



## PAN-CANADIAN EXAMINATIONS – APPLICATION FORM

### APPLICATION FORM INSTRUCTIONS

#### Application Deadline – Refer to CTCMPANL website for submission dates.

1. Please ensure that you complete all sections of the form and attach all required documents.
2. Please print or type the information clearly on the application form. Illegible applications will be considered as incomplete application.
3. **Please submit your completed application form and supporting documentation(s)** according to the instructions provided in the Examination Submission section (end of application form). – **NEW Information Included**
4. All the application documents/forms/fees must be **received** by CTCMPANL **before the application deadline**
5. Incomplete application (with missing information on the application form and/or missing required documents) will not be processed. It will be shredded after the examination deadline to protect your personal information.
6. Keep copies of all application documents for your file. NO documents will be returned to you.
7. Examination seats are assigned on a first-come basis to completed applications.
8. Refer to the CARB/TCMPA website for the current fees - [Pan-Canadian Examinations - CARB-TCMPA](#)

#### DOCUMENT CHECKLIST (Put an “X” in the box next to the documents enclosed)

OFFICE  
USE

<input type="checkbox"/>	<b>Document Checklist</b> (this page) - original (completed & signed)	
<input type="checkbox"/>	<b>Application Form - original</b> (completed & signed)	
<input type="checkbox"/>	<b>Photo taken within 12 months</b> (1½”W x 2”L) - affixed on the application form – not required for current registrant	

<input type="checkbox"/> <b>Clear photocopy: one piece of Government-issued photo identification</b> (i.e. passport, driver's license) --- not required for current registrant	
<input type="checkbox"/> <b>Proof of TCM education (if not submitted previously)</b>  <b>Official Transcript for TCM education completed in Canada (sealed school envelope);</b> <b>OR</b> <input type="checkbox"/> <b>Basic ICES report for TCM education completed outside Canada with a copy of transcript attached</b> ICES confirmation # _____ <b>ICES must mail directly to CTCMPANL</b>	
<input type="checkbox"/> <b>Proof of 2-year study of Liberal Arts or Sciences (if not submitted previously)</b> <b>Official Transcript for 2-year education completed in Canada;</b> <b>OR</b> <input type="checkbox"/> <b>Basic ICES report for 2-year education completed outside Canada</b> ICES confirmation # _____ (if available)	
<input type="checkbox"/> <b>Supplementary Form (if applicable) - original</b> (completed & signed)	

## 1. PURPOSE OF APPLICATION

PCE Computer-Based Testing (CBT) Examinations     first-time     repeating

Acupuncturists Examination  
 TCM Herbalists Examination  
 TCM Practitioners Examination

## 2. PERSONAL INFORMATION

<b>Legal Last Name</b>	<b>Legal First Name</b>	<b>Legal Middle Name (if any)</b>
<b>Previous Last Name</b> <i>(only if different from legal name)</i>	<b>Previous First Name</b> <i>(only if different from legal name)</i>	<b>Previous Middle Name</b> <i>(only if different from legal name)</i>

<b>My current status with CTCMPANL (Please select ONE of the following only)</b> <input type="checkbox"/> <b>Current Registrant</b> Registration Number: _____ <input type="checkbox"/> <b>Previously applied for CTCMPANL registration/examination</b> Application Number: _____ <input type="checkbox"/> <b>Never applied for CTCMPANL registration/examination. This is my first application.</b>				Please affix a photo taken within 12 months here <b>(1½" W x 2" L)</b>  (Not required for current registrant)
<b>Date of Birth</b>	<b>MM</b>	<b>DD</b>	<b>YYYY</b>	
<b>For Office Use</b> Applicant No. :				

### 3. EMAIL ADDRESS

**Email (Mandatory):**

### 4. TWO-YEAR STUDY OF LIBERAL ARTS OR SCIENCES

Detailed instructions are available on CTCMPANL website and Application Guide

- **2-year education completed within Canada:** enclose an official transcript, **OR**
- **2-year education completed outside of Canada:** enclose an original basic ICES report

Period (mm/yyyy–mm/yyyy)	Name and length of Program (hours)	Institution Name	Attendance (check one)
			<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

- **TCM education completed in Canada:** enclose an up-to-date official transcript in envelope sealed by school OR
- **TCM education completed outside Canada:** ask ICES to send an original basic ICES report with TCM transcript attached directly to CTCMPANL.

\*\*See Candidate Pan Canadian Examination Guide - CTCMPANL for ICES contact information\*\*

<b>Period</b> <i>(mm/yyyy– mm/yyyy)</i>	<b>Name and length of Program</b> <i>(hours)</i>	<b>Institution Name</b>	<b>Attendance</b> <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. CHOICE OF EXAMINATION LANGUAGE

Please select **ONE** only:

English

Simplified Chinese (简体)

Traditional Chinese (繁體)

## 8. 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 Education and Examination Committee may require an evaluation by a panel and/or supplementary testing.

## 9. 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. By submitting your application to write the Pan-Canadian Examinations, you authorize CTCMPANL to share your personal information (full name, email address, birthdate, jurisdiction, school, preferred test centre location, and preferred examination language [English, Simplified Chinese, Traditional Chinese]) with the Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists ( "CARB-TCMPA") and their examination service providers for the purposes of registering you for your examination, delivering your examination, and providing you with your examination results. CTCMPANL, CARB-TCMPA, and their examination service providers take precautions to securely store and transmit your personal information. However, there is always some risk inherent in the storage and transmittal of information in an electronic format. You further authorize CTCMPANL, through CARB-TCMPA, to share with other Traditional Chinese Medicine and Acupuncture ("TCM/A") regulatory bodies in Canada any decision to invalidate your examination results, as outlined in the Candidate Statement of Understanding available for review in the Candidate Handbook, for the purpose of ensuring all regulatory bodies receive notification of invalidation decisions that may impact the candidate registration process. A decision to invalidate examination results made by CARB-TCMPA may affect your registration application with CTCMPANL and may affect a registration application made with another TCM/A regulatory body in Canada. For questions about the collection and distribution of your personal information and examination results, please contact CARB-TCMPA at [admin@carb-tcmpa.org](mailto:admin@carb-tcmpa.org).

I agree to pay the College of Traditional Chinese Medicine Practitioners and Acupuncturists of NL the fees required for the examinations when payment is requested.

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

\_\_\_\_\_  
Date

## EXAMINATION SUBMISSION

**THE COMPLETE EXAMINATION APPLICATION PACKAGE MUST BE RECEIVED BY CTCMPANL NO LATER THAN THE EXAMINATION APPLICATION DEADLINE –4:30 PM**

*Refer to the CTCMPANL website for application deadline*

Please print out copies for your personal record – the application form will be online for a limited period of time only.

Use the checklist in this application form to ensure that you have provided all required information and documents. You may either:

**Mail** your completed application form and supporting documentation(s) to:

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

**OR**

**Please contact (709) 738-0158 for information on electronic submission**

Please Note:

•Signature provided in application form must match your official signature in government-issued identifications to be considered.

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 links found at <https://www.oipc.nl.ca/legislation> and <https://nlchp.ca/member-resources/privacy-and-confidentiality>.