

**BRITISH COLUMBIA  
ACUPRESSURE THERAPISTS' ASSOCIATION  
CONSTITUTION**

**Name and Purpose**

1. The name of the society is "BRITISH COLUMBIA ACUPRESSURE THERAPISTS' ASSOCIATION" (referred to as BCATA).
2. The purposes of the Society are:
  - (1) to encourage public awareness of and education in acupressure;
  - (2) to elevate and maintain the standards of the practice of acupressure;
  - (3) to provide a forum for the exchange of knowledge and support among its members;
  - (4) to promote and assist in the establishment of just laws and codes that support and uphold the practice of qualified acupressure practitioners.

**BYLAWS**

Here set forth, in numbered clauses, are the bylaws providing for the matters referred to in Section 6(1) of the Society Act and any other bylaws.

**MEMBERS**

- 1.1 The membership requirement for full voting membership in BCATA is 390 hours of acupressure training which includes:

a. acupressure theory and technique	190 hours
b. Chinese medical theory	35 hours
c. communications skills	25 hours
d. practicum	125 hours
e. ten (10) personal sessions	15 hours

- 1.2 Detailed descriptions and hours are listed below:

A. ACUPRESSURE THEORY AND TECHNIQUE (minimum of 190 hours)

1. General Theory (minimum of 14 hours)
  - a. history of acupressure
  - b. principles of bodymind acupressure

- c. theory and focus of two point combinations
  - d. contraindications and cautions regarding specific conditions
  - e. concepts of yin and yang: properties and principles
2. Eight Segments (minimum of 14 hours)
    - a. history based on Wilhelm Reich's work
    - b. relationship to emotions
    - c. release methods using specific point combinations
    - d. body focusing techniques
    - e. main pathological signs
  3. Five Phases (minimum of 32 hours)
    - a. description, historical basis and context within Chinese philosophy
    - b. laws of the five elements (cycles)
    - c. five elements as related to the body
    - d. correspondences
    - e. emotional kaleidoscope
  4. Eight Extraordinary Vessels (minimum of 46 hours)
    - a. description
    - b. anatomical location
    - c. main pathological signs
    - d. function
    - e. effective points including master and couple points
  5. Twelve Meridians (minimum of 63 hours)
    - a. description
    - b. function and relationship with organs
    - c. paired relationships
    - d. order and direction of circulation (24 hour cycle)
    - e. anatomical location
    - f. main pathological signs
    - g. relationship to five phases
    - h. psycho-physical associations
    - i. effective points, usage and location, including:
      - (1) source points
      - (2) lo (connecting) points
      - (3) mu (bo or alarm) points
      - (4) shu (yu or associated) points
      - (5) tonification and sedation points
      - (6) windows of the sky (neck) points
  6. Assessment (minimum of 21 hours)
    - a. looking (observation)
      - (i) spirit

- (ii) colour
- (iii) body appearance
- b. listening/smelling
- c. asking (intake both written and oral)
- d. palpating (touching)
  - (i) meridians and points
  - (ii) mu and shu points
  - (iii) pulse reading

## B. CHINESE MEDICAL THEORY (minimum of 35 hours)

1. Etiology – The Cause of Imbalance (minimum of 5 hours)
  - a. exogenous causes - six external pathogens
  - b. endogenous causes - seven evil emotions
2. Patterns of Imbalance and Assessment (minimum of 10 hours)
  - a. eight principles
  - b. zang-fu organ patterns
  - c. six channels (divisions)
  - d. four levels (defense, nutritive, qi, blood)
3. Fundamental Substances of the Body (minimum of 5 hours)
  - a. qi (ki)
  - b. blood (xue)
  - c. jing (essence)
  - d. shen (spirit)
  - e. fluids
4. Function of Points – usage and location (minimum of 15 hours)
  - a. entry and exit
  - b. general and group lo
  - c. combining
  - d. six main
  - e. eight meeting
  - f. accumulation
  - g. independent associated
  - h. reunion
  - i. four seas

## C. COMMUNICATION SKILLS (minimum of 25 hours)

1. Active Listening
2. Body Focusing Techniques
3. Guiding the Client's Process
4. Supporting a Client
5. Applying the Code of Ethics in a Therapeutic Relationship

D. PRACTICUM (minimum of 125 documented hours)

E. TEN (10) PERSONAL SESSIONS (minimum 15 documented hours)

1. A minimum of five (5) personal sessions must be from an authorised instructor of the applicant's modality.

2. The remaining five (5) personal sessions may be from an authorised practitioner or an authorised instructor of the applicant's modality.

1.3 The curriculum shall include adequate clinical instruction with fifty percent (50%) of hours devoted to demonstration and clinical practice.

1.4 Members who have graduated from trademarked or authorised programs must be in compliance with all registration or licensing requirements of that program.

### **Phasing In The Thousand Hour Membership Requirement**

1.5(a) The requirements for the admission of new voting members to the BCATA will be increased to one thousand (1000) hours between 2002 and 2006 in accordance with the following Protocol. All requirements must be fulfilled by December 31 of the year in which they come into effect.

<b>DATE</b>	<b>Requirement</b>	<b>Hours</b>	<b>Total</b>
<b>Present</b>	As in section 1.2.A	390 hours	390
<b>October 2003 AGM</b>	First Aid Mandatory Practicum Supervision	7	397
<b>October 2004 AGM</b>	Personal Development Professional Ethics Contraindications	100 25 3	525
<b>October 2005 AGM</b>	Supervised Practicum Anatomy and Physiology Related Acupressure, Acupuncture theory, counselling, or adjunctive modality courses	75 100 85	785
<b>October 2006 AGM</b>	Pathology Professional Business Management	25 42	

Advanced Treatment Design	42	
Related Acupressure, Acu- Puncture theory, counselling, Or adjunctive modality courses	106	1000

1.5(b) The directors will create guidelines and evaluate as to whether applicants' curriculum meet or fulfil membership requirements. They have the power to credit similar classes or make substitutions within a category as long as the total number of hours within that category is fulfilled.

### **Grandparenting Clause**

1.6 Current voting members are grandparented in.

### **New Admissions**

1.7(a) Up until the October 2003 AGM, applicants for full voting membership as acupressurists must meet the requirements under sections 1.1, 1.2, 1.3, and 1.4; and

(b) After the October 2003 AGM, applicants for full voting membership are admitted according to the membership requirements in effect at the time of their application.

### **Lapsed Members**

1.8 Members who allow their memberships to lapse will have to adhere to the new registration standards that apply at the time of their reapplication.

### **Student Membership**

1.9 Student Membership is non-voting and requires the student to be enrolled in an approved acupressure program.

## **APPLICATION PROCEDURES**

2. A person may apply to the directors for membership in the society and on acceptance by the directors shall be a member.

## CODE OF ETHICS

- 3.1 Every member shall comply with the BCATA Code of Ethics.
- 3.2 Social/Ecological Concern: Members recognise their responsibility to the health and evolution of this planet.
- 3.3 Professional Conduct: Members conduct themselves in a professional and ethical manner, perform only those services for which they are qualified, and represent their education, certification, professional affiliation and their qualifications honestly. They do not in any way profess to practice medicine or psychotherapy, unless licensed by their province.
- 3.4 Health History and Referrals: Members keep accurate clients records, including profiles of the body/mind health history. They discuss with clients any problem areas that may contraindicate use of acupressure techniques, and refer clients to appropriate medical or psychological professionals when indicated.
- 3.5 Professional Appearance: Members pay close attention to cleanliness, personal hygiene, and professional appearance of self and clothing, of linens and equipment, and of the office environment in general. They endeavour to provide a relaxing atmosphere, giving attention to reasonable scheduling and clarity about fees.
- 3.6 Communication and Confidentiality: Members maintain clear and honest communications with their clients and keep all client information, whether medical or personal, strictly confidential. They clearly disclose techniques used, appropriately identifying each in the scope of their professional practice. They inform clients of legal limits to confidentiality.
- 3.7 Intention and Trust: Members are encouraged to establish and maintain trust in the client's relationship and to establish clear boundaries and an atmosphere of safety.
- 3.8 Respect of Clients: Members respect the client's physical/emotional state and do not abuse clients through actions or words or silence, nor take advantage of the therapeutic relationship. They in no way participate in sexual activity with a client. They consider the clients comfort zone for touch and for degree of pressure, and honour the client's requests as much as possible with personal, professional and ethical limits. They acknowledge the inherent worth and individuality of each person and therefore do not unjustly discriminate against clients nor colleagues.
- 3.9 Professional Integrity: Members present BCATA and other organisations in a professional and compassionate manner. They represent

themselves and their practice accurately and ethically. They conduct their business honestly. They do not give fraudulent information nor misrepresent BCATA or themselves to students or clients. They do not act in a manner derogatory to the nature and positive intention of BCATA or other professional organisations.

3.10 Professional Courtesy: Members respect the standards set by BCATA and they respect service marks, trademarks, and copyright laws. Professional courtesy includes respecting all ethical professionals in speech, writing, or otherwise, and communication clearly with others.

3.11 Professional Excellence: Members strive for professional excellence through regular assessment of personal and professional strengths and weaknesses and by continued education and training.

## **STANDARDS OF PRACTICE**

4.1 Every member shall comply with the BCATA Standards of Practice.

### **Training**

4.2 A Registrant shall practice only those therapeutic methods which the Registrant has sufficient training to perform safely.

### **Referral from and Recommendation to Another Licensed Practitioner**

4.3 If a Registrant determines

- (a) that his/her own expertise or acupressure therapy is not appropriate to treat that client for the referred condition, or
- (b) that the client's condition warrants further assessment and treatment by a Licensed Practitioner, the Registrant shall, with the client's consent, direct that client back to the referring licensed Practitioner.

4.4 A Registrant shall, with the client's consent, consult with the referring Licensed Practitioner before recommending any alternate and/or complementary course of treatment.

### **Treatment Environment**

4.5 A Registrant shall render acupressure therapy

- (a) in a safe environment, by doing the following:
  - (i) maintaining clean and tidy treatment and reception areas;

- (ii) providing clean linens or other similar materials; for each client;
  - (iii) maintaining adequate hand-washing procedures before and after each client;
  - (iv) providing unobstructed fire exits and readily available fire extinguishers, and by knowing and instructing all staff in fire safety for the facility;
- (b) in a comfortable environment, by doing the following:
- (i) providing adequate space for the safe movement of both client and the Registrant, so as to minimise inadvertent physical contact between client and the Registrant;
  - (ii) maintaining appropriate room temperature.

### **Notices**

4.6 A Registrant shall:

- (a) display in a visible location, a notice setting out the Registrant's policies and procedures concerning a client's payment for services, and fees for missed appointments;
- (b) provide to a client on request, a copy of the Code of Ethical Conduct and Standards of Practice;
- (c) display the Registrant's Certificate of Registration in his/her primary practice location.

### **Client Consent to Treatment**

4.7 Before commencing a treatment, a Registrant shall:

- (a) obtain and record all necessary information for a safe and effective treatment, including a case history, a physical assessment, and the reason for any Licensed Practitioner's referral;
- (b) describe to the client the proposed treatment, and any risks of the treatment which the Registrant knows or ought to know may be of concern to the client, given his or her history and presenting conditions;
- (c) answer to the best of the Registrant's ability any of the client's questions concerning the proposed treatment;
- (d) explain confidentiality and the limits to confidentiality, i.e. under what conditions the Registrant is required by law to make a disclosure (see section 4.19 (b) )
- (e) obtain the client's consent to provide the proposed treatment, in writing.

4.8 A Registrant shall discontinue the rendering of a treatment if, at any time, the client withdraws his or her consent to that treatment, whether verbally, in writing or by other means of communication.

4.9 When treating a person under 19 years of age:

(a) The Registrant shall obtain written consent from at least one parent.

(b) In the cases where the parents live separately, are divorced or in the process of divorce, the registrant shall inquire as to whom the legal or interim guardian of the child is and obtain consent from that person.

(c) Under the Infants Act or common law a child can give legally binding consent for themselves if the registrant determines:

(1) The child has sufficient maturity and intelligence to understand the nature of the treatment being proposed and any risks involved.

(2) The consent is being given voluntarily and not by undue pressure or fraud.

(3) The proposed service is in the child's best interest.

(d) Regardless of section 4.9(c) it is better--and more in the interest of the child's healing--to get consent from a parent or guardian whenever possible.

### **Clothing Protocol**

4.10 A Registrant must inform a client in advance of the appropriate clothing to be worn for the session

4.11 A Registrant shall practice acupuncture with the client remaining fully clothed.

4.12 A Registrant shall respect the right of the client to decline the removal of certain or any clothing.

4.13 If a client is unable to remove or replace an item of clothing personally, the Registrant may assist the client so long as the client has consented to that assistance.

4.14 In any public setting, where acupuncture therapy is to be provided, a Registrant shall respect the client's need for privacy, as the situation permits.

### **Potentially Painful Treatments**

4.15 A Registrant shall not inflict pain as an objective of treatment.

4.16 A Registrant shall make every effort to minimise pain during treatment.

4.17 A Registrant shall promptly cease or modify treatment in response to a client's request.

### **Client Confidentiality**

4.18 A Registrant shall maintain confidentiality of client information.

4.19 Notwithstanding section 4.18, a Registrant may disclose relevant client information verbally or by a copy of the Health Care Record when

- (a) the client has directed the Registrant, verbally or in writing, to make that disclosure, or
- (b) required by law, i.e., where danger to a person or property is revealed or where children are at risk of abuse or physical harm.

4.20 A Registrant shall ensure that all office and support personnel who have access to a client's Health Care Record permanently undertake to maintain the confidentiality of client information.

### **Delegation and Supervision**

4.21 A Registrant may delegate acupuncture therapy treatment to a Student Intern, provided the Registrant

- (a) provides adequate supervision in accordance with the Clinical Practicum Standards as set out in the Curriculum Standard, as approved by the Board, and
- (b) assumes full responsibility for the acupuncture therapy treatment.

4.22 A Registrant is responsible for adequate supervision and direction to all office and support personnel for all interactions with clients.

### **Health Care Record Keeping**

4.23 Registrant shall generate an indelible clinical record for each client containing:

- (a) the client's name, address and birth date;
- (b) the name of any referring practitioner;
- (c) the date of each professional visit, and the name of the person who rendered the treatment;
- (d) health history obtained and updated, findings obtained, clinical impressions and relevant information of the client's condition;

- (e) a treatment plan, including objectives, treatments provided, instructions given, periodic reassessment findings and treatment revisions;
- (f) all written reports received from or sent to other sources with respect to the client.

4.24 A Registrant shall ensure that the information in a Health Care Record is current, legible, accurate and complete.

4.25 A Registrant shall not

- (a) falsify any part of a client's Health Care Record, or
- (b) sign or issue a certificate, report or any document that contains false or misleading statements concerning a client's Health Care Record.

4.26 A Registrant shall maintain possession and control over a client's Health Care Record, until that Record can be destroyed or transferred in accordance with Preservation of Health Care Records, sections 4.31 to 4.35.

#### **Client Access to Health Care Record**

4.27 For the purposes of this section, "access to" means a client's opportunity to examine his/her Health Care Record and obtain photocopies.

4.28 A Registrant shall respond to a client's request for access to his/her Health Care Record as soon as possible in a medical emergency, otherwise within 30 days of the request by producing the original Health Care Record for inspection.

4.29 Where a Registrant provides access and a client requests a copy of the Health Care Record, a copy shall be provided to the client and the Registrant may charge the cost of photocopying that Health Care Record.

4.30 When seeing a child under 19 years of age the registrant shall:

- (a) At the time of obtaining the consent of the child's parent or guardian, discuss with them what kinds of information can be disclosed, to whom and in what circumstances. Conversely there should be a discussion about what kind of information should remain confidential between the registrant and the child and why.
- (b) It is reasonable for the registrant to provide the parents with a summary of the work being done with the child.
- (c) In the event a child under 19 has given their own consent (see section 4.9(c) their records are their own and their permission is needed to disclose them except where the registrant is legally required to do so (section 4.19(b)).

### **Preservation of Health Care Records**

4.31 A Registrant shall ensure that Health Care Records remain in the Registrant's treatment facility or place of business until it is necessary to destroy or transfer the records.

4.32 A Registrant shall retain Health Care Records in a safe and secure place for at least seven years after the date of the last treatment entered in a client's record

4.33 After the applicable retention period in 4.32 has elapsed, and a Registrant elects to dispose of a Health Care Record, he/she may do so by effectively destroying the physical Record by shredding, burning or erasing the information.

4.34 A Registrant may, with the client's consent, transfer a Health Care Record to another Registrant, the client or a Licensed Practitioner.

4.35 A Registrant shall make appropriate arrangements by the appointment of another Registrant as custodian to secure the Health Care Records, in the event that the Registrant dies or becomes unable to practice for any reason and is unable to dispose of the Health Care Records in accordance with 4.34.

### **Locum**

4.36 When a Registrant enlists the services of a Locum, the Health Care Records, both existing and newly-created during the Locum's tenure, remain the property of the Registrant.

### **Practising with Other Registrants**

4.37 Where a Registrant shares a practice with one or more other Registrants, each individual Registrant shall ensure that they obtain a consent for treatment from the mutual client.

## **CONTINUING EDUCATION POLICIES AND PROCEDURES**

4.38 A Registrant shall comply with the provisions of the Continuing Education Guidelines as approved by the Board.

### **Purpose and Goals**

4.39 BCATA members are individually responsible for demonstrating high standards of knowledge and competence in the practice of acupressure.

4.40 The BCATA Board of Directors has the power to review and change guidelines.

4.41 The examples provided in this section are intended to guide a member's ability in participating successfully in the Continuing Education requirement.

4.42 Members are encouraged to balance continuing education according to their needs, and in particular with respect to 4.43 Category 1, Practical Education, and Professional Development 4.48 and 4.49.

### **Categories of Continuing Education:**

#### **Practical Education**

4.43 Category 1, Practical Education: Courses that are directly related to acupressure, treatment of clients, and communication skills. Examples include anatomy, physiology, first aid, counselling, and acupressure courses. One day of coursework = 6 credits. One-half day or evening = 3 credits.

4.44 Category 2, Practical Education: Courses in related healing modalities such as stress management, therapeutic touch, body work, and biofeedback. One day of coursework = 3 credits. One-half day or evening = 1 ½ credits.

4.45 Category 3, Professional Wellness: Courses taken from a teacher authorised in their modality for personal development such as yoga, tai chi, chi gong, and bodywork. Maximum of 3 credits per year.

4.46 Category 4, On-going personal development: Includes short or long-term study groups and personal support groups. Maximum of 3 credits per year.

#### **Professional Development**

4.47 Professional Development: Refers to courses covering skills necessary to conduct and maintain an acupressure practice as a health professional, and to promote its awareness to the public and other professional communities. These include clinical record keeping, jurisprudence, legal responsibility, and marketing. One day of coursework = 6 credits. One-half day or evening = 3 credits.

4.48 Combined Professional Development and Practical Education: covers independent study, research, articles leading to professional publication, mentoring and being mentored, case studies, educational article for the Pressure Release, conference presentations (BCATA or other).

4.49 BCATA Organizational Development: Active participation in the organisation, development, and educational standards of BCATA fulfils the CE requirement for the year served.

### **Accreditation of Activities**

4.50 Questions about course value or content may be discussed with the Education Committee or Board of Directors.

4.51 Course content and independent study may be pre-approved by the Education Committee or Board of Directors.

### **Sources for Continuing Education**

4.52 Sources include and are not necessarily limited to community colleges, universities, distance education, community centres, acupuncture schools, recognised acupressure schools, and reputable instructors certified by their organisation.

### **Reporting Credits**

4.53 Documents as proof: photocopy of certificate of attendance or completion; registration receipt signed and dated by the instructor; other written verification as proof of completion.

4.54 Members submit CE credits with annual membership renewal. The BCATA will provide a Continuing Education form.

4.55 The Board of Directors has the power to review and change documenting procedures.

## **BCATA COMPLAINTS COMMITTEE PROCEDURES**

5. A Complaints Committee shall be created in accordance with the BCATA Complaints Committee Procedures and have the powers stated herein.

## **Committee Membership**

5.1 The Chairperson shall be elected by the Board of Directors. A Co-Chairperson and at least two other members shall be appointed by the Chairperson with the Board's approval.

5.2 The term for the Committee shall run for as long as determined by the Board of Directors.

## **Duties of Committee Chairperson**

5.3 The Committee Chairperson is empowered to call meetings of the BCATA Complaints Committee as needed during the year.

5.4 After the regular Committee meeting, the Complaints Committee Chairperson may meet with the Board of Directors for the purpose of presenting any recommendation at a time set by the President.

## **Officer or Member**

5.5 Any Officer who is charged with not performing the duties as set forth in the Bylaws, or any member who is charged with violating the Bylaws, using BCATA membership for fraudulent purposes, and/or professional misconduct and is subject to a grievance procedure, shall be granted the right to present a defence to the Complaints Committee.

5.6 The duty of the Complaints Committee shall be to review the information presented and render an appropriate and just decision.

## **Complaints**

5.7 All complaints alleging a violation of professional conduct, Code of Ethics, or Bylaws by a member shall be submitted in writing to the Complaints Committee Chairperson. Such written complaint shall be signed by the complainant, and fully state the facts surrounding the acts, or omission thereof, and the nature and extent of the violation alleged. A complaint procedure may be initiated by any member of BCATA or the general public. A complaint from the general public must come from the person with whom the member is alleged to have committed a breach of ethics. The committee does not deal with third party complaints.

## **Complaints Process**

5.8 Complaints against members shall be in writing and submitted to the Complaints Committee Chairperson. The complaints shall specify the Bylaw article, or provision of the Code of Ethics and Conduct, that is alleged to be

violated, and describe in detail the act, or circumstances, that led to the complaint.

5.9 Within fourteen (14) days of receipt of a complaint that complies with the requirements of 5(8), the Complaints Committee Chairperson shall:

- (a) Ask permission of the person who made the complaint to forward a copy of the complaint to the member against whom the complaint is made.
- (b) Serve a copy of the complaint to the member by registered mail provided that permission to do so has been granted in writing by the person who made the complaint.
- (c) Upon receipt of the complaint, the member shall:
  - (i) Have the right to resign. Where such a member resigns, no further proceedings shall take place under this Article. A member who resigns in the face of a complaint shall be deemed to have membership terminated as a result of disciplinary action.
  - (ii) Have the right to respond in writing to the complaint. Such response shall be submitted within 14 days to the Complaints Committee Chairperson.

5.10 Upon receipt of the response by the member, the Complaints Committee Chairperson or a Complaints Committee Director may:

- (a) Encourage the complainant and the member to communicate with each other and resolve the complaint.
- (b) Attempt to facilitate a resolution between the complainant and the investigated person.
- (c) If both the complainant and the member agree, appoint a mediator to attempt to help the parties resolve the dispute.
- (d) Request an expert to assess and provide a written report on the subject matter of the complaint,
- (e) Conduct an investigation, or appoint an investigator to conduct an investigation,
- (f) If satisfied that the complaint is trivial or vexatious, dismiss the complaint,
- (g) If satisfied that there is insufficient or no evidence of a violation by the member, dismiss the complaint, or
- (h) Determine for any reason that it is not appropriate for the BCATA to deal with the complaint through its discipline process.

5.11 The Complaints Committee Chairperson shall advise the complainant and the member of the action taken under this section.

## **Investigation**

5.12 The person conducting the investigation may require that the member produce to the investigator any charts, documents, papers, notes or other materials or things in the member's possession or under the member's control.

5.13 The person conducting the investigation may require the member to answer questions with regard to the investigation.

5.14 The person conducting the investigation may investigate any other matters regarding the member that arise in the course of the investigation.

5.15 Upon completion of the investigation, the Complaints Committee Chairperson may:

(a) Direct that no further action be taken, if in the opinion of the Complaints Committee Chairperson

(i) The complaint is frivolous or vexatious

(ii) There is insufficient evidence of a violation by the member

(b) Refer the matter to arbitration if it appears that there may be substance to the complaint, or

(c) Determine for any reason that it is not appropriate for the BCATA to deal with the complaint through its discipline process, or

(d) Take any of the steps in 5(10) (a) (b) or (c). If the complaint is not satisfactorily resolved, then the Complaints Committee Chairperson shall determine what further action to take.

## **Arbitration**

5.16 If the Complaints Committee Chairperson refers the matter to arbitration, then the Complaints Committee Chairperson shall serve on the member a notice containing the Allegations to be considered by the Arbitrator.

5.17 The Arbitrator shall be appointed by the Complaints Committee Chairperson.

5.18 The arbitration shall be conducted in accordance with the provisions of the Arbitration Act of BC. In order for the arbitration to proceed, the complainant must agree in writing to have the allegations dealt with by arbitration under the Arbitration Act of BC

5.19 The Arbitrator shall determine whether the allegations against the member are proven.

5.20 The costs of the Arbitrator will be paid by the member. The complainant and the member are responsible for their own costs of appearing before the Arbitrator.

5.21 The arbitration shall be closed to the public. The complainant, the member, and representatives of the BCATA may be in attendance at the arbitration at all times.

### **Sanction**

5.22 Where the Arbitrator finds that one or more of the allegations are proven, then the Board of Directors of the BCATA shall determine the sanction to be imposed on the member.

5.23 The Board of Directors shall provide the member with the opportunity to make either oral or written representation with respect to the appropriate sanction.

5.24 The Board of Directors may make one or more of the following orders:

- (a) Reprimand the member,
- (b) Suspend the registration of the member for a specified period or until conditions are met,
- (c) Accept, in place of a suspension, the member's undertaking to limit his/her practice,
- (d) Impose any conditions or limitations on the practice of the member that it consider appropriate,
- (e) Require the member to waive, reduce or repay a fee for services provided by the member that, in the opinion of the committee, were not provided or were improperly provided,
- (f) Cancel the registration of the member;
- (g) Make any further or other order that it considers appropriate.

5.25 If the Board is satisfied that a member has contravened an order of the Board of Directors, then it may direct the Registrar, without the necessity of a further hearing, to order that the registration of the member be suspended or cancelled subject to any terms they consider appropriate and shall serve the member with notice of the cancellation or suspension.

### **Suspension and Expulsion**

5.26 A member who has been suspended from membership remains bound by the terms of the Code of Ethics, the Bylaws and Standards of Practice, but shall forfeit all rights of membership for the duration of the suspension.

5.27 Anyone convicted of a criminal offence in a court of Law which is contrary to our Code of Ethics, Bylaws or Standards of Practice shall be subject to immediate expulsion at the discretion of the Board.

5.28 A member who has been expelled will forfeit the balance of their paid dues.

### **Publication**

5.29 A copy of the decision of the Arbitrator shall be distributed to the complainant, the member, and the Board of Directors.

5.30 The name of the disciplined member, the findings and the decision of the Arbitrator, and the sanction imposed by the Board may be:

- (a) Published in the BCATA newsletter,
- (b) Submitted to those insurance companies and other third party payers that pay directly or reimburse insured clients' claims for members' services,
- (c) Submitted to these insurance companies that provide liability coverage for BCATA members.

### **Records**

5.31 A record shall be kept of all complaints submitted under this Article. The record shall show the disposition of all such complaints.

### **Resolution of Complaints**

5.32 A complaint is not considered to be resolved under 5.10 (a) (b) or (c) unless the Board agrees to the resolution on behalf of the BCATA.

## **MEMBERSHIP DUES**

6. The amount of the first annual membership dues shall be determined by the directors and after that, at the annual general meeting of the society.

## **TERMINATION OF MEMBERSHIP**

7. A person shall cease to be a member of the society

- (a) by delivering his resignation in writing to the secretary of the society or by mailing or delivering it to the address of the society;

- (b) on his/her death or in the case of a corporation, on dissolution;
- (c) on being expelled; or
- (d) on having been a member not in good standing for 12 consecutive months.

### **MEMBERS IN GOOD STANDING**

8. All members are in good standing except:
- (a) a member who has failed to pay their current annual membership fee or any other subscription or debt owing by them to the society and they are not in good standing as long as the debt remains unpaid;
  - (b) A member who is under suspension by the Complaints Committee.

### **GENERAL MEETINGS AND VOTING**

9. The annual general meeting shall be held in October of each year and the financial year of the society shall be October 1 to September 30 and that membership fees are due at the annual general meeting.
10. An annual general meeting shall be held at least once in every calendar year and not more than 15 months after the holding of the last preceding annual general meeting.
- 11(a) A member in good standing present at a meeting of members is entitled to one vote.
- (b) Voting is by show of hands.
  - (c) Voting by proxy is not permitted.

### **DIRECTORS AND OFFICERS**

12. A total of seven directors of the society are to be elected by the members of the society at the Annual General Meeting held at a location chosen by the directors. These directors include the president, vice-president, secretary, treasurer, registrar, and two members-at-large. A student representative may also be elected at this time.
13. Directors may serve unlimited one-year terms, but the president and the vice-president are allowed to serve no more than two consecutive one-year terms.

14. Directors may be removed by the simple majority of votes at a general meeting for wrongdoing or misconduct; the president and the vice-president may be removed by the simple majority of votes by the directors.

15. The president, vice-president, directors, and officers of the society have their respective duties as follows:

- (a) The president must see to it that the society functions properly and smoothly;
- (b) The vice-president must assist the president in fulfilling his duties and in the absence of the presidents, the vice-president must carry on the duties normally performed by the president;
- (c) The president is responsible to the directors.
- (d) The directors must see to it that the president is capable of running the society satisfactorily and in accord with the constitution, and the directors are responsible to the members of the society as a whole.
- (e) The officers are appointed by the president to perform specific duties as required by the president.

16. Being the president or vice-president or directors or officers of the society does not, by itself, entitle the person to receive remuneration for the position; the president or vice-president or directors or officers of the society are entitled to receive remuneration for the specific services to the society in relation to a particular project or activity.

17. In order to carry out the purposes of the society the directors may, on behalf of and in the name of the society, raise or secure the payment or repayment of money in the manner they decide, and in particular but without limiting the foregoing, by the issue of debentures. No debenture shall be issued with the sanction of a special resolution.

18. The secretary shall

- (a) conduct the correspondence of the society;
- (b) issue notices of meetings of the society and directors;
- (c) keep minutes of all meetings of the society and directors;
- (d) have custody of all records and documents of the society except those required to be kept by the treasurer;
- (e) have custody of the common seal of the society; and
- (f) maintain a register of yearly members in society files.

19. The treasurer shall

- (a) keep the financial records, including books of account, necessary to comply with the Society Act; and

- (b) render financial statements to the directors, members, and others when required.

20. The offices of secretary and treasurer may be held by one person who shall be known as the secretary-treasurer.

21. The registrar shall

- (a) be responsible for the registration process of new and renewing members of the society;
- (b) maintain the membership register in current condition;
- (c) ensure that the membership receive current membership lists in a timely manner;
- (d) assist with society mailings.