



APPLICATION FOR CERTIFICATE IN THE INACTIVE CLASS OF REGISTRATION

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. This form does not apply to applicants **not** currently registered with CTCMPAO in the General Class.

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 <i>(Required)</i> <small>*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.</small>			

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

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:**

- Leave of absence (parental)
- Leave of absence (medical)
- Leave of absence (academic)
- Retirement
- Working in another profession
- Moving to another province
- Moving to another country
- Other:** _____

7. 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 CTCMPAO. Yes No
- c. I am in compliance with any outstanding requirements of the Quality Assurance Program. Yes No

I hereby attest that while holding an Inactive Certificate of Registration, 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 CTCMPAO 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 CTCMPAO.

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 CTCMPAO 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)

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8. FEES

- ~~2022~~ ~~2022~~ Application to Change Class Fee ¹ **\$50.00**
- ~~2022~~ - ~~2022~~ 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 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.

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.