College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
Ordre des praticiens en médecine traditionnelle chinoise et des acupuncteurs de l'Ontario

TRANSFER APPLICATION - From INACTIVE CLASS to GENERAL CLASS

Members who are currently in the Inactive Class of Registration and wish to change back to the General Class of Registration must complete this form. This form does not apply to applicants **not** currently registered with CTCMPAO.

1. MEMBER NAME

Please ✓ one box only: ☐ Mr. ☐ Ms.

Provide your name as listed on the CTCMPAO public register:

First Name _____

Middle Name (if applicable) _____

Last Name _____

2. FORMER CLASS, TITLE/DESIGNATION AND REGISTRATION NUMBER

Indicate your former class of certificate: ☐ General

Indicate your former title(s)/designation(s): ☐ Traditional Chinese Medicine Practitioner (R. TCMP)
☐ Acupuncturist (R. Ac)

CTCMPAO Registration Number: _____

Indicate the year you became an Inactive Member:

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 ✓ one box only		☐ Home Address	☐ Primary Business Address*

**Please be advised that, in accordance with the Health Professions Procedural Code, each member's name, business address and business telephone number will appear on CTCMPAO's public register.*

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.*

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

5. EMPLOYMENT INFORMATION

When did you last practise as a TCM Practitioner and/or Acupuncturist?	Date (mm/dd/yyyy):	☐ 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):	☐ 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

6. PRIMARY BUSINESS ADDRESS

In accordance with the *Health Professions Procedural Code*, each member's name, business address and telephone number will appear on CTCMPAO's public register

Business/Employer Name

Street No. & Name *(Required)*			**Suite No.**
City *(Required)*	**Province** *(Required)*	**Country** *(Required)*	**Postal Code** *(Required)*
Telephone *(Required)*	**Extension**		**Fax**

SECONDARY BUSINESS (if applicable)

Business/Employer Name

Street No. & Name *(Required)*			**Suite No.**
City *(Required)*	**Province** *(Required)*	**Country** *(Required)*	**Postal Code** *(Required)*
Telephone *(Required)*	**Extension**		**Fax**

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.

1. 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

2. Is the Insurance Company licensed with Financial Services Commission of Ontario (FSCO)?

   ☐ Yes ☐ No

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3. 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. 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

For those returning to the General Class ONLY:

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 s 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.

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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 and programs related to the governance of the profession; and that the information is collected, used and disclosed in accordance with the Health Professions Procedural Code and the CTCMPAO By-Laws.

I promise to immediately inform CTCMPAO in writing if any of the information on this form changes. For example, I will report if, after submitting this form, I am referred to a hearing for allegations of professional misconduct, incompetence, incapacity or like allegations, by a statutory regulatory body. I further understand that, I must notify the Registrar in writing within thirty (30) days of any change of residential, business or employment address, email address or telephone number.

I authorize CTCMPAO to obtain information from other regulatory bodies, educational institutions, present and former employers, any of my past and/or present treating regulated health practitioners, and any other sources for the purposes related to my application for registration, including any experience and qualifications.

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.

Declared by:

Signature of Member	**Date of Signature (mm/dd/yyyy)**
Full Legal Name of Member	

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9. FEES

- **Application to Change Class Fee[1] (Inactive to General less than 2 years since entry to Inactive Class)** **$50.00**
- **Application to Change Class Fee[1] (Inactive to General more than 2 years since entry to Inactive Class)** **$200.00**
- **Pro-rated registration fee by quarter in which you are registered**

April 1 – June 30	**$1300.00**
July 1 – September 30	**$975.00**
October 1 – December 31	**$650.00**
January 1 – March 31	**$325.00**

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)

☐ **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.