\_\_\_\_

\_\_\_\_\_

(mm/dd/yyyy)



## 8. Fees

**Payment Amount: \$50.00**

### Payment Method 1 - Certified Cheque/Money Order

A certified cheque or money order payable to College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO) for a full amount in Canadian Funds only, with registration number printed on the front of your payment

### Payment Method 2 - Credit Card

If you are paying by credit card, please fill out this section. Declined credit card payment will incur an additional service charge of \$50.00

Visa

MasterCard

Card number: \_\_\_\_\_

Name on card (please PRINT): \_\_\_\_\_

Expiry date on card (mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_

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 **\$50.00** in Canadian funds.

Signature of cardholder: \_\_\_\_\_

## 9. Submitting your application

You may submit your completed application to the College by mail, fax or email:

**MAIL:** College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario  
705 – 55 Commerce Valley Drive West  
Thornhill, ON L3T 7V9

**FAX:** (416) 214-0879

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

**QUESTIONS:** If you have any questions about the Application for Variation process, please, contact CTCMPAO Registration staff by:

- Telephone: 416.238.7359 ext. 4774
- Toll-free: 1.866.624.8483 ext. 4774
- Email: [registration@ctcmpao.on.ca](mailto:registration@ctcmpao.on.ca)