



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 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 the 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 complete 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

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