

# COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF NEWFOUNDLAND AND LABRADOR (CTCMPANL)

## 2018 -2019 PAN-CANADIAN ENTRY-LEVEL AND CTCMPANL PRACTICAL EXAMINATIONS APPLICATION FORM

### EXAMINATION SCHEDULE

Applications Accepted:	May 1, 2018 (9:00 a.m.)
Application Deadline:	June 29, 2018 (5:00 p.m.)
Accommodation for Special Needs Request Deadline:	June 29, 2018 (5:00 p.m.)
Application Withdrawal Deadline:	July 6, 2018 (5:00 p.m.)
Written Examinations:	October 13, 2018
NL Practical Examinations:	October 14, 2018
Clinical Case Study Examinations:	January 19, 2019
NL Practical Examinations:	January 20, 2019

### IMPORTANT INFORMATION

READ the following BEFORE completing the application. All documents are available on [www.ctcmpanl.ca](http://www.ctcmpanl.ca).

- (1) Candidate Examination Guide,
- (2) Application Guide - Pan Canadian Examinations
- (3) Application Guide – CTCMPANL Practical Examination Guide
- (4) CTCMPANL Bylaws
- (5) Blueprint for the Pan-Canadian Written Examinations for TCM Practitioners, Acupuncturists and Herbalists,
- (6) Blueprint for the Pan-Canadian Clinical Case-Study Examinations for TCM Practitioners, Acupuncturists and Herbalists,
- (7) Entry-Level Occupational Competencies for the Practice of Traditional Chinese Medicine in Canada

### EXAMINATION ELIGIBILITY

- Application deadline for 2018 Pan-Canadian Entry-Level Examination and the CTCMPANL Practical Exam is 5 pm on Friday, June 29, 2018. All application materials must arrive in the CTCMPANL office by the deadline.
- Seating capacity is limited for each exam. Early (completed) applications receive priority in seat assignment. You are not guaranteed a seat by meeting the application deadline.
- CTCMPANL Examination Board must approve each application to write an exam. Therefore all candidates must meet the minimum requirements.
- **Registrants wishing to practice in Newfoundland must also complete the CTCMPANL Practical Exam**
- Please refer to Examination Registration Policy of the Application Guide for detailed eligibility information.

### EXAMINATION POLICIES

Please refer to the Application Guide for examination policies, and in particular:

- Credential Evaluation Report (Examination Registration Policy):  
MUST be submitted if you completed education (TCM or 2-year University/College) outside Canada.
- Refund Policies (Refund Policy): No deferral is allowed.
- Accommodation for Special Needs (Accommodation for Special Needs)
- Examination Repeat Policies (Rules for Repeating Examinations)

\*Successful completion of competency exams is **ONE** requirement for CTCMPANL registration. The ability to legally work in Canada (i.e. permanent resident or citizenship) is not a requirement to write the exam, but is a requirement to work in the province



## DOCUMENT CHECKLIST

Put an "x" in the box next to the documents enclosed.

It is YOUR responsibility to deliver all documents/forms/fees to CTCMPANL by the deadline.

DOCUMENTS REQUIRED BY ALL APPLICANTS		OFFICE USE
<input type="checkbox"/> <b>Document Checklist</b> (this page) - original (complete & signed)		<input type="checkbox"/>
<input type="checkbox"/> <b>Application Form - original</b> (complete & signed)		<input type="checkbox"/>
<input type="checkbox"/> <b>Certified photo taken within 6 months</b> (1½"W x 2"L) - affixed on the application form		<input type="checkbox"/>
<input type="checkbox"/> <b>Clear photocopy certified: one piece of photo identification</b> (i.e. passport, driver's license)		<input type="checkbox"/>
<input type="checkbox"/> <b>Application Fee – Pan Canadian Examination</b>		<input type="checkbox"/>
<input type="checkbox"/> <b>Application Fee – CTCMPANL Practical Examination</b>		<input type="checkbox"/>
<input type="checkbox"/> <b>Written Examination Fee</b>		<input type="checkbox"/>
<input type="checkbox"/> <b>Clinical Examination Fee</b>		<input type="checkbox"/>
<input type="checkbox"/> <b>Practical Examination Fee</b>		<input type="checkbox"/>
SUPPORTING DOCUMENTS (See Examination Registration Policy on Application Guide for details)		OFFICE USE
<b>Proof of TCM education</b> (if not submitted previously):		<input type="checkbox"/>
<input type="checkbox"/> <b>Official Transcript for TCM education completed in Canada</b> (sealed school envelope)		<input type="checkbox"/>
<b>OR</b>		
<input type="checkbox"/> <b>Basic ICES report</b> (TCM education completed outside Canada, including transcript)		<input type="checkbox"/>
ICES confirmation # _____ ICES must mail directly to CTCMPANL		
<b>Proof of 2-year Post secondary education</b> (if not submitted previously):		<input type="checkbox"/>
<input type="checkbox"/> <b>Official Transcript for Post secondary completed in Canada</b>		<input type="checkbox"/>
<b>OR</b>		
<input type="checkbox"/> <b>Basic ICES report for Post secondary completed outside Canada</b>		<input type="checkbox"/>
PLEASE NOTE		
<ul style="list-style-type: none"> <li>Application Deadline: June 29, 2018 (5:00 p.m.)</li> <li>Print your name on the front of payment</li> <li>No post-dated payments</li> <li>Additional fee for NSF cheques.</li> <li>Keep copies of all application documents for your file. NO documents will be returned to you.</li> <li>Examination seats are assigned on a first-come basis to completed applications.</li> </ul>		
SIGNATURE		
<hr style="width: 80%; margin: 0 auto;"/> Print Name of Applicant	<hr style="width: 80%; margin: 0 auto;"/> Signature of Applicant	<hr style="width: 80%; margin: 0 auto;"/> Date (MM/DD/YYYY)



## APPLICATION FORM INSTRUCTIONS

- (1) Please carefully read all instructions before completing your application form.
- (2) Submit TWO SEPERATE payments payable to "CTCMPANL" in the amount set out in Section 8 (Total Fees).
- (3) To avoid delay in processing your application, please ensure that you complete all sections of the form, attach all required documents, sign the Document Checklist and Declaration, and attach payment.
- (4) The application form will not be processed if the College does not receive a completed application with all required attachments.
- (5) Please take care to print or type the information on the application form. Illegible applications will be returned.
- (6) Mail or deliver your completed application form to the College according to the instructions provided in the Examination Submission section (end of application form).

### 1. PURPOSE OF APPLICATION (Fee – Section 8)

Please select from the following:	Examinations required	
	Acupuncturist	
	Written	Clinical
<input type="checkbox"/> <b>First – time</b> Acupuncturist written and clinical exam	✓	✓
<input type="checkbox"/> <b>First – time</b> CTCMPANL Practical Exam	-	-
<input type="checkbox"/> <b>Repeating</b> Acupuncturist written and clinical exam	✓	✓
<input type="checkbox"/> <b>Repeating</b> Acupuncturist clinical exam only		
<input type="checkbox"/> <b>Repeating</b> CTCMPANL Practical Exam	-	-

### 2. PERSONAL INFORMATION

<b>Legal First Name</b>	<b>Legal Last Name</b>	<b>Legal Middle Name (if any)</b>
<b>Previous First Name</b> <i>(only if different from legal name)</i>	<b>Previous Last Name</b> <i>(only if different from legal name)</i>	<b>Previous Middle Name</b> <i>(only if different from legal name)</i>
<b>I am an existing registrant of CTCMPANL.</b> <input type="checkbox"/> R.Ac <b>Registration Number:</b> _____		Please affix a recent photo here  <b>(1½" W x 2" L)</b>  (Not required for existing registrant)
<input type="checkbox"/> <b>I have previously applied for CTCMPANL registration/examination.</b> <b>My Application Reference Number was</b> _____		
<input type="checkbox"/> <b>I have never applied for CTCMPANL registration/examination. This is my first application.</b>		
<b>Date of Birth</b>	<b>MM</b>	<b>DD</b>
		<b>YYYY</b>
<b>Gender</b>		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>For Office Use</b>		
Appn No. :		



### 3. CONTACT INFORMATION

Address:

		Postal Code:
City:	Province:	Country:
Tel:	Email (Mandatory):	

### 4. TWO-YEAR POST SECONDARY EDUCATION

Detailed instructions are available on CTCMPANL website and Application Guide (Examination Registration Policy)

- Enclose an official transcript of your 2- year post secondary education completed within Canada, OR
- Enclose an original basic ICES report of your 2- year post secondary education completed outside of Canada

Period <i>(mm/yy– mm/yy)</i>	Name and length of Program <i>(hours)</i>	Institution Name and Address	Attendance <i>(check one)</i>
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other

Note: F/T = Full-time   P/T = Part-time   Other = neither full-time nor part-time

### 5. TCM / ACUPUNCTURE EDUCATION AND TRAINING

Detailed instructions are available at CTCMPANL website and Application Guide (Examination Registration Policy)

- TCM education completed in Canada: enclose an up-to-date official transcript in envelope sealed by school (with course hours - see website for TCM transcript requirements) OR
- TCM education completed outside Canada: ask ICES to send an original basic ICES report with TCM transcript attached directly to CTCMPANL.

Period <i>(mm/yy– mm/yy)</i>	Name and length of Program <i>(hours)</i>	Institution Name and Address	Attendance <i>(check one)</i>
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other
			<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other

Note: F/T = Full-time   P/T = Part-time   Other = neither full-time nor part-time



## 6. TOTAL FEES (In Canadian Dollars)

Please check one of the following boxes:	Application (Non-refundable)	Written Exam	Clinical Exam	Practical Full	Total
<input type="checkbox"/> Acupuncturist written, clinical, practical	<input type="checkbox"/> \$250	<input type="checkbox"/> \$450	<input type="checkbox"/> \$350	<input type="checkbox"/> \$600	
<input type="checkbox"/> Acupuncturist clinical only	<input type="checkbox"/> \$150	Nil	<input type="checkbox"/> \$350	Nil	
<input type="checkbox"/> Acupuncturist practical only	<input type="checkbox"/> \$250	Nil	Nil	<input type="checkbox"/> \$600	
				<b>I am paying a total fee of:</b>	\$

## PLEASE NOTE

1. Please note that all fees must be submitted at the time of application, payable to "CTCMPANL".
2. No post-dated cheques
3. If you are applying for written, clinical AND practical exams, please submit payments as follows:
  - A: Money Order to cover
    - application fee
    - written exam fee
  - B: Personal cheque to cover: separate cheques for each clinical exam to be taken
    - clinical exam fee
 This cheque will be destroyed if you do not pass the written exam.
  - C: Personal cheque to cover: separate cheques for each clinical exam to be taken
    - practical exam fee
4. If you are applying to write a clinical exam ONLY, please submit a money order to cover
  - application fee,
  - clinical exam fee
5. If you are applying to write the practical exam ONLY, please submit a money order to cover
  - application fee,
  - practical exam fee
  - **Only registrants wishing to practice in Newfoundland must complete the CTCMPANL Practical Exam**

## 7. TERMS AND CONDITIONS

CTCMPANL will cancel, without refund, an application or registration including forged or altered documents. The College reserves the right to verify educational credentials with the issuing institutions/authority, including, but not limited to, sending copies of transcripts to the institution/authority for verification and/or authentication. It is the sole responsibility of the applicant to provide sufficient information and proof to the satisfaction of CTCMPANL. In considering any applications, the Examination Board may require an investigation by a panel and/or supplementary testing.



## 8. APPLICANT'S DECLARATION

I, \_\_\_\_\_, declare that all the information and statements made in or submitted with this application are true, complete and correct, and I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath. I also understand that misstatements or omissions of material facts may be cause for denial of this application, or for suspension or revocation of registration.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## EXAMINATION SUBMISSION

Please print out copies for your personal record.

Use the checklist in this application form to ensure that you have provided all required information and documents. Mail or deliver your completed application form to:

**CTCMPANL – Examination Applications**  
**47 Leslie Street,**  
**St. John's, NL A1E 2V7**

## STATUS OF YOUR APPLICATION

- You will be notified by email regarding the status of your application and information on where the exam is to take place

## PRIVACY STATEMENT

CTCMPANL is committed to protecting the privacy of people whose personal information is held by the CTCMPANL through responsible information management practices. Any personal information provided to CTCMPANL is collected, used and disclosed in accordance with the Freedom of Information and Protection of Privacy Act (FOIPP Act). Please contact the Chair of the College if you have any questions or concerns.

– END –

