



APPLICATION FOR CERTIFICATE IN THE INACTIVE CLASS OF REGISTRATION DURING 2026-2027 REGISTRATION RENEWAL

The purpose of the Inactive Class of Registration is to allow registered General Class members to maintain their membership with CTCMPAO when they are not practising the profession in the province of Ontario. For example, for reasons such as, but not exclusive to, parental leave, illness or educational leave, a registrant may wish to transfer to the Inactive Class. This form applies **only** to members currently registered with CTCMPAO in the General Class.

To transfer to the Inactive Class of Registration during the 2026-2027 renewal period, this form must be completed and returned with payment to the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (“CTCMPAO”) **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 CTCMPAO’s [Registration Renewal Guide](#), [Renewal FAQ](#) or contact staff at 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 CTCMPAO public register:			
First Name		_____	
Middle Name (if applicable)		_____	
Last Name		_____	
2. TITLE/DESIGNATION AND REGISTRATION NUMBER			
Indicate your current title(s)/designation(s): <input type="checkbox"/> Traditional Chinese Medicine Practitioner (R. TCMP) <input type="checkbox"/> Acupuncturist (R. Ac)			
CTCMPAO Registration Number:		_____	
3. CONTACT INFORMATION WHILE INACTIVE			
Street No. & Name <i>(Required)</i>			Suite No.
City <i>(Required)</i>	Province <i>(Required)</i>	Country <i>(Required)</i>	Postal Code <i>(Required)</i>
Telephone <i>(Required)</i>	Extension		Fax

4. EMAIL ADDRESS FOR COLLEGE COMMUNICATION

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.

5. EMPLOYMENT INFORMATION

Are you currently practising in Ontario?

- Yes** – If yes, please provide your anticipated employment end date: Date (mm/dd/yyyy): _____
- No** – If, no when did you last practice in Ontario: Date (mm/dd/yyyy): _____
- N/A** - if you have never practiced as a TCM practitioner and/or acupuncturist in Ontario

6. REASON for APPLYING for the CERTIFICATE IN THE INACTIVE CLASS of REGISTRATION

Please **one box only:**

- | | |
|--|--|
| <input type="checkbox"/> Leave of absence (parental) | <input type="checkbox"/> Working in another profession |
| <input type="checkbox"/> Leave of absence (medical) | <input type="checkbox"/> Moving to another province |
| <input type="checkbox"/> Leave of absence (academic) | <input type="checkbox"/> Moving to another country |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Other: _____ |

7. APPLICATION FOR REGISTRATION RENEWAL 2026-2027

A. ANNUAL DECLARATION OF PRACTICE HOURS

Please indicate how many patient visits you conducted in each of the last three years:

April 1, 2025 to March 31, 2026 _____

April 1, 2024 to March 31, 2025 _____

April 1, 2023 to March 31, 2024 _____

B. 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 this form.

C. DECLARATION OF REGISTRATION REQUIREMENTS – MANDATORY DECLARATIONS

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 this 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

8. DECLARATION

A. RENEWAL DECLARATION

Read the following conditions of the declaration carefully, and the box below.

Applicable to all members

1. I solemnly declare that the contents of this Registration Renewal Application Form, including all attachments, are true and complete to the best of my knowledge and belief.
2. I acknowledge that it is professional misconduct to practice TCM and/or traditional Chinese acupuncture when suspended. I understand that signing receipts for TCM and/or traditional Chinese acupuncture treatments while suspended may be considered to be insurance fraud and that CTCMPAO will investigate complaints and may take action.
3. I understand and agree that any false or misleading statements may constitute professional misconduct and may result in the revocation of my certificate of registration and I may face disciplinary proceedings.
4. 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.
5. I am responsible to pay the annual renewal fee and submit the *Application for Registration Renewal* to the Registrar on or before March 31st of every year, even if the Registrar fails to mail a notice or I fail to receive such a notice.
6. 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.
7. 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](#).

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

B. INACTIVE 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 am not in default of any fee, penalty or other amount owing to CTCMPOA. Yes No
- c. I am in compliance with any outstanding requirements of the Quality Assurance Program. Yes No

I hereby attest that while holding a Certificate of Registration in the Inactive Class, I will not:

- Practice or engage in the profession of traditional Chinese medicine (“TCM”) in the province of Ontario.
- Use any title or designation other than what is specified for a certificate in the Inactive Class of Registration set out in the Registration Regulation (i.e., R. TCMP [Inactive] or R. Ac [Inactive]);
- Supervise the practice of the TCM profession in the province of Ontario.
- Make any claim to or representation of having any competence in the TCM profession in the province of Ontario.

I understand that to practice the TCM profession, I must contact CTCMPOA to transfer from the Inactive Class of Registration to the General Class of Registration and pay the applicable fee(s). I am not authorized to resume TCM practice until after my transfer application has been approved by CTCMPOA.

I understand that at the time of my application for transfer to the General Class of Registration, I may be asked to provide a panel of the Registration Committee with evidence that I possess the current knowledge, skill and judgment relating to the practice of the profession.

I understand that, as a member registered in the Inactive Certificate of Registration, I will be required to comply with CTCMPOA requirements as outlined in [Ontario Regulation 27/13, Registration](#) (the “Registration Regulation”), and the [Ontario Regulation 28/13, Quality Assurance Program](#) (e.g., annual renewal of registration and duty to self-report any offence findings, professional negligence/malpractice or misconduct as per section 5(1) of the Registration Regulation, and participating in the Quality Assurance Program).

Signature of Member

Date of Signature (mm/dd/yyyy)

9. FEES

- **Application Fee to Change Class¹ \$0.00** if application is submitted during the annual Renewal period
- **Inactive Class Registration Fee \$300.00**

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 in the amount of **\$300** 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.

¹ 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.