



## TRANSFER APPLICATION - FROM INACTIVE CLASS TO GENERAL CLASS DURING 2026-2027 REGISTRATION RENEWAL

Members currently registered in the Inactive Class who wish to return to the General Class of Registration during the annual renewal period must complete this form.

The completed form must be returned with payment to the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario ("CTCMPO") **ON OR BEFORE March 31, 2026.**

**Ensure that you have completed all sections of the Form.** No sections may be left unanswered unless otherwise indicated. This will help you avoid a potential late fee if your Application is received incomplete on or after March 31, 2026.

Completing and signing this form has legal consequences. Any false or misleading statements could be considered to be acts of professional misconduct and may lead to discipline and/or other proceedings.

If you have any questions regarding the completion of this form, please consult CTCMPO's [Registration Renewal Guide](#), [Renewal FAQ](#) or contact staff at [registration@ctcmpao.on.ca](mailto:registration@ctcmpao.on.ca).

1. MEMBER NAME			
Please <input checked="" type="checkbox"/> one box only: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.			
Provide your name as listed on the CTCMPO public register:			
First Name		_____	
Middle Name (if applicable)		_____	
Last Name		_____	
2. FORMER CLASS, TITLE/DESIGNATION AND REGISTRATION NUMBER			
Indicate your former class of certificate:		<input type="checkbox"/> General	
Indicate your former title(s)/designation(s):		<input type="checkbox"/> Traditional Chinese Medicine Practitioner (R. TCMP) <input type="checkbox"/> Acupuncturist (R. Ac)	
CTCMPO Registration Number:		_____	
3. CURRENT HOME ADDRESS			
Street No. & Name (Required)			Suite No.
City (Required)	Province (Required)	Country (Required)	Postal Code (Required)
Telephone (Required)		Extension	Fax

Preferred Mailing Address: Please <input checked="" type="checkbox"/> one box only		<input type="checkbox"/> Home Address <input type="checkbox"/> Primary Business Address*	
*Please be advised that, in accordance with the <a href="#">Health Professions Procedural Code</a> , each member's name, business address and business telephone number will appear on CTCMPAO's public register.			
<b>4. EMAIL ADDRESS FOR COLLEGE COMMUNICATION</b>			
Email Address (Required) *Must be a unique email address and cannot be shared with another member of CTCMPAO. Please note that CTCMPAO's primary form of communication with applicants and members is through email.			
<b>5. EMPLOYMENT INFORMATION</b>			
When did you last practise as a TCM Practitioner and/or Acupuncturist?	Date (mm/dd/yyyy):	<input type="checkbox"/> N/A (I have never practiced as a TCM practitioner and/or acupuncturist)	
When do you plan to start practising as a TCM Practitioner and/or Acupuncturist in Ontario? *	Anticipated Date (mm/dd/yyyy):	<input type="checkbox"/> N/A (I do not have an anticipated employment start date)	
* You are not authorized to resume TCM practice in Ontario until after your transfer application has been approved by CTCMPAO			
<b>6. PRIMARY BUSINESS ADDRESS</b>			
In accordance with the <a href="#">Health Professions Procedural Code</a> , each member's name, business address and telephone number will appear on CTCMPAO's public register			
<b>Business/Employer Name</b>			
<b>Street No. &amp; Name (Required)</b>		<b>Suite No.</b>	
<b>City (Required)</b>	<b>Province (Required)</b>	<b>Country (Required)</b>	<b>Postal Code (Required)</b>
<b>Telephone (Required)</b>	<b>Extension</b>	<b>Fax</b>	
<b>SECONDARY BUSINESS (if applicable)</b>			
<b>Business/Employer Name</b>			
<b>Street No. &amp; Name (Required)</b>		<b>Suite No.</b>	
<b>City (Required)</b>	<b>Province (Required)</b>	<b>Country (Required)</b>	<b>Postal Code (Required)</b>
<b>Telephone (Required)</b>	<b>Extension</b>	<b>Fax</b>	

<b>THIRD BUSINESS (if applicable)</b>			
<b>Business/Employer Name</b>			
<b>Street No. &amp; Name (Required)</b>			<b>Suite No.</b>
<b>City (Required)</b>	<b>Province (Required)</b>	<b>Country (Required)</b>	<b>Postal Code (Required)</b>
<b>Telephone (Required)</b>	<b>Extension</b>	<b>Fax</b>	

**7. PROFESSIONAL LIABILITY INSURANCE**

Pursuant to the [Ontario Regulation 27/13, Registration](#) and the [College By-Laws](#), all practicing members must comply with CTCMPAO’s required professional liability insurance coverage. For more information, refer to the [Registration Policy on Professional Liability Insurance](#) available on the CTCMPAO website.

**Insurance information for ALL practicing members. Please ✓ one box only.**

- Do you hereby certify that you have professional liability insurance in accordance with the Ontario Regulation 27/13, Registration, CTCMPAO’s By-Laws, and CTCMPAO’s policy on Professional Liability Insurance? **If yes, please attach a copy of the Certificate of Professional Liability Insurance.**  
 Yes                       No
- Is the Insurance Company licensed with Financial Services Regulatory Authority of Ontario (FSRA)? Please contact your insurance broker for more information.  
 Yes                       No
- Do you hereby confirm that you have professional liability insurance that meets 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 Yes                       No

Name of the Insuring Company (not the brokerage): \_\_\_\_\_

Professional Liability Insurance Policy Number: \_\_\_\_\_  
 (Found on your Certificate of Insurance)

Professional Liability Insurance Expiry Date: \_\_\_\_\_  
 (mm/dd/yyyy)

## 8. QUALITY ASSURANCE

Have you complied with the annual requirements of CTCMPAO's Quality Assurance Program and maintained self-assessment, continuing education and professional development activities as required by the Quality Assurance Program?

- Yes
- No. Please attach a detailed explanation to your Renewal Form.

## 9. DECLARATION OF REGISTRATION REQUIREMENTS – MANDATORY

To answer the questions below, please  the appropriate box next to each question.

If your answer to any of the questions in this section changes following your submission of your Renewal Form, you must advise CTCMPAO no later than 30 days after the event occurs, and provide written details with respect to any change.

You do not have to include in your answers matters that have previously been reported in writing on your original application for registration or in an annual renewal form.

- a. Have you been found guilty of an offence under a federal, provincial or municipal law since **April 1, 2025**? (If yes, attach a detailed explanation and relevant documents to your Renewal Form)  Yes  No
- b. Have you been charged with an offence under a federal, provincial or municipal law since **April 1, 2025**? (If yes, attach a detailed explanation and relevant documents to this form)  Yes  No
- c. Are there any currently conditions, terms, orders, directions or agreements, relating to your custody or release in respect of a provincial, federal or other offence since **April 1, 2025**? If yes, you must provide additional details below. (If yes, attach a detailed explanation and relevant documents to this form.)  Yes  No
- d. Has there been a finding of professional negligence or malpractice against you in any jurisdiction since **April 1, 2025**? (If yes, attach a detailed explanation and relevant documents to this form.)  Yes  No
- e. Has there been any finding of professional misconduct, incompetence or similar finding against you by another regulated profession in Ontario or to any regulated profession in another jurisdiction since **April 1, 2025**? (If yes, attach a detailed explanation and relevant documents to this form.)  Yes  No
- f. Has there been any finding of incapacity, or similar finding against you by another regulated profession in Ontario or to any regulated profession in another jurisdiction since **April 1, 2025**? (If yes, attach a detailed explanation and relevant documents to this form.)  Yes  No
- g. Is there a current or pending proceeding against you involving an allegation of professional misconduct, incompetence or any similar proceeding, in Ontario or in any other jurisdiction, in relation to the profession of TCM or another profession since **April 1, 2025**? (If yes, attach a detailed explanation and relevant documents to this form.)  Yes  No
- h. Is there a current or pending proceeding against you involving an allegation of Incapacity or any similar proceeding, in Ontario or in any other jurisdiction, in relation to the profession of TCM or another profession since **April 1, 2025**? (If yes, attach a detailed explanation and relevant documents to this form.)  Yes  No

- i. Have you made an application for registration as a Traditional Chinese Medicine Practitioner and/or an Acupuncturist in any other jurisdiction that was refused since **April 1, 2025**? (If **yes**, attach a detailed explanation and relevant documents to this form.)  Yes  No
- j. Have you had an application for registration rejected by a regulatory college in Ontario or in another jurisdiction since **April 1, 2025**? (If **yes**, attach a detailed explanation and relevant documents to this form.)  Yes  No
- k. Have you been unsuccessful in an attempt to pass a registration examination for a regulated health profession in Ontario or in another jurisdiction since **April 1, 2025**? (If **yes**, attach a detailed explanation and relevant documents to this form.)  Yes  No
- l. Has there been a court proceeding brought against you alleging that you held yourself out as, or practised as a regulated health professional without being so registered since **April 1, 2025**? (If **yes**, attach a detailed explanation and relevant documents to this form.)  Yes  No
- m. Since April 1, 2025 have you been or are you registered with another body(ies) responsible for the regulation of a profession? (if **no**, proceed to “n” below).  Yes  No
- i. Are you still registered with that body(ies)? If you are no longer registered with that body(ies), you must provide a detailed explanation and relevant documents to this form. (If **No**, answer m.ii)  Yes  No
- ii. 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 with that body(ies)?  Yes  No  N/A
- iii. Did you fail to comply with any obligation to pay fees or provide information to the regulator since **April 1, 2025**? (If **yes**, attach a detailed explanation and relevant documents to this Form.)  Yes  No  N/A
- iv. Has an investigation by the regulator ever been initiated in respect of you since **April 1, 2025**? (If **yes**, attach a detailed explanation and relevant documents to this form.)  Yes  No  N/A
- v. Has the regulator imposed a sanction on you since **April 1, 2025**? (If **yes**, attach a detailed explanation and relevant documents to this form.)  Yes  No  N/A
- n. Is there any other event that would provide reasonable grounds for the belief that you will not practise TCM and/or acupuncture in a safe and professional manner? (If **yes**, attach a detailed explanation and relevant documents to this form.)  Yes  No

## 10. MEMBER'S DECLARATION

To answer the questions below, please ✓ the appropriate box next to EACH question.

- a. I have ensured all my information on the public register is current.  Yes  No
- b. I have provided the College with all information as required per the By-Laws, s. 5 of the Registration Regulation and other information it requires.  Yes  No
- c. I am not in default of any fee, penalty or other amount owing to CTCMPAO.  Yes  No
- d. I have been an Inactive Member for less than two years.  Yes  No

I understand that if this application is approved, the following terms, conditions and limitations will be imposed on my General certificate of registration:

I shall either:

- I. conduct a minimum of 500 traditional Chinese medicine patient visits, which may include traditional Chinese acupuncture patient visits, during each three-year period where the first three-year period begins on the day that I am issued a General certificate of registration, and each subsequent three-year period begins on the first anniversary of the commencement of the previous period; or
- II. within the 12 months prior to the expiry of each three-year period, successfully complete a refresher program approved by the Registration Committee.

**I hereby attest that by the anticipated date of the issuance of the certificate of registration, I shall comply with each Condition, as noted above and have indicated my compliance by checking this box.**

I understand that I am not authorized to resume TCM practice in Ontario until after my transfer application has been approved by CTCMPAO.

I solemnly declare that the contents of this application including any attachments are true and complete to the best of my knowledge and belief.

I understand that I am not permitted to perform any of the authorized acts, use any of the restricted titles or hold myself out as an active member of CTCMPAO unless I have received written notification from 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 not to have satisfied the registration requirements for a General Certificate of Registration. I further understand and agree that if the General 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](#), Guidelines and programs related to the governance of the profession; and that the information is collected, used and disclosed in accordance with those documents.

I am responsible to pay the annual renewal fee and submit the *Application for Registration Renewal* to the Registrar on or before March 31<sup>st</sup> of every year, even if the Registrar fails to mail a notice or I fail to receive such a notice.

I understand that I must notify the Registrar in writing within thirty (30) days of any change of location of practice or employment, business name of practice, home and mailing addresses, phone number and/or email address.

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.

I understand that failing to abide by the terms of this written undertaking given by myself to CTCMPAO may constitute as an act of professional misconduct pursuant to [Ontario Regulation 318/12](#).

**Declared by:**

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**Signature of Member**

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

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**Full Legal Name of Member**

## 11. FEES

- **Application Fee to Change Class<sup>1</sup> \$0.00** if complete application is submitted during the annual Renewal period
- **General Class Registration Fee \$1300.00**

**Other Fees** (that may apply)

- **Inactive Late Renewal Fee \$50.00**
- **Reinstatement Fee \$250.00**

### Method of Payment

- Payment Method 1: Certified Cheque / Money Order** (made payable to the “College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario” or “CTCMPAO” in Canadian Funds only, in the applicable amount above, with registration number printed on the front of your payment)
- Method 2: Credit Card** (fill next section)

### Payment Method 2: Credit Card

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

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

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 \$\_\_\_\_\_ in Canadian funds.

Signature: \_\_\_\_\_

### SUBMIT YOUR COMPLETE APPLICATION TO THE CTCMPAO

**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**

**You may submit your complete application the College by mail, fax OR scan/email.**

<sup>1</sup> A Member shall be exempted from paying an application fee if a Member submits an application to change the class of a certificate of registration at the time the Member submits an annual registration renewal.