

6045232389

FACSIMILE TRANSMITTAL SHEET		
PCTIA Luke Kim, President		H+
Attn: Ms. Karin Kitkpatrick, CEO & Registrar		
778-945-0606	3/6/2012	
604-569-0033	TOTAL NO. OF PAGES INCLUDENCE COVER	
Request for Re-consideration	YOUR RECERDICE NUMBER	

Dear Ms. Karin Kirkpatrick,

I am faxing the request for re-consideration which was e-mailed to you this morning.

I am looking forward to hearing from you soon.

Thank you very much.

Sincerely,

Luke Kim

March 06, 2012

Dear Ms, Karin Kirkpatrick

I am pleased to have an opportunity to request you to reconsider the decision made on March 02, 2012 due to the poor quality of facility of Central College.

s.22

I am extremely devastated to receive the decision from PCTIA as the decision was made due to the water leak and related damage that might be harmful to students and didn't meet the standard of PCTIA bylaws. That is the reason why we have been rushing to move to another place as soon as possible. Central College has complied with the PCTIA bylaws to keep the high standard of quality education since accredited in 2002.

Since spring 2000, Central College has been operating for over 12 years and now became one of the best TCM schools in BC. We started our school from Burnaby and moved to this site in 2006. After I took over the management early 2011, I noticed this building had a leaking problem and requested the landlord to fix it right away. However, the landlord didn't keep his responsibility to fix the roof, which is indicated on the lease contract despite our repeating requests. As far as I know, during the summer in 2011the landlord sent an gentleman for air quality and mold check for safety and it was OK but the roof fix to prevent from further damage was recommended. However, the roof fix wasn't done. We decided to move out to the better facility near current location to avoid any inconvenience and any possible potential health problem of students right after rain began to start in fall 2011 even before the expiry date,, which was reported to PCTIA on our annual report. As a matter of fact, we started to look for new location since last summer. However, it was not easy to find the right size building in right area. Now, our offer to offer is in place and we are ready for moving forward. I really wanted to provide a nice, neat and clean facility to our students. That's why most students are aware of our moving plan. We even did an oral survey from the students to find out their preferred location.

s.21 Approximately 80% of the students rely on student loan. Effective from March 12, 2012, TCM graduates from non-accredited school are not eligible to take TCM licence exams based on the CTCMA Bylaws.

Without accredited status, our school can't run TCM program which will give very seriously negative impact on the interest of students. As of March 05, 2012, the semester has been completed 60% because we started this semester on January 04 2012. If we have to stop this program, students will be in very difficult situation as they will have to start this program from the beginning even if they are transferred to other TCM institutions, for students preparing for coming CTCMA licence exam in fall 2012, they will lose the chance to take it and wait for one more year. It will be against the goal of Central College and PCTIA as well.

Based on the TCM licence exam 2011 result report by CTCMA, the average score of our

graduates is the best among TCM schools located in Greater Vancouver area and other BC. The difference is over 10% between the lowest and our school graduates', which has proven the high quality of instructions of Central College TCM program. In terms of curriculum review done CTCMA, our self study report has been approved by CTCMA dated on January 24, 2012 and

The commitment to our students is always to provide the best quality education within the pleasant and safe environment.

It is my fault not to deal with the landlord properly for the best environment for our students. However, \$.22 for losing accreditation status resulting from leaking problem not from poor quality of our service to students.

I desperately beg you to re-consider your decision for restoring the status by proving possible remedy for the best benefit of students within my ability.

- 1. Evacuate the whole upper floor and create 3 classrooms using unused rooms on the lower floor immediately for temporary use.
- Move to new facility within 1 month.

site-visit for clinical part was done on February 20, 2012.

- Formerly school used 4,300 Sqf. with 5 big classrooms and offices near Columbia sky train station. I have met the listing realtor and it is available immediately.

s.22

Please give us one more and last chance to contribute anything that I have for our TCM students.

I know you are too busy but I would like to ask you to share some time for me to discuss this matter.

Hook forward to hearing from you soon.

Thank you very much,

Sincerely,

Luke Kim Central College



Instructions

After printing, sign the form and attach any additional documentation and send it in to the Agency. Changes made on this form will not be processed until the Agency has received a printed and signed copy.

Institute: 2684 - CENTRAL COLLEGE

Legal Business Name

Operating Name

Legal Status

CENTRAL COLLEGE INC.

CENTRAL COLLEGE

Incorporated Company No. 618692

Registration Anniversary

Accreditation Status

Accreditation Effective Date

01/03/2013

Accredited

01/09/2002

Address and Contact Information

Operating Address

Mailing Address

Telephone Number

55 8TH STREET NEW WESTMINSTER, BC

55 8TH STREET

6045232388

V3M 3N8 CANADA NEW WESTMINSTER, BC V3M 3N8

V3M 3N8 CANADA

Website Address

General Email Address

Fax Number

www.centralcollege.ca

info@centralcollege.ca

6045232389

Registered Voter

Person with PID or Equivalent

Web User

LUKE KIM

MINGHUA SHANG

LUKE KIM

Registered Voter Email Address

Primary Contact Position

Web User Email Address

s.22

PRESIDENT

info@centralcollege.ca

Senior Educational Administrator

Primary Contact Person

LUKE KIM

LUKE KIM

Alternate Contact Name

Alternate Contact Email

Complete the Following

Date that student records were last archived to your designated Student Records Archive Vendor: 28/02/2013

Please give any details of any planned changes for the next year in each of the categories below. If changes are planned click the "Changes Planned" checkbox

Changes in Senior Educational Administrator: No

Changes in Ownership: No

Changes in Locations (Closures, Moves or Additions): No

Changes In Programs: No

Other Changes: No

Locations

No Additional Registered Locations

Ownership/Shareholder/Board Member Information

s.22

Programs

ACUPUNCTURE - YEAR 1

		THE RESIDENCE OF THE PROPERTY
NOC Code: 3232 - (OLD) Midwives and Practitioners of Natural Healing		
Credential Awarded	Duration	Schedule
Diploma	12.00 Months (31 WK;) 51.6 WKS	Full Time or Part Time
Program Hours	Work Experience	Work Experience Type
640	No	No work experience component
Work Experience Duration	Application/Registration Fee (\$CAD)	Tultion Fee (\$CAD)
0.00 Weeks	\$150.00	\$8,400.00
International Tuition (\$CAD)	Kit/Material/Book Fee Combined (\$CAD)	Other Fees (\$CAD)
\$8,400.00	\$1,500.00	\$10.00
International Application/Registration Fee (\$CAD)	Instructor Qualifications	Admission Requirement
\$250.00	DEGREE/DIPLOMA; CTCMA LICENSED; 2 YRS PRACTICAL EXPERIENCE.	HIGH SCHOOL DIPLOMA (OR EQUIVALENT) OR OVER THE AGE OF 19.

https://cf.pctia.bc.ca/dotnet/private2/RenewalOfRegistrationPrintOut.aspx

ACUPUNCTURE - YEAR 2

NOC Code: 3232 - (OLD) Midwives and Practitioners of Natural Healing Credential Awarded Duration Schedule 12.00 Months (32 wks) 51.6 Wks Diploma Full Time or Part Time Program Hours Work Experience Work Experience Type 640 No work experience component Work Experience Duration Application/Registration Fee (\$CAD) Tuition Fee (\$CAD) 0.00 Weeks \$150.00 \$8,400.00 International Tuition (\$CAD) Kit/Material/Book Fee Combined Other Fees (\$CAD) (\$CAD) \$8,400.00 \$0.00 \$0.00 International Instructor Qualifications Admission Requirement Application/Registration Fee (\$CAD) \$250.00 DEGREE/DIPLOMA; CTCMA HIGH SCHOOL DIPLOMA (OR LICENSED; 2 YRS PRACTICAL EQUIVALENT) OR OVER THE AGE EXPERIENCE. OF 19.

ACUPUNCTURE - YEAR 3

NOC Code: 3232 - (OLD) Midwives and Practitioners of Natural Healing Credential Awarded Duration Schedule Diploma 12.00 Months (32. WKS) Full Time or Part Time 51.6 WKS Program Hours Work Experience Work Experience Type 632 No work experience component Work Experience Duration Application/Registration Fee (\$CAD) Tuition Fee (\$CAD) 0.00 Weeks \$150,00 \$8,400.00 PCTIA = 1912 hs International Tuition (\$CAD) Other Fees (\$CA INST. = 1920 hrs Kit/Material/Book Fee Combined (\$CAD) \$8,400.00 \$0.00 \$0.00 International Instructor Qualifications Admission Requirement Application/Registration Fee (\$CAD) \$250.00 DEGREE/DIPLOMA; CTCMA HIGH SCHOOL DIPLOMA (OR LICENSED; 2 YRS PRACTICAL EQUIVALENT) OR OVER THE AGE EXPERIENCE. OF 19.

CONTINUING EDUCATION - ORIENTAL MEDICINE

NOC Code: 3232 - (OLD) Midwives and Practitioners of Natural Healing

Credential Awarded

Duration

Schedule

https://cf.pctia.bc.ca/dotnet/private2/RenewalOfRegIstrationPrintOut.aspx

Certificate 16.00 Hours CE or Part-time

Program Hours Work Experience Work Experience Type

No No work experience component

Work Experience Duration Application/Registration Fee (\$CAD) Tuition Fee (\$CAD)

0.00 Weeks \$50.00 \$500.00

International Tuition (\$CAD) Kit/Material/Book Fee Combined Other Fees (\$CAD) (\$CAD)

\$500.00 \$0.00 \$0.00

International Instructor Qualifications Admission Requirement

Application/Registration Fee (\$CAD)

\$50.00 DEGREE/DIPLOMA; CTCMA ANY LICENSED TCM REGISTRANT LICENSED; 2 YRS PRACTICAL CAN APPLY. ANY LICENSED TCM EXPERIENCE. REGISTRANT WHO HAS BEEN OUT

PERIENCE.

REGISTRANT WHO HAS BEEN OUT
OF PRACTICE FOR MORE THAN
TWO YEARS IS REQUIRED TO
COMPLETE 25 HOURS OF BOARDAPPROVED CONTINUING
EDUCATION EVERY TWO

APPROVED CONTINUING
EDUCATION EVERY TWO
CALENDAR YEARS FOR THE
DURATION WHEN THE
REGISTRANT WAS NOT

PRACTISING.

DOCTOR OF ORIENTAL MEDICINE - YEAR 1

NOC Code: 3232 - (OLD) Midwives and Practitioners of Natural Healing

Credential Awarded Duration Schedule

Diploma 12.00 Months (32 w/s) Full Time or Part Time

Program Hours Work Experience Work Experience Type

No No work experience component

Work Experience Duration Application/Registration Fee (\$CAD) Tuition Fee (\$CAD)

0.00 Weeks \$150.00 \$8,400.00

International Tuition (\$CAD) Kit/Material/Book Fee Combined Other Fees (\$CAD) (\$CAD)

\$8,400.00 \$1,500.00 \$10.00

International Instructor Qualifications Admission Regulrement

Application/Registration Fee (\$CAD)

\$250.00 DEGREE/DIPLOMA; CTCMA HIGH SCHOOL DIPLOMA (OR LICENSED; 2 YRS PRACTICAL EQUIVALENT) OR OVER THE AGE EXPERIENCE. OF 19.

DOCTOR OF ORIENTAL MEDICINE - YEAR 2

NOC Code: 3232 - (OLD) Midwives and Practitioners of Natural Healing

Credential Awarded Duration Schedule

https://cf.pctia.bc.ca/dotnet/private2/RenewalOfRegistrationPrintOut.aspx

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https://cf.pctia.bc.ca/dotnet/private2/RenewalOfRegistrationPrintOut.aspx

Diplo	oma	12.00 Months (32 WKS)	Full Time or Part Time
Prog	ram Hours	Work Experience	Work Experience Type
656		No	No work experience component
Work	k Experience Duration	Application/Registration Fee (\$CAD)	Tuition Fee (\$CAD)
0.00	Weeks	\$150.00	\$8,400.00
Inter	rnational Tultion (\$CAD)	Kit/Material/Book Fee Combined (\$CAD)	Other Fees (\$CAD)
\$8,4	00.00	\$0.00	\$0.00
	national ication/Registration Fee D)	Instructor Qualifications	Admission Requirement
\$250	0.00	DEGREE/DIPLOMA; CTCMA LICENSED; 2 YRS PRACTICAL EXPERIENCE.	HIGH SCHOOL DIPLOMA (OR EQUIVALENT) OR OVER THE AGE OF 19.

DOCTOR OF ORIENTAL MEDICINE - YEAR 3

OC Code: 3232 - (OLD) Midwives and Practitioners of Natural Healing		
Credential Awarded	Duration	Schedule
Diploma	12.00 Months (32 WKS) 51.6 WKS	Full Time or Part Time
Program Hours	Work Experience	Work Experience Type
656	No	No work experience component
Work Experience Duration	Application/Registration Fee (\$CAD)	Tuition Fee (\$CAD)
0.00 Weeks	\$150.00	\$8,400.00
International Tuition (\$CAD)	Kit/Material/Book Fee Combined (\$CAD)	Other Fees (\$CAD)
\$8,400.00	\$0.00	\$0.00
International Application/Registration Fee (\$CAD)	Instructor Qualifications	Admission Requirement
\$250.00	DEGREE/DIPLOMA; CTCMA LICENSED; 2 YRS PRACTICAL EXPERIENCE.	HIGH SCHOOL DIPLOMA (OR EQUIVALENT) OR OVER THE AGE OF 19.

DOCTOR OF ORIENTAL MEDICINE - YEAR 4

	NOC Code: 3232 - (OLD) Midwives and Practitioners of Natural Healing		
Credential Awarded Duration Schedule			Schedule
	Diploma	12.00 Months (32 WKS) 51-6 WKS	Full Time or Part Time
	Program Hours	Work Experience	Work Experience Type
	648	No	No work experience component
	Work Experience Duration	Application/Registration Fee (\$CAD)	Tuition Fee (\$CAD)

0.00 Weeks	\$150.00	\$8,400.00
International Tuition (\$CAD)	Kit/Material/Book Fee Combined (\$CAD)	Other Fees (\$CAD)
\$8,400.00	\$0.00	\$0.00
International Application/Registration Fee (\$CAD)	Instructor Qualifications	Admission Requirement
\$250.00	DEGREE/DIPLOMA; CTCMA LICENSED; 2 YRS PRACTICAL EXPERIENCE.	HIGH SCHOOL DIPLOMA (OR EQUIVALENT) OR OVER THE AGE OF 19.

DOCTOR OF ORIENTAL MEDICINE - YEAR 5

NOC Code: 3232 - (OLD) Midwives and Practitioners of Natural Healing				
Credential Awarded	Duration	Schedule		
Diploma	12.00 Months (32 665) 51.6 WKS	Full Time or Part Tim	e	
Program Hours	Work Experience	Work Experience Typ	pe	
640	No	No work experience	component	
Work Experience Duration	Application/Registration Fee (\$CAD)	Tuition Fee (\$CAD)		
0.00 Weeks	\$150.00	\$8,400.00		
International Tuition (\$CAD)	Kit/Material/Book Fee Combined (\$CAD)	Other Fees (\$CAD)	PCTIA =	
\$8,400.00	\$0.00	\$0.00	INST. = 33	12 hrs
International Application/Registration Fee (\$CAD)	Instructor Qualifications	Admission Requireme	ent	
\$250.00	DEGREE/DIPLOMA; CTCMA LICENSED; 2 YRS PRACTICAL EXPERIENCE.	HIGH SCHOOL DIPLO EQUIVALENT) OR OV OF 19.		

ESL (ENGLISH AS A SECOND LANGUAGE)

NOC Code: 5199 - (OLD) English as a Second Language (ESL) or other second language training		
Credential Awarded	Duration	Schedule ,
Certificate	8.00 Months (32 WKS) 34.4 WKS	Full Time or Part Time
Program Hours	Work Experience	Work Experience Type
640	No	No work experience component
Work Experience Duration	Application/Registration Fee (\$CAD)	Tuition Fee (\$CAD)
0.00 Weeks	\$150.00	\$5,200.00
International Tuition (\$CAD)	Kit/Material/Book Fee Combined (\$CAD)	Other Fees (\$CAD)
\$6,400.00	\$1,500.00	\$0.00

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https://cf.pctia.bc.ca/doinet/private2/RenewalOfRegistrationPrintOut.aspx

International

Application/Registration Fee

(\$CAD)

Instructor Qualifications Admission Requirement

\$250.00

MUST HOLD A BACHELOR DEGREE AND A TESL CERTIFICATE WITH AT LEAST TWO YEARS

EXPERIENCE TEACHING ENGLISH AS A FOREIGN LANGUAGE;

INSTRUCTOR

HIGH SCHOOL DIPLOMA OR EQUIVALENT.

HERBOLOGY - YEAR 1

NOC Code: 3232 - (OLD) Midwives and Practitioners of Natural Healing

Credential Awarded

Duration

Schedule

Diploma

12.00 Months (32 Wics)

Full Time or Part Time

51.6 WKS

Work Experience

Work Experience Type

640

No

No work experience component

Work Experience Duration

Application/Registration Fee (\$CAD) Tultion Fee (\$CAD)

0.00 Weeks

Program Hours

\$150.00

\$8,400.00

International Tultion (\$CAD)

Kit/Material/Book Fee Combined (\$CAD)

Other Fees (\$CAD)

\$8,400.00

\$1,500.00

\$10.00

International

Application/Registration Fee

Instructor Qualifications

Admission Requirement

HIGH SCHOOL DIPLOMA (OR

(\$CAD) \$250.00

DEGREE/DIPLOMA; CTCMA LICENSED; 2 YRS PRACTICAL

EQUIVALENT) OR OVER THE AGE

EXPERIENCE.

OF 19.

HERBOLOGY - YEAR 2

NOC Code: 3232 - (OLD) Midwlves and Practitioners of Natural Healing

Credential Awarded

Duration

Schedule

Diploma

12.00 Months (32 WKS) 51.6 WKS

Full Time or Part Time

Program Hours

Work Experience

Work Experience Type

640

No work experience component

Work Experience Duration

Application/Registration Fee (\$CAD)

Tuition Fee (\$CAD)

0.00 Weeks

\$150.00

\$8,400.00

International Tuition (\$CAD)

Kit/Material/Book Fee Combined (\$CAD)

Other Fees (\$CAD)

\$8,400.00

\$0.00

\$0.00

International

Application/Registration Fee

Instructor Qualifications

Admission Requirement

(\$CAD)

\$250.00 DEGREE/DIPLOMA; CTCMA HIGH SCHOOL DIPLOMA (OR

LICENSED; 2 YRS PRACTICAL EXPERIENCE.

EQUIVALENT) OR OVER THE AGE OF 19.

HERBOLOGY - YEAR 3

NOC Code: 3232 - (OLD) Midwives and Practitioners of Natural Healing

Credential Awarded

Duration

Schedule

Diploma

12.00 Months (32 WKs) 51.6 WKS

Full Time or Part Time

Program Hours

Work Experience

Work Experience Type

640

his ok

No

No work experience component

Work Experience Duration

Application/Registration Fee (\$CAD) Tuition Fee (\$CAD)

0.00 Weeks

\$150.00

\$8,400.00

International Tuition (\$CAD)

Kit/Material/Book Fee Combined

Other Fees (\$CAD)

(\$CAD) \$0.00

\$0.00

\$8,400.00 International

Instructor Qualifications

Admission Requirement

Application/Registration Fee

(\$CAD)

\$250.00

DEGREE/DIPLOMA; CTCMA LICENSED; 2 YRS PRACTICAL HIGH SCHOOL DIPLOMA (OR EQUIVALENT) OR OVER THE AGE

OF 19.

ORIENTAL TUI-NA MASSAGE

NOC Code: 3232 - (OLD) Midwives and Practitioners of Natural Healing

Credential Awarded

Duration

51.6 WKS

EXPERIENCE.

Schedule

Diploma

12.00 Months (42 WKS)

Program Hours

Work Experience

Full Time or Part Time Work Experience Type

848

hBOK.

No

No work experience component

Work Experience Duration

Application/Registration Fee (\$CAD) Tuition Fee (\$CAD)

0.00 Weeks

\$150.00

\$11,130.00

International Tultion (\$CAD)

Kit/Material/Book Fee Combined (\$CAD)

Other Fees (\$CAD)

\$11,130.00

\$1,000.00

COURSES

\$150.00

International

Application/Registration Fee

(\$CAD)

Instructor Qualifications

Admission Requirement

\$250.00

2 YEARS EXPERIENCE IN

ORIENTAL TUI-NA MASSAGE, 1 YEAR EXPERIENCE IN DELIVERING

RELEVANT LECTURES. BACHELOR'S DEGREE IN TCM

INCLUDING TUI-NA MASSAGE

HIGH SCHOOL DIPLOMA OR 19 YEARS OLD (MATURE STUDENT) INTERNATIONAL STUDENTS MUST DEMONSTRATE ENGLISH FLUENCY, TOEFL (PBT- 500, CBT-173, IBT-61) OR EQUIVALENT SCORE OF OTHER RECOGNIZED ENGLISH TESTS (IELTS, MELAB, ETC.) OR COMPLETION OF LEVEL 3 AT THE

https://cf.pctla.bc.ca/dotnet/private2/RenewalOfRegistrationPrintOut.aspx

Not the same as website

COLLEGE'S ESL PROGRAM OR ENGLISH PROFICIENCY TEST

PRACTITIONER OF ORIENTAL MEDICINE - YEAR 1

NOC Code: 3232 - (OLD) Midwives and Practitioners of Natural Healing		
Credential Awarded	Duration	Schedule
Diploma	12.00 Months (32 WKs) 51.6 WKs	Full Time or Part Time
Program Hours	Work Experience	Work Experience Type
656	No	No work experience component
Work Experience Duration	Application/Registration Fee (\$CAD)	Tuitlon Fee (\$CAD)
0.00 Weeks	\$150.00	\$8,400.00
International Tuition (\$CAD)	Kit/Material/Book Fee Combined (\$CAD)	Other Fees (\$CAD)
\$8,400.00	\$1,500.00	\$10.00
International Application/Registration Fee (\$CAD)	Instructor Qualifications	Admission Requirement
\$250.00	DEGREE/DIPLOMA; CTCMA LICENSED; 2 YRS PRACTICAL EXPERIENCE.	HIGH SCHOOL DIPLOMA (OR EQUIVALENT) OR OVER THE AGE OF 19.

PRACTITIONER OF ORIENTAL MEDICINE - YEAR 2

NOC Code: 3232 - (OLD) Midwlves and Practitioners of Natural Healing			
Credential Awarded	Duration Schedule		
Diploma	12.00 Months (32 WKS) 51.6 WKS	Full Time or Part Time	
Program Hours	Work Experience	Work Experience Type	
648	No	No work experience component	
Work Experience Duration	Application/Registration Fee (\$CAD)	Tuition Fee (\$CAD)	
0.00 Weeks	\$150.00	\$8,400.00	
International Tuition (\$CAD)	Kit/Material/Book Fee Combined (\$CAD)	Other Fees (\$CAD)	
\$8,400.00	\$0.00	\$0.00	
International Application/Registration Fee (\$CAD)	Instructor Qualifications	Admission Requirement	
\$250.00	DEGREE/DIPLOMA; CTCMA LICENSED; 2 YRS PRACTICAL EXPERIENCE.	HIGH SCHOOL DIPLOMA (OR EQUIVALENT) OR OVER THE AGE OF 19.	

PRACTITIONER OF ORIENTAL MEDICINE - YEAR 3

NOC Code: 3232 - (OLD) Midwives and Practitioners of Natural Healing

Credential Awarded	Duration	Schedule
Diploma	12.00 Months (32 WKS) 51.6 WKS	Full Time or Part Time

Program Hours Work Experience Work Experience Type

648 No No work experience component

Work Experience Duration Application/Registration Fee (\$CAD) Tuition Fee (\$CAD)

0.00 Weeks \$150.00 \$8,400.00

International Tuition (\$CAD) Kit/Material/Book Fee Combined Other Fees (\$CAD)

(\$CAD)

\$8,400.00 \$0.00 \$0.00

International Instructor Qualifications Admission Requirement Application/Registration Fee

(\$CAD)

DEGREE/DIPLOMA; CTCMA HIGH SCHOOL DIPLOMA (OR LICENSED; 2 YRS PRACTICAL EQUIVALENT) OR OVER THE AGE

EXPERIENCE. OF 19.

PRACTITIONER OF ORIENTAL MEDICINE - YEAR 4

NOC Code: 3232 - (OLD) Midwives and Practitioners of Natural Healing

Credential Awarded Duration Schedule

(32 WKS) Diploma 12.00 Months Full Time or Part Time 51.6 WKS

Program Hours Work Experience Work Experience Type

648 No No work experience component

Work Experience Duration Application/Registration Fee (\$CAD) Tuition Fee (\$CAD)

0.00 Weeks \$150.00 \$8,400.00

Kit/Material/Book Fee Combined International Tuition (\$CAD) Other Fees (\$CAD)

(\$CAD)

PCT7A=2600 hrs

\$0.00 \$0.00

INST. = 2616 hrs International

Instructor Qualifications Admission Requ

Application/Registration Fee

(\$CAD)

\$250.00 DEGREE/DIPLOMA; CTCMA HIGH SCHOOL DIPLOMA (OR LICENSED; 2 YRS PRACTICAL EQUIVALENT) OR OVER THE AGE

EXPERIENCE. OF 19.

SUSHI CHEF

\$8,400.00

\$250.00

NOC Code: 6241 - (OLD) Chefs

Credential Awarded Duration Schedule

12.00 Months (48 WKS) Diploma Full Time (20+ hrs/wk) 51.6 WKS

Program Hours Work Experience Work Experience Type

960 External Co-operative Education

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Work Experience Duration Application/Registration Fee (\$CAD) Tuition Fee (\$CAD)

24.00 Weeks \$150.00 \$12,000.00

International Tuition (\$CAD) Kit/Material/Book Fee Combined Other Fees (\$CAD)

(\$CAD)

\$12,000.00 \$0.00

International

Instructor Qualifications Application/Registration Fee (\$CAD)

\$250.00 10 YEARS EXPERIENCE AS A

> SUSHI CHEF, 3 YEARS EXPERIENCE IN DELIVERING RELEVANT LECTURES OR A TEACHING DIPLOMA, COOL OR CHEF CERTIFICATE IN JAPANESE

CUISINE OR SUSHI

HIGH SCHOOL GRADUATION, EQUIVALENT OR OVER 19 YEARS OLD, ENGLISH COMMUNICATION, WRITING AND READING SKILLS, BASIC CALCULATION SKILL, PROOF OF GOOD HEALTH. MEDICAL INSURANCE AND STUDY PERMIT/WORK PERMIT FOR INTERNATIONAL STUDENTS.

Admission Regul NST. = 480 hrs

PCTIA = 960 hrs

INTERNATIONAL STUDENTS MUST DEMONSTRATE MINIMAL ENGLISH

\$500.00

Complete the following form, listing all of your current instructors and their qualifications or attach a separate list that contains all required information.

Chien-Kai Wang

Full-Time/Part-Time Full-Time

Date of Last Performance Review 22/01/2013

Programs/Courses Taught by this Instructor

Fundamentals of OM, Acupuncture Theory I/II, Acupuncture Technique, Oriental Medicine Diagnosis, Observation & Diagnosis Evaluation, Clinical Partial Supervisor, Clinical Proximal Supervisor, Clinical Case

Analysis of how this instructor meets the Minimum Instructor Qualifications s.22

Dong Ho Lee

Full-Time/Part-Time

Full-Time

Date of Last Performance Review

22/01/2013

Programs/Courses Taught by this Instructor

Sushi Chef Program Basic knowledge of Japanese Cuisine, Japanese culinary history, culture and terms, Basic Japanese Cooking Skill, Japanese Foods Cooking Technique I, Japanese Foods Cooking Technique II, Japanese Foods Cooking Technique III, Japanese Foods Cooking Technique IV, Chef food demonstration workshop.

Analysis of how this instructor meets the Minimum Instructor Qualifications

s.22

Itzel Benitez-Hernandez

Full-Time/Part-Time Part-Time

Date of Last Performance Review 15/01/2013

Programs/Courses Taught by this Instructor

Human Anatomy & Physiology I/II, Medical Terminology, Biology & Immunology

Analysis of how this instructor meets the Minimum Instructor Qualifications

s.22

Jian Meng

Full-Time/Part-Time
Part-Time

Date of Last Performance Review 15/01/2013

Programs/Courses Taught by this Instructor

Oriental Medicine Diagnosis, Oriental Nutrition, History of Medicine, Herbology Emergency Measures, Herbology I/II, Fundamental of Oriental Medicine, OM Pediatrics

Analysis of how this instructor meets the Minimum Instructor Qualifications

s.22

Kun Lang Shih

Full-Time/Part-Time
Part-Time

Date of Last Performance Review 23/01/2013

Programs/Courses Taught by this Instructor

Practice Management Laws & Ethics, Counselling and Communication

Analysis of how this instructor meets the Minimum Instructor Qualifications

s.22

Ming Hua Shang

Full-Time/Part-Time

Full-Time

Date of Last Performance Review 29/01/2013

Programs/Courses Taught by this Instructor

Advanced Acupuncture Studies, Breathing Techniques and Oriental Exercise, Acupuncture Theory II, Acupuncture Techniques, Acupuncture Therapeutics, Clinical Case Review, Acupuncture Theories of Various Schools

Analysis of how this instructor meets the Minimum Instructor Qualifications

s.22

Wen Yu Zhang

Full-Time/Part-Time Part-Time

Date of Last Performance Review 31/01/2013

Programs/Courses Taught by this Instructor

s.22

https://cf.pctla.bc.ca/dotnet/private2/RenewalOfRegistrationPrintOut.aspx

12/21

Analysis of how this Instructor meets the Minimum Instructor Qualifications s.22

Ying Chun Xiong

Full-Time/Part-Time Part-Time

Date of Last Performance Review 29/01/2013

Programs/Courses Taught by this Instructor Human Anatomy & Physiology I/II

Analysis of how this Instructor meets the Minimum Instructor Qualifications s.22

Yu Feng Xi

Full-Time/Part-Time
Part-Time

Date of Last Performance Review 31/01/2013

Programs/Courses Taught by this Instructor
Acupuncture Theory I/II, Acupuncture Technique, Acupuncture Therapeutics I

Analysis of how this instructor meets the Minimum Instructor Qualifications

s.22

Zhi Hong Huang

Full-Time/Part-Time
Full-Time

Date of Last Performance Review 29/01/2013

Programs/Courses Taught by this Instructor

Oriental Herbal Prescription I/II, Oriental Internal Medicine I/II, OM Pediatrics, Discussion of Cold-Induced Disorders, OM Gynecology, The Yellow Emperor's Internal Classics, Synopsis of the Golden Chamber, Case Review

Analysis of how this instructor meets the Minimum Instructor Qualifications \$.22

Continuous Improvement Framework (Section 33 of Bylaws)

Section 33 of the PCTIA Bylaws require that all accredited institutions implement an evaluation process that results in continuous improvement. Before providing program-specific information in the area(s) below, please outline the areas of overall institutional improvement, if any, that have taken place in the past year:

Addition of new programs: 1. Short sushi programs 2. Reflexology programs 3. Specialized ESL programs Addition of new equipment for OM programs Strengthen graduate placement services New location: moved in March 2012

Please complete for each Program.

ACUPUNCTURE - YEAR 1

Program Outcomes

s.21

Overall Student Satisfaction (as reported by surveys) Very satisfied

Strengths of Program

Very intensive program to train students who want to be a registered Acupuncturist.

Very high passing rate of Acupuncture competency exam administered by CTCMA.

Abundance of patients at school clinic enables clinical training students to be exposed to different types of diseases to be cured by Acupuncture treatment.

Areas of Improvement of Program
No areas of Improvement of this program

PAC Recommendation No recommendations

Action Plan
No action plan

ACUPUNCTURE - YEAR 2

Program Outcomes

s.21

Overall Student Satisfaction (as reported by surveys) Very satisfied

Strengths of Program

Very intensive program to train students who want to be a registered Acupuncturist,

Very high passing rate of Acupuncture competency exam administered by CTCMA.

Abundance of patients at school clinic enables clinical training students to be exposed to different types of diseases to be cured by Acupuncture treatment.

Areas of Improvement of Program
No areas of improvement of this program

PAC Recommendation No recommendations

Action Plan No action plan

ACUPUNCTURE - YEAR 3

Program Outcomes

s.21

Overall Student Satisfaction (as reported by surveys) Very satisfied

Strengths of Program

Very intensive program to train students who want to be a registered Acupuncturist.

Very high passing rate of Acupuncture competency exam administered by CTCMA.

Abundance of patients at school clinic enables clinical training students to be exposed to different types of diseases to be cured by Acupuncture treatment.

https://cf.pctia.bc.ca/dotnet/private2/RenewalOfRegistrationPrintOut.aspx

14/21

Areas of Improvement of Program
No areas of Improvement of this program

PAC Recommendation
No recommendations

Action Plan No action plan

CONTINUING EDUCATION - ORIENTAL MEDICINE

Program Outcomes

s.21

Overall Student Satisfaction (as reported by surveys) Very satisfied

Strengths of Program

This program is for registered Acupuncturist, Herbologist, Practitioner and Dr. of TCM in BC.

We provide updated continuing professional development programs (CPD) to upgrade their TCM knowledge.

Areas of Improvement of Program
No areas of Improvement of this program

PAC Recommendation
No recommendations

Action Plan
No action plan

DOCTOR OF ORIENTAL MEDICINE - YEAR 1

Program Outcomes

s.21

Strengths of Program

The highest level of program to train students who want to be a registered Dr. of TCM

A highly advanced level of study in Oriental Medicine offers advanced study in Acupuncture and Herbal Medicine involving more modern clinical research.

Very high passing rate of Dr. of TCM exam administered by CTCMA.

Abundance of patients at school clinic enables clinical training students to be exposed to different types of diseases to be cured by Acupuncture and herbal medicine treatment,

Areas of Improvement of Program

Needs to improve the herbal part of clinical training

PAC Recommendation

Needs to Improve the herbal part of clinical training by real herbal medicine formulation

Provide herbal medicine to patients with reasonable fees for the clinical training purpose

Action Plan

Started providing herbal medicine to the low income patients free of charge and Herbal clinical training students must formulate real herbal medicine based on the symptoms of patients even though the patients don't want herbal medicine from September 2012

DOCTOR OF ORIENTAL MEDICINE - YEAR 2

Program Outcomes

s.21

Overall Student Satisfaction (as reported by surveys) Very satistied

Strengths of Program

The highest level of program to train students who want to be a registered Dr. of TCM

A highly advanced level of study in Oriental Medicine offers advanced study in Acupuncture and Herbal Medicine Involving more modern clinical research.

Very high passing rate of Dr. of TCM exam administered by CTCMA.

Abundance of patients at school clinic enables clinical training students to be exposed to different types of diseases to be cured by Acupuncture and herbal medicine treatment.

Areas of Improvement of Program

Needs to improve the herbal part of clinical training

PAC Recommendation

Needs to improve the herbal part of clinical training by real herbal medicine formulation

Provide herbal medicine to patients with reasonable fees for the clinical training purpose

Action Plan

Started providing herbal medicine to the low income patients free of charge and Herbal clinical training students must formulate real herbal medicine based on the symptoms of patients even though the patients don't want herbal medicine from September 2012

DOCTOR OF ORIENTAL MEDICINE - YEAR 3

Program Outcomes

s 21

Overall Student Satisfaction (as reported by surveys) Very satistied

Strengths of Program

The highest level of program to train students who want to be a registered Dr. of TCM

A highly advanced level of study in Oriental Medicine offers advanced study in Acupuncture and Herbal Medicine involving more modern clinical research.

Very high passing rate of Dr. of TCM exam administered by CTCMA.

Abundance of patients at school clinic enables clinical training students to be exposed to different types of diseases to be cured by Acupuncture and herbal medicine treatment.

Areas of Improvement of Program

Needs to improve the herbal part of clinical training

PAC Recommendation

Needs to improve the herbal part of clinical training by real herbal medicine formulation

Provide herbal medicine to patients with reasonable fees for the clinical training purpose

Action Plan

Started providing herbal medicine to the low income patients free of charge and Herbal clinical training students must formulate real herbal medicine based on the symptoms of patients even though the patients don't want herbal medicine from September 2012

DOCTOR OF ORIENTAL MEDICINE - YEAR 4

Program Outcomes

s.21

Overall Student Satisfaction (as reported by surveys) Very satisfied

https://cf.pctia.bc.ca/dotnet/private2/RenewalOfRegIstrationPrintOut.aspx

16/21

Strengths of Program

The highest level of program to train students who want to be a registered Dr. of TCM

A highly advanced level of study in Oriental Medicine offers advanced study in Acupuncture and Herbal Medicine involving more modern clinical research.

Very high passing rate of Dr. of TCM exam administered by CTCMA.

Abundance of patients at school clinic enables clinical training students to be exposed to different types of diseases to be cured by Acupuncture and herbal medicine treatment.

Areas of Improvement of Program

Needs to Improve the herbal part of clinical training

PAC Recommendation

Needs to improve the herbal part of clinical training by real herbal medicine formulation

Provide herbal medicine to patients with reasonable fees for the clinical training purpose

Action Plan

Started providing herbal medicine to the low income patients free of charge and Herbal clinical training students must formulate real herbal medicine based on the symptoms of patients even though the patients don't want herbal medicine from September 2012

DOCTOR OF ORIENTAL MEDICINE - YEAR 5

Program Outcomes

s.21

Strengths of Program

The highest level of program to train students who want to be a registered Dr. of TCM

A highly advanced level of study in Oriental Medicine offers advanced study in Acupuncture and Herbal Medicine involving more modern clinical research.

Very high passing rate of Dr. of TCM exam administered by CTCMA.

Abundance of patients at school clinic enables clinical training students to be exposed to different types of diseases to be cured by Acupuncture and herbal medicine treatment.

Areas of Improvement of Program

Needs to Improve the herbal part of clinical training

PAC Recommendation

Needs to improve the herbal part of clinical training by real herbal medicine formulation

Provide herbal medicine to patients with reasonable fees for the clinical training purpose

Action Plan

Started providing herbal medicine to the low income patients free of charge and Herbal clinical training students must formulate real herbal medicine based on the symptoms of patients even though the patients don't want herbal medicine from September 2012

ESL (ENGLISH AS A SECOND LANGUAGE)

Program Outcomes

s.21

Strengths of Program

Providing various customized ESL programs not only to International students but also to domestic students to meet the requirement of different types of post-secondary level of programs in North America.

Areas of Improvement of Program
No areas of Improvement of this program

PAC Recommendation No recommendations

Action Plan No action plan

HERBOLOGY - YEAR 1

Program Outcomes

s.21

Overall Student Satisfaction (as reported by surveys) Very satistied

Strengths of Program

Very intensive program to train students who want to be a registered Herbologist.

Very high passing rate of Herbologist competency exam administered by CTCMA.

Abundance of patients at school clinic enables clinical training students to be exposed to different types of diseases to be cured by Herbal medicine treatment.

Areas of Improvement of Program

Needs to improve the herbal part of clinical training

PAC Recommendation

Needs to improve the herbal part of clinical training by real herbal medicine formulation

Provide herbal medicine to patients with reasonable fees for the clinical training purpose

Action Plan

Started providing herbal medicine to the low income patients free of charge and Herbal clinical training students must formulate real herbal medicine based on the symptoms of patients even though the patients don't want herbal medicine from September 2012

HERBOLOGY - YEAR 2

Program Outcomes

s.21

Strengths of Program

Very Intensive program to train students who want to be a registered Herbologist.

Very high passing rate of Herbologist competency exam administered by CTCMA.

Abundance of patients at school clinic enables clinical training students to be exposed to different types of diseases to be cured by Herbal medicine treatment.

Areas of Improvement of Program

Needs to improve the herbal part of clinical training

PAC Recommendation

Needs to improve the herbal part of clinical training by real herbal medicine formulation

Provide herbal medicine to patients with reasonable fees for the clinical training purpose

Action Plan

Started providing herbal medicine to the low income patients free of charge and Herbal clinical training students must formulate real herbal medicine based on the symptoms of patients even though the patients

https://cf.pctia.bc,ca/dotnet/private2/RenewalOfRegistrationPrintOut.aspx

don't want herbal medicine from September 2012

HERBOLOGY - YEAR 3

Program Outcomes

s.21

Overall Student Satisfaction (as reported by surveys)

Very satisfied

Strengths of Program

Very intensive program to train students who want to be a registered Herbologist.

Very high passing rate of Herbologist competency exam administered by CTCMA.

Abundance of patients at school clinic enables clinical training students to be exposed to different types of diseases to be cured by Herbal medicine treatment.

Areas of Improvement of Program

Needs to improve the herbal part of clinical training

PAC Recommendation

Needs to improve the herbal part of clinical training by real herbal medicine formulation

Provide herbal medicine to patients with reasonable fees for the clinical training purpose

Action Plan

Started providing herbal medicine to the low income patients free of charge and Herbal clinical training students must formulate real herbal medicine based on the symptoms of patients even though the patients don't want herbal medicine from September 2012

ORIENTAL TUI-NA MASSAGE

Program Outcomes

Enrolments:

Attrition:

Graduations:

Employments:

Overall Student Satisfaction (as reported by surveys)

Strengths of Program

Areas of Improvement of Program

PAC Recommendation

Action Plan

PRACTITIONER OF ORIENTAL MEDICINE - YEAR 1

Program Outcomes

s.21

Overall Student Satisfaction (as reported by surveys)

Very satisfied

Strengths of Program

This program is a combination of both Acupuncture and Herbology programs into one intensive Oriental Medicine program. Abundance of patients at school clinic enables clinical training students to be exposed to different types of diseases to be cured by Herbal medicine treatment.

Areas of Improvement of Program

Needs to improve the herbal part of clinical training

PAC Recommendation

Needs to improve the herbal part of clinical training by real herbal medicine formulation

Provide herbal medicine to patients with reasonable fees for the clinical training purpose

Action Plan

Started providing herbal medicine to the low income patients free of charge and Herbal clinical training students must formulate real herbal medicine based on the symptoms of patients even though the patients don't want herbal medicine from September 2012

PRACTITIONER OF ORIENTAL MEDICINE - YEAR 2

Program Outcomes

s.21

Overall Student Satisfaction (as reported by surveys)

Very satisfied

Strengths of Program

This program is a combination of both Acupuncture and Herbology programs into one Intensive Oriental Medicine program. Abundance of patients at school clinic enables clinical training students to be exposed to different types of diseases to be cured by Herbal medicine treatment.

Areas of Improvement of Program

Needs to improve the herbal part of clinical training

PAC Recommendation

Needs to improve the herbal part of clinical training by real herbal medicine formulation

Provide herbal medicine to patients with reasonable fees for the clinical training purpose

Action Plan

Started providing herbal medicine to the low income patients free of charge and Herbal clinical training students must formulate real herbal medicine based on the symptoms of patients even though the patients don't want herbal medicine from September 2012

PRACTITIONER OF ORIENTAL MEDICINE - YEAR 3

Program Outcomes

s.21

Overall Student Satisfaction (as reported by surveys)

Very satisfied

Strengths of Program

This program is a combination of both Acupuncture and Herbology programs into one intensive Oriental Medicine program. Abundance of patients at school clinic enables clinical training students to be exposed to different types of diseases to be cured by Herbal medicine treatment.

Areas of Improvement of Program

Needs to improve the herbal part of clinical training

PAC Recommendation

Needs to improve the herbal part of clinical training by real herbal medicine formulation

Provide herbal medicine to patients with reasonable fees for the clinical training purpose

Action Plan

Started providing herbal medicine to the low income patients free of charge and Herbal clinical training students must formulate real herbal medicine based on the symptoms of patients even though the patients don't want herbal medicine from September 2012

PRACTITIONER OF ORIENTAL MEDICINE - YEAR 4

Program Outcomes

s.21

https://cf.pctla.bc.ca/dotnet/private2/RenewalOfRegistrationPrintOut.aspx

Overall Student Satisfaction (as reported by surveys) Very satisfied

Strengths of Program

This program is a combination of both Acupuncture and Herbology programs into one intensive Oriental Medicine program. Abundance of patients at school clinic enables clinical training students to be exposed to different types of diseases to be cured by Herbal medicine treatment.

Areas of Improvement of Program

Needs to improve the herbal part of clinical training

PAC Recommendation

Needs to improve the herbal part of clinical training by real herbal medicine formulation

Provide herbal medicine to patients with reasonable fees for the clinical training purpose

Action Plan

Started providing herbal medicine to the low income patients free of charge and Herbal clinical training students must formulate real herbal medicine based on the symptoms of patients even though the patients don't want herbal medicine from September 2012

SUSHI CHEF

Program Outcomes

s.21

Overall Student Satisfaction (as reported by surveys)

Very satisfied

Strengths of Program

This program provide a high quality and intensive instructions, mainly hands-on practice, for students to meet the high demand of sushi chefs or cooks.

Areas of Improvement of Program

Needs to have short programs as most of students were hired in full-time position before co-op component started.

PAC Recommendation

Create two 3 months programs without co-op.

Monitor the graduates job performance by cooperating with restaurant owners or managers to maintain the quality of this program.

Action Plan

New program applications are ready to submit to PCTIA during April.

Declaration To be completed by Institution Representative

I confirm that the information contained in this report is complete and accurate. I understand that changes to this information must be reported pursuant to the Private Career Institutions Agency Bylaws.

	April 1, 2013
Signature of Declarant	Date
Luke kim	President
Please Print Name	Title/Position

From: Jo MacDonald

Sent: Friday, October 18, 2013 8:58 AM

To: 'luke@centralcollege.ca'

Subject: 2684 - Acknowledge SEA Credential

Attachments: 2684 - Acknowledge SEA Credential KIM 2013.10.11.pdf

Dear Luke,

Please see attached for your PID Acknowledgement approval letter. PCTIA is in the process of going paperless so I won't be mailing this letter out. However, if you do require a hard copy, please inform me and I will mail one out.

Kind regards,

Jo MacDonald
Regulatory and Compliance Assistant



Private Career Training Institutions Agency of BC (PCTIA) 203 – 1155 West Pender St, Vancouver, BC V6E 2P4

P: 604-566-8919 | F: 778-945-0606 | Toll Free: 1-800-661-7441

pctia.bc.ca

twitter.com/PCTIA

Our Mission: To support quality education in British Columbia's private post-secondary career training sector through regulating standards and providing protection to students.

PCTIA is a BC Provincial Crown Corporation under the Ministry of Advanced Education.

203 - 1155 West Pender Street Vancouver, British Columbia Canada V6E 2P4 T. 604-569-0033 F. 778-945-0606 Toll Free. 1-800-661-7441 www.pctia.bc.ca



Institution ID: 2684

October 11, 2013

Mr. Luke Kim Central College 55 8th Street New Westminster, BC V3M 3N8

Dear Mr. Kim:

Thank you for submitting a copy of the NACC Instructor Development Program Foundations and Advanced levels credential achieved by Luke S.H. Kim.

Your institution has now satisfied the requirement that the Senior Educational Administrator hold the Provincial Instructor Diploma or an equivalent.

Please note, any changes in the status of Mr. Kim's employment with Central College must be reported to the Agency as this may affect your institution's compliance with Section 26.4 of the PCTIA Bylaws. The acknowledgement of credential applies only to Mr. Kim. If Mr. Kim leaves your employment, you may need to demonstrate that the new Senior Educational Administrator at your institution has the required credential.

Should you have any questions, please do not hesitate to contact your Regulatory and Compliance Officer at (604) 569-0033 or at the toll-free number above.

Sincerely,

Lust
DN: cn=Monica Lust,
o=PCTIA, ou,
email=mlust@pctia.bc.ca,
c=CA

Monica Lust Assistant Registrar

ML/cw



September 16, 2013

Private Career Training Institutions Agency of BC Attn: Ms. Cindy Bubb, Regulatory and Compliance Officer 203 – 1155 West Pender St. Vancouver, BC V6E 2P4

Dear Ms. Cindy Bubb:

Re: Three Ontario Students' information (Central College - Institution ID: 2684)

As required, I am submitting this letter with all information on Central College in Ontario and three Ontario students along with all documents available.

Period of Operation: October 2005 ~ April 2009

Address: 55 Duncaster Ave. Suite 150, Thornhill, Ontario L3T 1L7

Dates of Attendance: Fall 2007 ~ Fall 2008 (Three semesters)

They were all transferred students from other TCM schools in Ontario and started their studies at Central College, Ontario from Fall 2007 (September 04, 2007) to Fall 2008 (December 16, 2008).

When the previous owner closed Central College in Ontario, the transcripts were transferred and recorded in the student record system of Central College here by him. I was told that the unsuccessful school operation in Ontario was the main reason for shut down. Also, Central College became under my control from September 2009.

I have found a contact person in Toronto who was in charge of Central College in Ontario and keeps the student records.

Name: Hye In Oh
 E-mail address: s.22

She will be available to verify the attendance of those three students.

I trust that this letter with relevant documents and information satisfies you regarding this matter.

Should you have any questions or concerns, please contact us at 604-523-2388 or e-mail me at luke@centralcollege.ca.

I always appreciate your strong support and deep consideration on behalf of Central College.



Sincerely yours,

Luke Kim President

encl.: 3 Attachment.

From: sylvia@centralcollege.ca

Sent: Wednesday, January 21, 2015 2:52 PM

To: info@pctia.bc.ca

Subject: Change of e-mail address

Follow Up Flag: Follow up Flag Status: Flagged

Hello,

my name is Sylvia Kim and I am the alternate contact for Central College.

This e-mail is a confirmation of the change of e-mail address to sylvia@centralcollege.ca

Please keep in mind that the primary e-mail address remains the same.

Please re-send the e-mail regarding PCTIA Site Visitation to the new e-mail address.

Thank you.

Kind Regards,

Sylvia Kim Director of Student Affairs Central College From: info@centralcollege.ca

To: Steve Wong

Subject: Renewal of Registration (Central College)
Date: Thursday, May 26, 2016 3:57:53 PM

Attachments: ID-02684 - Central College Renewal of Registration(final).pdf

Good afternoon Steve,

I have tried to submit the annual renewal of registration directly from the form but there seems to be an error.

As an alternative, I have attached the renewal form to this e-mail.

Also, yesterday I spoke to you about the language selection for the program instruction. As you know, all of our TCM programs are offered in both English and Chinese. However, our ESL program is only offered in English. Please make note since we were unable to do so on the form.

Please let me know if you have any questions or concerns regarding this matter.

Thank you for your time.

Kind regards,

Sylvia Kim Director of Student Affairs Central College



Renewal of Registration

GENERAL INSTITUTION INFORMATION

For changes to your institution which are not allowed in this form, please fill in the appropriate form located at http://www.pctia.bc.ca/institutions/forms.

PCTIA Institution ID ID-02684

Operating Name Central College

Legal Business Name Central College Inc.

Business Type Corporation

Incorporation Number 618692

Registration Status Registered

Registration Renewal Date May 27

Accreditation Status Accredited

Accreditation Renewal Date August 31, 2019

Mailing Address

55 Eighth Street Street

City **New Westminster**

Province BC

Postal Code V3M 3N8

Country Canada

Phone Number

Fax Number

Website Address

Website

Phone

(604) 523-2388

Fax (604) 523-2389

General Email Address

Email info@centralcollege.ca

http://www.centralcollege.ca

Street

City

Province

Postal Code

Country

Phone

Fax

Email

Website

Canada

V3M 3N8

BC

(604) 523-2388

55 Eighth Street

New Westminster

(604) 523-2389

info@centralcollege.ca

http://www.centralcollege.ca

Records Archiving C	ompany		Records Archiving Company		
Datawitness			Datawitness		
Student Record Arc	nive Not Applicable				
Last Student Record	Archive Date	August 26, 2015			
Multi-Level Owners	hip				
○ Yes					
Affiliation Agreeme	nts				
○ Yes					
Fiscal Year End					
Fiscal Year End Dec	ember 31		Fiscal Year End De	ecember 31	
		ADMINIS	TRATION		
For changes to your institu	ition which are not allowed in	this form, please fill in the ap	opropriate form located at <u>l</u>	nttp://www.pctia.bc.ca/institutions/forms.	
Primary Contact					
Salutation	Mr.		Salutation	Mr.	
First Name	Luke		First Name	Luke	
Last Name	Kim		Last Name	Kim	
	President		Job Title	President	
Job Title					
Job Title Business Phone	(604) 523-2388		Business Phone	(604) 523-2388	
			Business Phone Home Phone	(604) 523-2388	

(604) 523-2389

luke@centralcollege.ca

Fax

Email

(604) 523-2389

luke@centralcollege.ca

Fax

Email

Alternate Contact Salutation Salutation **First Name** Sylvia **First Name** Sylvia Kim **Last Name** Kim **Last Name** Job Title Administrator **Job Title** Administrator **Business Phone Business Phone Home Phone Home Phone Mobile Phone Mobile Phone** Fax Fax **Email** sylvia@centralcollege.ca **Email** sylvia@centralcollege.ca **Senior Educational Administrator Salutation Salutation** Mr. **First Name** Luke **First Name** Luke **Last Name** Kim **Last Name** Kim Job Title **Job Title** President **Business Phone Business Phone** 604-523-2388 **Home Phone Home Phone Mobile Phone Mobile Phone** Fax Fax 604-523-2389 **Email** info@centralcollege.ca **Email** Web User Salutation Salutation Mr. **First Name** Luke **First Name** Luke **Last Name** Kim **Last Name** Kim **Job Title** Job Title President **Business Phone Business Phone** 604-523-2388 **Home Phone**

Page	22	of '	167	$\Lambda \square \square$	201	0	020	70
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Mobile Phone

info@centralcollege.ca

Fax

Email

Home Phone

Mobile Phone

Fax

Email

604-523-2389

info@centralcollege.ca

Page 034 to/à Page 035

Withheld pursuant to/removed as

s.22

LOCATIONS

For changes to locations which are not allowed in this form, please fill in the appropriate form located at http://www.pctia.bc.ca/institutions/forms.

Location Type	Street	
Expiry Date	City	
Region	Province	
	Postal Code	
Phone Number		
Phone	Phone	604-523-2388
Fax Number		
Fax	Fax	604-523-2389
On-Site Administrator		
Salutation	Salutation	Mr.
First Name	First Name	Luke
Last Name	Last Name	Kim
Job Title	Job Title	President
	Email	luke@centralcollege.ca

PROGRAMS

 $For changes \ to \ programs \ which \ is \ not \ allowed \ are \ this \ form, \ please \ fill \ in \ the \ appropriate \ form \ located \ at \ \underline{http://www.pctia.bc.ca/institutions/forms}.$

Acupuncture - Year 1

NOC 3232 Practitioners of natural healing

CIP 51.3301 Acupuncture and oriental medicine

Credential	Diploma	Credential	Diploma
Delivery Type	On-Site	Delivery Type	On-Site
Туре	Career Training	Type	Career Training
Lang. Of Instruction	1	Lang. Of Instruction	English
Schedule	Full Time or Part Time	Schedule	Full Time or Part Time
Total Dur. In Weeks	32	Total Dur. In Weeks	32
Total Dur. In Hours	640	Total Dur. In Hours	640
Multi Year	Yes	Multi Year	● Yes
Domestic Fees		Domestic Fees	
Tuition	\$8400	Tuition	\$8400
Registration Fee	\$50	Registration Fee	\$50
Materials		Materials	
Textbooks	\$1500	Textbooks	\$1500
Testing/Assessmen	t	Testing/Assessment	
Other Fees	\$10	Other Fees	\$10
Other Fees Descrip.		Other Fees Descrip.	
International Fees		International Fees	
Tuition	\$8400	Tuition	\$8400
Registration Fee	\$250	Registration Fee	\$250
Materials		Materials	
Textbooks	\$1500	Textbooks	\$1500
Testing/Assessmen	t	Testing/Assessment	
Other Fees		Other Fees	
Other Fees Descrip.		Other Fees Descrip.	
Regulatory Bodies		Regulatory Bodies	
		СТСМА	Remove
			Add Regulatory Body

Minimum Instructor Qualifications

Degree/diploma; CTCMA licensed; 2 years practical experience. Must demonstrate language proficiency by meeting/submitting one of the following: Grade 10 English or Equivalent; or Two years of Post-Secondary School Education at English speaking Institution; or International English Language Testing (IELTS): Minimum score of 5.0; or Test of English as a Foreign Language (TOEFL) with a minimum score of 45 (IBT) or 180 (CBT); or Test of English for International Communication (TOEIC) with a minimum score of 600; or International English Language Testing (IELTS) with a minimum score of 5.0; or Successful completion of Central College ESL Level 4 or ESL level assessment test result satisfying level 4 or above. (Note: The score is valid only for two years from the issuance date)

Admission Requirer High school diploma	nents (or equivalent) or over the age of 19.		
Work Experience	No		
Acupuncture - Year	2		
NOC 3232 Practition	ners of natural healing		
CIP 51.3301 Acupu	uncture and oriental medicine		
Credential	Diploma	Credential	Diploma
Delivery Type	On-Site	Delivery Type	On-Site
Туре	Career Training, subsequent year of multi	Туре	Career Training, subsequent year of multi
Lang. Of Instruction		Lang. Of Instruction	English
Schedule	Full Time or Part Time	Schedule	Full Time or Part Time
Total Dur. In Weeks	32	Total Dur. In Weeks	32
Total Dur. In Hours	640	Total Dur. In Hours	640
Multi Year	No	Multi Year	
Domestic Fees		Domestic Fees	
Tuition	\$8400	Tuition	\$8400
Registration Fee		Registration Fee	\$0
Materials		Materials	
Textbooks		Textbooks	
Testing/Assessment	t	Testing/Assessment	
Other Fees		Other Fees	
Other Fees Descrip.		Other Fees Descrip.	
International Fees		International Fees	
Tuition	\$8400	Tuition	\$8400
Registration Fee		Registration Fee	
Materials		Materials	

Tuition \$8400

Registration Fee

Materials

Textbooks

Textbooks

Testing/Assessment

Other Fees

Other Fees

Other Fees Descrip.

Regulatory Bodies

Regulatory Bodies

СТСМА	Remove
Add Regulatory Body	

Minimum Instructor Qualifications

Degree/diploma; CTCMA licensed; 2 years practical experience.

Admission Requirements

High school diploma (or equivalent) or over the age of 19. Must demonstrate language proficiency by meeting/submitting one of the following: Grade 10 English or Equivalent; or Two years of Post-Secondary School Education at English speaking Institution; or International English Language Testing (IELTS): Minimum score of 5.0; or Test of English as a Foreign Language (TOEFL) with a minimum score of 45 (IBT) or 180 (CBT); or Test of English for International Communication (TOEIC) with a minimum score of 600; or International English Language Testing (IELTS) with a minimum score of 5.0; or Successful completion of Central College ESL Level 4 or ESL level assessment test result satisfying level 4 or above. (Note: The score is valid only for two years from the issuance date)

Work Experience No

Acu	puncture	 Year 	3
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NOC 3232 Practitioners of natural healing

CIP 51.3301 Acupuncture and oriental medicine

Credential	Diploma	Credential	Diploma	
Delivery Type	On-Site	Delivery Type	On-Site	
Туре	Career Training, subsequent year of multi	Туре	Career Trainin	g, subsequent year of multi
Lang. Of Instruction	1	Lang. Of Instruction	English	
Schedule	Full Time or Part Time	Schedule	Full Time or Pa	art Time
Total Dur. In Weeks	32	Total Dur. In Weeks	32	
Total Dur. In Hours	632	Total Dur. In Hours	632	
Multi Year	No	Multi Year	Yes	○No
Domestic Fees		Domestic Fees		
Tuition	\$8400	Tuition	\$8400	
Registration Fee		Registration Fee	\$0	
Materials		Materials		
Textbooks		Textbooks		
Testing/Assessmen	t	Testing/Assessment		
Other Fees		Other Fees		
Other Fees Descrip.		Other Fees Descrip.		

International Fees Tuition	¢2400	International Fees	40.400	
	\$8400	Tuition	\$8400	
Registration Fee		Registration Fee		
Materials		Materials		
Textbooks		Textbooks		
Testing/Assessmer	nt	Testing/Assessment		
Other Fees		Other Fees		
Other Fees Descrip	•	Other Fees Descrip.		
Regulatory Bodies		Regulatory Bodies		Dama
		СТСМА	Add Dogwlatow, Dody	Remove
			Add Regulatory Body	
Minimum Instructo Degree/diploma; CT	or Qualifications CMA licensed; 2 years practical experience.			
Admission Requirements High school diploma (or equivalent) or over the age of 19. Must demonstrate language proficiency by meeting/submitting one of the following: Grade 10 English or Equivalent; or Two years of Post-Secondary School Education at English speaking Institution; or International English Language Testing (IELTS): Minimum score of 5.0; or Test of English as a Foreign Language (TOEFL) with a minimum score of 45 (IBT) or 180 (CBT); or Test of English for International Communication (TOEIC) with a minimum score of 600; or International English Language Testing (IELTS) with a minimum score of 5.0; or Successful completion of Central College ESL Level 4 or ESL level assessment test result satisfying level 4 or above. (Note: The score is valid only for two years from the issuance date)				
Work Experience	No			
Continuing Educat	ion - Oriental Medicine			
	oners of natural healing ouncture and oriental medicine			
Credential	Certificate	Credential	Certificate	
Delivery Type	On-Site	Delivery Type	On-Site	
Type	Short Duration	Туре	Short Duration	
Lang. Of Instructio	n	Lang. Of Instruction	English	
Schedule	Part Time	Schedule	Part Time	
Total Dur. In Week	s	Total Dur. In Weeks		
Total Dur. In Hours	50	Total Dur. In Hours	50	
Multi Year	No	Multi Year	○ Yes	

Domestic Fees Domestic Fees Tuition \$320 \$750 **Tuition Registration Fee** \$50 **Registration Fee** \$50 **Materials** Materials **Textbooks** \$0 **Textbooks** Testing/Assessment Testing/Assessment **Other Fees** \$0 **Other Fees** Other Fees Descrip. Other Fees Descrip. **International Fees International Fees Tuition** \$320 \$750 **Tuition Registration Fee** \$50 **Registration Fee** \$50 **Materials** Materials **Textbooks Textbooks** Testing/Assessment Testing/Assessment **Other Fees Other Fees** Other Fees Descrip. Other Fees Descrip. **Regulatory Bodies Regulatory Bodies** Add Regulatory Body **Minimum Instructor Qualifications**

Degree/diploma; CTCMA licensed; 2 years practical experience.

Admission Requirements

Any licensed TCM registrant can apply. Any licensed TCM registrant who has been out of practice for more than two years is required to complete 25 hours of board-approved continuing education every two calendar years for the duration when the registrant was not practising.

Work Experience No

ESL (English As A Second Language)

NOC 5199 English as a Second Language (ESL) or other second language training

CIP 16.1701 English as a second language

Credential	Certificate	Credential	Certificate
Delivery Type	On-Site	Delivery Type	On-Site
Туре	Non-career training, language program		Non-career training, language program
Lang. Of Instruction	n	Lang. Of Instruction	English
Schedule	Full Time or Part Time	_	Full Time or Part Time
Total Dur. In Week	s 32	Total Dur. In Weeks	32
Total Dur. In Hours	640	Total Dur. In Hours	640
Multi Year	No	Multi Year	○ Yes
Domestic Fees		Domestic Fees	
Tuition	\$5200	Tuition	\$5200
Registration Fee	\$150	Registration Fee	\$150
Materials		Materials	
Textbooks	\$1500	Textbooks	\$1500
Testing/Assessmer	nt	Testing/Assessment	
Other Fees		Other Fees	\$0
Other Fees Descrip	•	Other Fees Descrip.	
International Fees		International Fees	
Tuition	\$5200	Tuition	\$5200
Registration Fee	\$250	Registration Fee	\$250
Materials		Materials	
Textbooks	\$1500	Textbooks	\$1500
Testing/Assessmer	nt	Testing/Assessment	
Other Fees		Other Fees	
Other Fees Descrip	•	Other Fees Descrip.	
Regulatory Bodies		Regulatory Bodies	Add Regulatory Body
		,	ndd negalatory body
Minimum Instructo Must hold a bachelo instructor	or Qualifications or degree and a TESL certificate with at least tv	vo years experience tea	ching english as a foreign language;
Admission Require High School diplom			
Work Experience	No		

Herbology - Year 1 NOC 3232 Practitioners of natural healing 51.3302 Traditional Chinese medicine and Chinese herbology Credential Credential Diploma Diploma **Delivery Type** On-Site On-Site **Delivery Type** Type **Career Training** Type **Career Training** Lang. Of Instruction Lang. Of Instruction English Full Time or Part Time Full Time or Part Time Schedule Schedule **Total Dur. In Weeks** 32 **Total Dur. In Weeks** 32 Total Dur. In Hours 640 Total Dur. In Hours 640 Multi Year Yes Multi Year Yes \bigcirc No **Domestic Fees Domestic Fees Tuition** \$8400 **Tuition** \$8400 **Registration Fee** \$150 **Registration Fee** \$150 **Materials** Materials **Textbooks** \$1500 **Textbooks** \$1500 **Testing/Assessment** Testing/Assessment Other Fees \$10 \$10 **Other Fees** Other Fees Descrip. Other Fees Descrip. International Fees **International Fees Tuition** \$8400 **Tuition** \$8400 **Registration Fee** \$250 **Registration Fee** \$250 **Materials** Materials **Textbooks Textbooks Testing/Assessment** Testing/Assessment Other Fees Other Fees Other Fees Descrip. Other Fees Descrip.

Regulatory Bodies

CTCMA	Remove
Add Regulatory Body	

Minimum Instructor Qualifications

Degree/diploma; CTCMA licensed; 2 years practical experience.

Regulatory Bodies

Admission Requirements

High school diploma (or equivalent) or over the age of 19. Must demonstrate language proficiency by meeting/submitting one of the following: Grade 10 English or Equivalent; or Two years of Post-Secondary School Education at English speaking Institution; or International English Language Testing (IELTS): Minimum score of 5.0; or Test of English as a Foreign Language (TOEFL) with a minimum score of 45 (IBT) or 180 (CBT); or Test of English for International Communication (TOEIC) with a minimum score of 600; or International English Language Testing (IELTS) with a minimum score of 5.0; or Successful completion of Central College ESL Level 4 or ESL level assessment test result satisfying level 4 or above. (Note: The score is valid only for two years from the issuance date)

Work Experience No

Herbology - Year 2			
NOC 3232 Practition	ners of natural healing		
	_	70. c	
CIP 51.5302 Tradit	ional Chinese medicine and Chinese herbolog	ЭУ	
Credential	Diploma	Credential	Diploma
Delivery Type	On-Site	Delivery Type	On-Site
Туре	Career Training, subsequent year of multi	Туре	Career Training, subsequent year of multi
Lang. Of Instruction		Lang. Of Instruction	English
Schedule	Full Time or Part Time	Schedule	Full Time or Part Time
Total Dur. In Weeks	32	Total Dur. In Weeks	32
Total Dur. In Hours	640	Total Dur. In Hours	640
Multi Year	No	Multi Year	
Domestic Fees		Domestic Fees	
Tuition	\$8400	Tuition	\$8400
Registration Fee		Registration Fee	\$0
Materials		Materials	
Textbooks		Textbooks	
Testing/Assessment	t	Testing/Assessment	
Other Fees		Other Fees	
Other Fees Descrip.		Other Fees Descrip.	

International Fees		International Fees				
Tuition	\$8400	Tuition	\$8400			
Registration Fee		Registration Fee				
Materials		Materials				
Textbooks		Textbooks				
Testing/Assessmer	nt	Testing/Assessment				
Other Fees		Other Fees				
Other Fees Descrip	•	Other Fees Descrip.				
Regulatory Bodies		Regulatory Bodies				
		CTCMA		Remove		
			Add Regulatory Body			
Degree/diploma; CT	Minimum Instructor Qualifications Degree/diploma; CTCMA licensed; 2 years practical experience.					
Admission Requirements High school diploma (or equivalent) or over the age of 19. Must demonstrate language proficiency by meeting/submitting one of the following: Grade 10 English or Equivalent; or Two years of Post-Secondary School Education at English speaking Institution; or International English Language Testing (IELTS): Minimum score of 5.0; or Test of English as a Foreign Language (TOEFL) with a minimum score of 45 (IBT) or 180 (CBT); or Test of English for International Communication (TOEIC) with a minimum score of 600; or International English Language Testing (IELTS) with a minimum score of 5.0; or Successful completion of Central College ESL Level 4 or ESL level assessment test result satisfying level 4 or above. (Note: The score is valid only for two years from the issuance date)						
Work Experience	No					
Herbology - Year 3						
	oners of natural healing tional Chinese medicine and Chinese herbolo	gy				
Credential	Diploma	Credential	Diploma			
Delivery Type	On-Site	Delivery Type	On-Site			
Type	Career Training, subsequent year of multi	Туре	Career Training, subsequer	it year of multi		
Lang. Of Instruction	n	Lang. Of Instruction	English			
Schedule	Full Time or Part Time	Schedule	Full Time or Part Time			
Total Dur. In Week	s 32	Total Dur. In Weeks	32			
Total Dur. In Hours	640	Total Dur. In Hours	640			
Multi Year	No	Multi Year				

Domestic Fees	Domestic Fees		
Tuition \$8400	Tuition \$8400		
Registration Fee	Registration Fee \$0		
Materials	Materials		
Textbooks	Textbooks		
Testing/Assessment	Testing/Assessment		
Other Fees	Other Fees		
Other Fees Descrip.	Other Fees Descrip.		
International Fees	International Fees		
Tuition \$8400	Tuition \$8400		
Registration Fee	Registration Fee		
Materials	Materials		
Textbooks	Textbooks		
Testing/Assessment	Testing/Assessment		
Other Fees	Other Fees		
Other Fees Descrip.	Other Fees Descrip.		
Regulatory Bodies	Regulatory Bodies		
	CTCMA Remove		
	Add Regulatory Body		
Minimum Instructor Qualifications Degree/diploma; CTCMA licensed; 2 years practical experience.			
Admission Requirements High school diploma (or equivalent) or over the age of 19. Must demonstrate language proficiency by meeting/submitting one of the following: Grade 10 English or Equivalent; or Two years of Post-Secondary School Education at English speaking Institution; or International English Language Testing (IELTS): Minimum score of 5.0; or Test of English as a Foreign Language (TOEFL) with a minimum score of 45 (IBT) or 180 (CBT); or Test of English for International Communication (TOEIC) with a minimum score of 600; or International English Language Testing (IELTS) with a minimum score of 5.0; or Successful completion of Central College ESL Level 4 or ESL level assessment test result satisfying level 4 or above. (Note: The score is valid only for two years from the issuance date)			
Work Experience No			
Oriental Tui-Na Massage			
NOC 3232 Practitioners of natural healing			

CIP 51.3503 Somatic bodywork

Credential	Diploma	Credential	Diploma
Delivery Type	On-Site	Delivery Type	On-Site
Type	Career Training	Туре	Career Training
Lang. Of Instruction	า	Lang. Of Instruction	English
Schedule	Full Time or Part Time	Schedule	Full Time or Part Time
Total Dur. In Weeks	i 42	Total Dur. In Weeks	42
Total Dur. In Hours	848	Total Dur. In Hours	848
Multi Year	No	Multi Year	○ Yes
Domestic Fees		Domestic Fees	
Tuition	\$11130	Tuition	\$11130
Registration Fee	\$150	Registration Fee	\$150
Materials		Materials	
Textbooks	\$1000	Textbooks	\$1000
Testing/Assessmen	t	Testing/Assessment	
Other Fees	\$150	Other Fees	\$150
Other Fees Descrip		Other Fees Descrip.	
International Fees		International Fees	
Tuition	\$11130	Tuition	\$11130
Registration Fee	\$250	Registration Fee	\$250
Materials		Materials	
Textbooks	\$1000	Textbooks	\$1000
Testing/Assessmen	t	Testing/Assessment	
Other Fees	\$150	Other Fees	\$150
Other Fees Descrip		Other Fees Descrip.	
Regulatory Bodies		Regulatory Bodies	
		P	Add Regulatory Body

Minimum Instructor Qualifications

2 years experience in oriental tui-na massage, 1 year experience in delivering relevant lectures, bachelor's degree in TCM including tui-na massage courses

Admission Requirements

High school diploma or 19 years old (mature student), Must demonstrate language proficiency by meeting/submitting one of the following: Grade 10 English or Equivalent; or Two years of Post-Secondary School Education at English speaking Institution; or International English Language Testing (IELTS): Minimum score of 5.0; or Test of English as a Foreign Language (TOEFL) with a minimum score of 45 (IBT) or 180 (CBT); or Test of English for International Communication (TOEIC) with a minimum score of 600; or International English Language Testing (IELTS) with a minimum score of 5.0; or Successful completion of Central College ESL

Level 4 or ESL level assessment test result satisfying level 4 or above. (Note: The score is valid only for two years from the issuance date)

Work Experience No

Practitioner Of Oriental Medicine - Year 1

NOC 3232 Practitioners of natural healing

51.3301 Acupuncture and oriental medicine

Credential Credential Diploma Diploma

Delivery Type On-Site On-Site **Delivery Type**

Career Training Career Training Type Type

Lang. Of Instruction Lang. Of Instruction English

Schedule Full Time or Part Time Schedule Full Time or Part Time

Total Dur. In Weeks 32 Total Dur. In Weeks 32 Total Dur. In Hours 656 **Total Dur. In Hours** 656

Multi Year Multi Year Yes Yes \bigcirc No

Domestic Fees

\$150

Tuition \$8400 **Tuition** \$8400 **Registration Fee**

Domestic Fees

Registration Fee

\$150

Materials Materials

Textbooks \$1500 **Textbooks** \$1500

Testing/Assessment Testing/Assessment

Other Fees \$10 Other Fees \$10

Other Fees Descrip. Other Fees Descrip.

International Fees International Fees

\$8400 Tuition \$8400 **Tuition**

Registration Fee \$250 **Registration Fee** \$250 Materials Materials

Textbooks \$1500 \$1500 **Textbooks**

Testing/Assessment Testing/Assessment

Other Fees \$10 **Other Fees** \$10

Other Fees Descrip. Other Fees Descrip.

Regulatory Bodies Regulatory Bodies

CTCMA	Remove
Add Regulatory Body	

Minimum Instructor Qualifications

Degree/diploma; CTCMA licensed; 2 years practical experience.

Admission Requirements

High school diploma (or equivalent) or over the age of 19. Must demonstrate language proficiency by meeting/submitting one of the following: Grade 10 English or Equivalent; or Two years of Post-Secondary School Education at English speaking Institution; or International English Language Testing (IELTS): Minimum score of 5.0; or Test of English as a Foreign Language (TOEFL) with a minimum score of 45 (IBT) or 180 (CBT); or Test of English for International Communication (TOEIC) with a minimum score of 600; or International English Language Testing (IELTS) with a minimum score of 5.0; or Successful completion of Central College ESL Level 4 or ESL level assessment test result satisfying level 4 or above. (Note: The score is valid only for two years from the issuance date)

Work Experience No

Practitioner	Of	Oriental	Madicina	- Vear 2
Pracuuoner	OI.	Oriental	Medicine	- Tear Z

NOC 3232 Practitioners of natural healing

CIP 51.3301 Acupuncture and oriental medicine

Credential	Diploma	Credential	Diploma	
Delivery Type	On-Site	Delivery Type	On-Site	
Туре	Career Training, subsequent year of multi	Туре	Career Training	g, subsequent year of multi
Lang. Of Instruction		Lang. Of Instruction	English	
Schedule	Full Time or Part Time	Schedule	Full Time or Pa	rt Time
Total Dur. In Weeks	32	Total Dur. In Weeks	32	
Total Dur. In Hours	648	Total Dur. In Hours	648	
Multi Year	No	Multi Year	Yes	○No
Domestic Fees		Domestic Fees		
Tuition	\$8400	Tuition	\$8400	
Registration Fee		Registration Fee		
Materials		Materials		
Textbooks		Textbooks		
Testing/Assessmen	t	Testing/Assessment		
Other Fees		Other Fees		
Other Fees Descrip.		Other Fees Descrip.		

International Fees		International Fees								
Tuition \$8	8400	Tuition	\$8400							
Registration Fee		Registration Fee								
Materials		Materials								
Textbooks		Textbooks								
Testing/Assessment		Testing/Assessment								
Other Fees		Other Fees								
Other Fees Descrip.		Other Fees Descrip.								
Regulatory Bodies		Regulatory Bodies								
		СТСМА		Remove						
		ļ ,	Add Regulatory Body							
	A licensed; 2 years practical experience.									
Admission Requirements High school diploma (or equivalent) or over the age of 19. Must demonstrate language proficiency by meeting/submitting one of the following: Grade 10 English or Equivalent; or Two years of Post-Secondary School Education at English speaking Institution; or International English Language Testing (IELTS): Minimum score of 5.0; or Test of English as a Foreign Language (TOEFL) with a minimum score of 45 (IBT) or 180 (CBT); or Test of English for International Communication (TOEIC) with a minimum score of 600; or International English Language Testing (IELTS) with a minimum score of 5.0; or Successful completion of Central College ESL Level 4 or ESL level assessment test result satisfying level 4 or above. (Note: The score is valid only for two years from the issuance date)										
Work Experience	No									
Practitioner Of Orienta	al Medicine - Year 3									
NOC 3232 Practitioner	rs of natural healing									
	cture and oriental medicine									
				51.5501 Acupuncture and oriental medicine						
Credential Di	iploma	Credential	Diploma							
Delivery Type O	n-Site	Delivery Type	On-Site							
Type Ca	areer Training, subsequent year of multi	, ,,								
		Type	Career Training, subseque	nt year of multi						
Lang. Of Instruction			Career Training, subseque	nt year of multi						
Lang. Of Instruction Schedule Fu	ull Time or Part Time	Lang. Of Instruction		nt year of multi						
Schedule Fu		Lang. Of Instruction	English Full Time or Part Time	nt year of multi						
	2	Lang. Of Instruction Schedule	English Full Time or Part Time 32	nt year of multi						

Domestic Fees		Domestic Fees		
		Tuition	\$8400	
		Registration Fee	10.00	
		Materials		
		Textbooks		
Testing/Assessment		Testing/Assessment		
Other Fees		Other Fees		
Other Fees Descrip.		Other Fees Descrip.		
International Fees		International Fees		
Tuition \$	\$8400	Tuition	\$8400	
Registration Fee		Registration Fee		
Materials		Materials		
Textbooks		Textbooks		
Testing/Assessment		Testing/Assessment		
Other Fees		Other Fees		
Other Fees Descrip.		Other Fees Descrip.		
Regulatory Bodies		Regulatory Bodies		
		CTCMA		Remove
		, , , , , , , , , , , , , , , , , , ,	Add Regulatory Body	
Minimum Instructor Qualifications Degree/diploma; CTCMA licensed; 2 years practical experience.				
Admission Requirements High school diploma (or equivalent) or over the age of 19. Must demonstrate language proficiency by meeting/submitting one of the following: Grade 10 English or Equivalent; or Two years of Post-Secondary School Education at English speaking Institution; or International English Language Testing (IELTS): Minimum score of 5.0; or Test of English as a Foreign Language (TOEFL) with a minimum score of 45 (IBT) or 180 (CBT); or Test of English for International Communication (TOEIC) with a minimum score of 600; or International English Language Testing (IELTS) with a minimum score of 5.0; or Successful completion of Central College ESL Level 4 or ESL level assessment test result satisfying level 4 or above. (Note: The score is valid only for two years from the issuance date)				
Work Experience No				
Practitioner Of Oriental Medicine - Year 4				
NOC 3232 Practitione	ers of natural healing			

CIP 51.3301 Acupuncture and oriental medicine

CredentialDiplomaCredentialDip	oloma
Delivery Type On-Site Delivery Type On	n-Site
Type Career Training, subsequent year of multi Type Care	reer Training, subsequent year of multi
Lang. Of Instruction Eng.	nglish
Schedule Full Time or Part Time Schedule Full	II Time or Part Time
Total Dur. In Weeks 32 Total Dur. In Weeks 32	
Total Dur. In Hours 648 Total Dur. In Hours 648	8
Multi Year No Multi Year O	Yes
Domestic Fees Domestic Fees	
Tuition \$8400 Tuition \$82	3400
Registration Fee Registration Fee	
Materials Materials	
Textbooks Textbooks	
Testing/Assessment Testing/Assessment	
Other Fees Other Fees	
Other Fees Descrip. Other Fees Descrip.	
International Fees International Fees	
Tuition \$8400 Tuition \$82	3400
Registration Fee Registration Fee	
Materials Materials	
Textbooks Textbooks	
Testing/Assessment Testing/Assessment	
Other Fees Other Fees	
Other Fees Descrip. Other Fees Descrip.	
Regulatory Bodies Regulatory Bodies	
СТСМА	Remove
Add	d Regulatory Body

Minimum Instructor Qualifications

Degree/diploma; CTCMA licensed; 2 years practical experience.

Admission Requirements

High school diploma (or equivalent) or over the age of 19. Must demonstrate language proficiency by meeting/submitting one of the following: Grade 10 English or Equivalent; or Two years of Post-Secondary School Education at English speaking Institution; or International English Language Testing (IELTS): Minimum score of 5.0; or Test of English as a Foreign Language (TOEFL) with a minimum score of 45 (IBT) or 180 (CBT); or Test of English for International Communication (TOEIC) with a minimum score of 600; or International English Language Testing (IELTS) with a minimum score of 5.0; or Successful completion of Central College ESL

Level 4 or ESL level assessn date)	nent test result satisfying level 4 or above. (Note: The score is valid only for two years from the issuance				
Work Experience	No				
	PLANNED CHANGES				
Planned Changes In Senior	Educational Administrator				
N/A					
Planned Changes In Location					
We plan to be relocated to th	he new campus just across from the current campus between June and July 2016.				
Planned Changes In Owner	rship				
s.21,s.22					
Planned Changes In Progra					
We plan to add more progra	ms in IT areas in the near future in addition to the current programs.				
Other Planned Changes					
N/A					
Declaration To Be Completed by Institu	ition Representative. Select one:				
	mation contained in this report is complete and accurate, and that no other changes are required . I ses to this information must be reported pursuant to the Private Career Training Institutions Agency Bylaws.				
OR					
have been submitted us	I confirm that the information contained in this report is complete and accurate, and that additional changes are required , which have been submitted using the applicable PCTIA application forms, prior to the submission of this report. I understand that changes to this information must be reported pursuant to the Private Career Training Institutions Agency Bylaws.				
Name of Declarant	Luke Kim				
Title/Position	President				

Date

May 26, 2016

Submit

From: Sent: To: Subject: Attachments:	Luke Kim s.22 Tuesday, July 5, 2016 9:37 AM Steve Wong Re: 2684 - Central College - Ownership Change application, required items YE2015- FS signed- Central College.pdf; OrganizationTable.docx
Hi Steve,	
	nitting the financial statement for 2015 as one reflecting year 2016 is not available now. I organization chart is being submitted as attachments.
Should you need further	er information or document, please let me know.
I always appreciate you	ur support.
Thanks.	
Best regards, Luke Kim Central College	
On Wed, Jun 22, 2016	at 10:14 AM, Steve Wong < swong@pctia.bc.ca > wrote:
Dear Mr. Luke Kim,	
We are reviewing your	Ownership Change application and require the following items:
	nancial statements for your December 31, 2014 fiscal year end with the application. We e sheet dated prior to the change. The statement can be prepared internally. Please hly balance sheet.
2) Provide an organ	izational chart showing names, position titles and reporting paths.
Thank you,	
Steve Wong	
Regulatory Administra	tor



Private Career Training Institutions Agency of BC (PCTIA)

203 - 1155 West Pender St, Vancouver, BC V6E 2P4

P: 604-569-0033|D: 604-569-0038 | F: 778-945-0606|Toll Free: 1-800-661-7441

pctia.bc.ca

Our Mission: To support quality education in British Columbia's private post-secondary career training sector through regulating standards and providing protection to students.

PCTIA is a BC Provincial Crown Corporation under the Ministry of Advanced Education.

Page 057 to/à Page 063

Withheld pursuant to/removed as

s.21



Jate Heceived 20 (6.06.16
Amount \$ 1500
D 2684
Acct 57500

initial

Change of Ownership Share Purchase

Part B. Share Purchase Application

INSTITUTION INFORMATION				
	_			
CENTRAL COLLEGE INC.		584 stitution Number		
Legal Institution Name	In	stitution Number		
CENTRAL COLLEGE				
Operating Institution Name				
31	August 3rd, 201	6		
Number of Students Currently Enrolled		Change of Ownership		
PROPOSED CHANGES AND NEW S	SHAREHOLDERS PERSONAL	INFORMATION		
Please provide all of the following information fo	or <u>each</u> shareholder:			
	Before	After		
Name of Shareholder(s)	(indicate % or number of shares)	(indicate % or number shares)		
s.22	snares)	snares)		
Please provide the following for each <u>new</u> share	eholder:			
s.22				
Email Address	Fax Number			
Proposed Shareholder Name				
Residential Street Address	City, Province and Po	stal Code		
Home Telephone	Alternative Telephon	е		
Email Address	Fax Number			
* If there are more than two new proposed shareholders, please provide the information on an additional page.				

INS.170.011

Page 1 of 7

2016.05.31



Part B. Share Purchase Application

PROPOSED OWNERSHIP- INSTITU	JTION CONTACT INFORMATION				
Primary Contact: (This is the person to whom most Ager					
s.22					
5.22					
- · · · · · · · · · · · · · · · · · · ·					
Designated Voting Representative: (This is the person authorized to vote in the election of PCTIA Board					
Members. Ballots and all election information are sent to the Designated Voting Representative.)					
F	the Designated Voting Representative.)				
Same as Primary Contact	the Designated Voting Representative.)				
F	the Designated Voting Representative.)				
F	the Designated Voting Representative.)				
Same as Primary Contact Name					
Same as Primary Contact	Alternative Telephone				
Same as Primary Contact Name					
Name Telephone Email Address Web User: (This is the person who will file the monthly fi	Alternative Telephone Fax Number				
Same as Primary Contact Name Telephone	Alternative Telephone Fax Number				
Name Telephone Email Address Web User: (This is the person who will file the monthly file Report on line.)	Alternative Telephone Fax Number				
Name Telephone Email Address Web User: (This is the person who will file the monthly fi	Alternative Telephone Fax Number				
Name Telephone Email Address Web User: (This is the person who will file the monthly file Report on line.) Same as Primary Contact	Alternative Telephone Fax Number				
Name Telephone Email Address Web User: (This is the person who will file the monthly file Report on line.)	Alternative Telephone Fax Number				
Name Telephone Email Address Web User: (This is the person who will file the monthly file Report on line.) Same as Primary Contact	Alternative Telephone Fax Number				
Name Telephone Email Address Web User: (This is the person who will file the monthly file Report on line.) Same as Primary Contact Name	Alternative Telephone Fax Number				
Name Telephone Email Address Web User: (This is the person who will file the monthly file Report on line.) Same as Primary Contact Name	Alternative Telephone Fax Number				

INS.170.011

Page 2 of 7

2016.05.31



Part B. Share Purchase Application

OPERATION INFORMATION	19.5					
Will there be a change in the Institution's fiscal year end?	Yes	⊠ No				
If Yes, what is the date of the new fiscal year end?						
Do you plan to change the on-site administrator of the institution?						
Do you plan to change the Senior Educational Administrator of the institution?	Yes	⊠ No				
If Yes, please provide a resume for the new Senior Educational Administra new Senior Educational Administrator is qualified to supervise the delivery private career training institution.		•				
Do you plan to change the operating name of the institution? If Yes, please submit a Change of Operating Name Application	Yes	⊠ No				
Have any of the proposed majority shareholders, principals or officers of the institution ever been involved in bankruptcy proceedings or litigation related to a private career institution in any jurisdiction or the closure of a private career training institution in any jurisdiction? If Yes, please provide a letter of explanation.						
PCTIA OFFICE USE ONLY						
ltem D	ate and I	nitial				
STCF payments are current						
Monthly Assessment payments are current	1					
Database search for prior ownership	1					
Application form is complete	1					
All required attachments included	1					
Financial capacity approved by accountant	1					

INS.170.011

Page 3 of 7

2016.05.31



Part B. Share Purchase Application

	Senior Administrator qualifications reviewed	1 400	
	Senior Educational Admin qualifications reviewed	44.387.4	
	Application approved by Registrar		1
	Database Entry Completed	2016.09.13	/ CEW
自由 等。3	· · · · · · · · · · · · · · · · · · ·		



Part C. Current Shareholders Declaration

DECLARATION							
By signing this document, the current shareholders of the institution confirm(s) that he/she has made full disclosure of the institution's current status of registration/accreditation with the Agency including any outstanding conditions of registration/ accreditation to the proposed new owner(s).							
s.22							
·							
Printed Name of Current Shareholder	Title						
Signature of Current Shareholder	Date Signed						
Printed Name of Current Shareholder	Title						
Signature of Current Shareholder	Date Signed						
Printed Name of Current Shareholder	~						
Fillited Name of Current Shareholder	Title						
Signature of Current Shareholder	Data Cignad						
Signature of Current Shareholder	Date Signed						
Printed Name of Current Shareholder	Title						
, , , , , , , , , , , , , , , , , , ,	Title						
Signature of Current Shareholder	Date Signed						
S.B. Marie of Sarrolle official efforact	Date Signed						



Part D. Proposed New Shareholders Declaration

DECLARATION

By signing this document, the proposed new shareholders confirm(s) that he/she:

- Has read the *Private Career Training Institutions Act* and its supporting Regulations and Bylaws and confirms that he/she will adhere to the standards reflected therein.
- Understands that any proposed changes to the Basic Education Standards (and Standards of Quality for accredited institutions must be submitted to the Agency as part of this application.
- Will honour all current student contracts with the institution and any unsigned contract for students who have prepaid any fees in anticipation of a contract being signed.
- Understands that a full review of the institution will be undertaken within the first year of the Change of Ownership to ensure that registration / accreditation requirements are being met.

s.22

Printed Name of Proposed Shareholder	Proposed Shareholder Title
Signature of Proposed Shareholder	Date Signed
	Date digned
Printed Name of Proposed Shareholder	Proposed Shareholder Title
Signature of Proposed Shareholder	Date Signed
Printed Name of Proposed Shareholder	Proposed Shareholder Title
Signature of Proposed Shareholder	Data Ciana d
Signature of Proposed Shareholder	Date Signed
Printed Name of Proposed Shareholder	Proposed Shareholder Title
Signature of Proposed Shareholder	Date Signed



Jaie Heceived 2016.06.16. \$ 1500 imount__

Change of Shareholder Share Purchase

\cct

	nitial	Part E.	Checklist			
	1 HICK THE PARTY OF THE PARTY O					
CENTRAL C	OLLEGE INC.	2684				
Legal Institution Name Institution Numb						
The following items must be submitted to the Agency before shareholder changes can be approved. Incomplete applications will not be processed so please ensure that all necessary attachments have been included.						
\boxtimes	Application Fee - \$1,500.00 (Application fees are not refunda	able).				
\boxtimes	Completed Change of Ownership Share Purchase Application	n form.				
\boxtimes	A copy of the signed Share Purchase Agreement or copy of the	he signed Letter of	Intent.			
\boxtimes	A copy of the Balance Sheet dated immediately prior to chan	nge in shareholders.				
	A copy of the Balance Sheet dated after the change in shareh	nolders.				
\boxtimes	A copy of the Central Securities Register (Corporate Minute B	Book).				
\boxtimes	A copy of the Register of Directors (Corporate Minute Book).					
	A description of the proposed new management structure are organizational chart showing names, position titles and repo		⊠ N/A			
	Evidence showing the new on-site administrator is qualified to private career training institution.	to manage a	⊠ N/A			
	A resume for the new Senior Educational Administrator and how the new Senior Educational Administrator is qualified to delivery of instruction for a private career training institution	supervise the	⊠ N/A			
	A Change of Operating Name Application.		⊠ N/A			
	A letter giving details of any principals, shareholder or officer involved in bankruptcy proceedings or litigation related to a prinstitution in any jurisdiction or the closure of a private caree institution in any jurisdiction.	private career	⊠ N/A			

Page 071 to/à Page 074

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s.22;s.21

REGISTER OF DIRECTORS

CENTRAL COLLEGE INC.

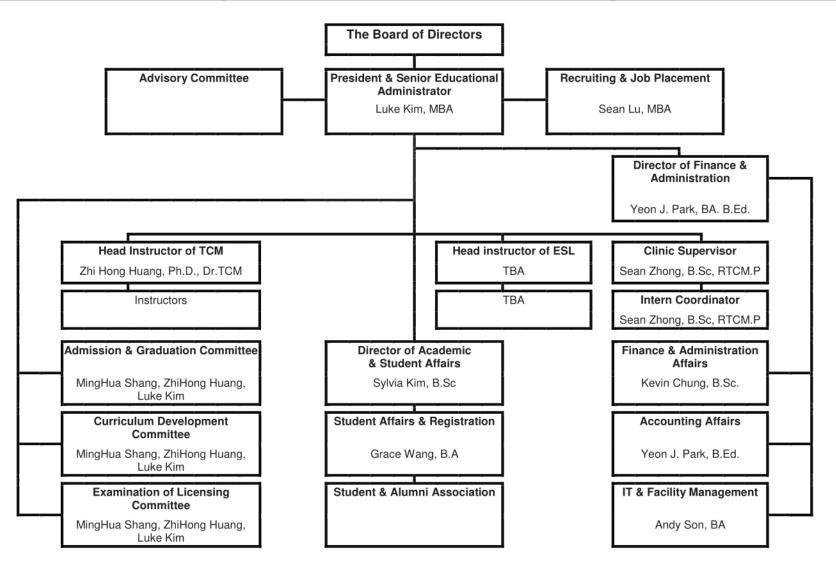
		DATE	DATE	0		
FULL NAMES	ES RESIDENT ADDRESS APPOINTED CEASE		CEASED	Office	Date Appointed	Date Ceased
s.22		March 05, 2007		President	March 05,2007	
		March 05, 2007		Secretary	March 05, 2007	
			Aug. 01, 2009	President		Aug. 01, 2009
		Aug. 01, 2009	,	President	Aug. 01, 2009	
			Aug. 01, 2009	Secretary		Aug. 01, 2009

SECRURITIES REGISTER

CENTRAL COLLEGE INC.

Date Became	Date	FULL NAME & ADDRESS tative	Represen- Share	Par Value	Allotment Conversion or	Transferor	Certificate No.	Consideration Paid			
	Ceased FU		Class &			(if applicable)		Agreed per Paid per Share		Share	
Member	Member		Capacity	Kind		Transfer			Share	Cash	Other
March 05, 2007		s.22	100	Common "A" Class Voting	NPV	Allotment		1	\$1.00	\$1.00	
Aug. 01, 2009			100	Common "A" Class Voting	NPV	Transfer	s.22	2	\$1.00	\$1.00	
									.		
_											

Organization Table of Central College



From: Steve Wong

To: "luke@centralcollege.ca"
Cc: "kevin@centralcollege.ca"

Subject: 2684 - Central College - PCTIA Ownership Change Date: Wednesday, August 31, 2016 3:02:00 PM

Attachments: 2684 - Central College - Ownership change application approval 2016.08.31.pdf

image001.jpg image002.jpg

Dear Mr. Luke Kim,

Please find attached a letter pertaining to your Ownership change application.

Thank you,

Steve Wong Regulatory Administrator

Private Career Training Institutions Agency of BC (PCTIA)

203 – 1155 West Pender St, Vancouver, BC V6E 2P4
P: 604-569-0033 | D: 604-569-0038 | F: 778-945-0606 | Toll Free: 1-800-661-7441
pctia.bc.ca

Our Mission: To support quality education in British Columbia's private post-secondary career training sector through regulating standards and providing protection to students.

PCTIA is a BC Provincial Crown Corporation under the Ministry of Advanced Education.

203 - 1155 West Pender Street Vancouver, British Columbia Canada V6E 2P4

T. 604-569-0033 F. 778-945-0606 Toll Free. 1-800-661-7441 www.pctia.bc.ca



August 31, 2016

Sent by email: luke@centralcollege.ca, kevin@centralcollege.ca

Luke Kim Institution ID-02684
Central College
55 Eighth Street
New Westminster, BC V3M 3N8

Dear Mr. Kim:

RE: Bylaw 35 - Change of Ownership of Central College ("the Institution")

This letter is to advise we have received your Ownership Change Application and have updated our records accordingly.

Should you have any questions, please do not hesitate to contact your Regulatory Administrator, Steve Wong, at 604-569-0038 or via email at swong@pctia.bc.ca.

Sincerely,

Monica Lust Registrar & CEO

ML/cl

From:

Luke Kim s.22

Sent:

Friday, October 7, 2016 12:56 PM

To:

Wong, Steve AVED:EX

Subject:

Re: 2684 - RE: BCeID (Central College) - PTIB Inquiry

Follow Up Flag:

Follow up

Flag Status:

Flagged

Hello Steve,

Thank you for your email.

s.22

I would like to use the email address which has been used for BCeIDs.22

. Would you kindly

change the contact email address to s.22

from luke@centralcollege.ca?

I appreciate your consideration again.

Best regards, Luke Kim

On Fri, Oct 7, 2016 at 12:26 PM, Wong, Steve AVED:EX < Steve. Wong@gov.bc.ca > wrote:

Dear Mr. Luke Kim,

Please confirm that \$.22 is you or that you intend to use this person as the portal user. If you are the portal user, the email address for the BCeID account is different from what we have on our records: luke@centralcollege.ca. Please confirm which email address we are to use. Alternatively, let us know if we are to change your contact email address to \$.22

Thanks

Steve Wong

Regulation Administrator



203 – 1155 West Pender St, Vancouver, BC V6E 2P4

P: <u>604-569-0033</u> | D: <u>604-569-0038</u> | F: <u>778-945-0606</u> | Toll Free: <u>1-800-661-</u>

<u>7441</u>

Sincerely,

privatetraininginstitutions.gov.bc.ca
From: Luke Kim [mailto:s.22 Sent: September-01-16 10:19 AM To: AVED Private Training Institutions AVED:EX Subject: BCeID (Central College)
To Whom It May Concern,
I am send the information on Business BCeID account of Central College Inc. (dba: Central College).
1. Full name: s.22
2. Email address: s.22
3. BCeID: s.22
4. Institution Name: Central College
I trust the information provided above meets the requirements from PTI.
Should you have any questions or need further information, please contact me at \$.22
Thank you.

Luke S.H. Kim

Central College



Apply for PTA Re-ce	rtificatio	n			A	APPLYRECERT
Application Created For:						
Legal Name	Central Colle	ge Inc.				
Operating Name	Central Colle	ge				
Included in This Application:						_
Contacts 7 Locations	s 0	Programs	0	Reference	F9C6AF3	
Institution						
Institution Number	ID-02684		_			
Certificate Exp	2017-07-31		_			
Current Certificate Type	Designation					
Applying for Certificate Type						
Legal Name	Central Colle	ege Inc.				
Operating Name	Central Colle	ege				
Fiscal year ends on (MM/DD)	12/31					
Business Type	Corporation					
Student Records Archiving Vendo	r Datawitness					
Class of Institution (select all that ap	oply)					
All approved programs lead to the Health Professions Act	employment in	n a career occu	pation reg	ulated by Transp	ort Canada or a reç	julator under
All approved programs are land instruction	guage prograr	ns assessed by	an indep	endent body or ca	areer-related progra	ıms in language
☐ Institution operated by a First N	Nation or Abor	iginal Society /	Corporatio	on		
All approved programs require	tuition to only	be paid at the	end of the	program of instru	ıction	
Web Site URL	http://www.c	entralcollege.ca	a			
Has the institution, or an associate institutions] of the Private Training or involved in an action in any juris	Act, suspende	ed operations ir	n any juris	diction, or been c	d losed null	



Address for	Directory				
Street Address	null				
	null				
City	null		Province	null	
Country	null		Postal Code	null	
Phone	null		Fax	null	
Website	null		Email	null	
Address for	Service				
Address	200 - 60 Eighth S	treet			
	null				
City	New Westminster	r	Province	ВС	
Country	Canada		Postal Code	V7M 3P1	
Phone	null		Fax	null	
Email	info@centralcolle	ge.ca	Website	null	
Contacts					
First Name		Sylvia			
Last Name		Kim			
Honorific app	ropriate to person:	Ms.	Title Within Institu	ution	Director of Student Affairs
Business Ema	ail Address	sylvia@centralcollege.ca			
Business Pho	one number	6045232388	Alternate Phone	Number	
Fax Number		6045232389			
☐ Organizat	ion - The contact is	s a legal entity, not a person	, that has an interes	st (such as Sh	areholder) in the Institution.



Roles fulfilled by this contact						
☐ Senior Educational Administrator						
Senior Educational Administrator must hold a degree, diploma, certificate or comparable education or work experience in adult education. Please attach either a resume or other credential that substantiates this.						
Addressee for Service (Prim	ary Contact)		n Alternate Contact (optional)		
☐ Proprietor						
Shareholder						
Senior Officer		Director				
☐ Partner		☐ General	Partner			
Active Contact	\boxtimes					
End Date						
First Name	Hyunwoo					
Last Name	Rhee					
Honorific appropriate to person:	Mr.		Title Within Institution	president		
Business Email Address	info@central	college.ca				
Business Phone number	(604) 523-23	88	Alternate Phone Number			
Fax Number						
Organization - The contact is	s a legal entity	, not a person	, that has an interest (such a	s Shareholder) in the Institution.		



Roles fulfilled by this contact							
☐ Senior Educational Administrator							
Senior Educational Administrator must hold a degree, diploma, certificate or comparable education or work experience in adult education. Please attach either a resume or other credential that substantiates this.							
☐ Addressee for Service (Primary Contact) ☐ Institution Alternate Contact (optional)							
☐ Proprietor							
Shareholder							
Senior Officer		Director					
☐ Partner		☐ General	Partner				
Active Contact							
First Name	Deborah						
Last Name	Rhee						
Honorific appropriate to person:	Ms.		Title Within Instit	tution	Adminstrator		
Business Email Address	info@central	college.ca					
Business Phone number	(604) 524-38	60	Alternate Phone	Number			
Fax Number							
Organization - The contact is	s a legal entity	, not a person	, that has an intere	est (such as Sh	nareholder) in the Institution.		



Roles fulfilled by this contact							
☐ Senior Educational Administrator							
Senior Educational Administrator must hold a degree, diploma, certificate or comparable education or work experience in adult education. Please attach either a resume or other credential that substantiates this.							
☐ Addressee for Service (Primary Contact) ☐ Institution Alternate Contact (optional)							
☐ Proprietor							
Shareholder							
Senior Officer		☐ Director					
☐ Partner		☐ General	Partner				
Active Contact							
First Name	Luke						
Last Name	Kim						
Honorific appropriate to person	n: Mr.		Title Within Institution	President			
Business Email Address	s.22						
Business Phone number	6045232388		Alternate Phone Number	s.22			
Fax Number	604-523-238	9					
Organization - The contact	is a legal entity	y, not a person	, that has an interest (such as	Shareholder) in the Institution.			

Page 088 to/à Page 089

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s.22



B						
Roles fulfilled by this contact						
Senior Educational Administrator						
Senior Educational Administrate adult education. Please attach			•	education or work experience in		
	ary Contact)	Institution	n Alternate Contact (optional)		
Proprietor						
Shareholder						
Senior Officer		Director				
☐ Partner		☐ General	Partner			
Active Contact	\boxtimes					
End Date						
First Name	Luke					
Last Name	Kim					
Honorific appropriate to person:	Mr.		Title Within Institution	President		
Business Email Address	s.22					
Business Phone number	6045232388		Alternate Phone Number	s.22		
Fax Number	604-523-2389	9				
Organization - The contact is	s a legal entity	, not a person,	that has an interest (such a	s Shareholder) in the Institution.		

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s.22



Luke Kims 22

2684 - Re-certification application

3 messages

Luke Kim _{S.22}

Sat, Apr 29, 2017 at 4:21 PM

To: PTI <pti@gov.bc.ca>

To Whom It May Concern:

Re: Re-certification application (Central College:2684)

We have submitted the required re-certification application by uploading the application. However, there is some technical issue to edit the application.

The SEA, Luke Kim, has been recorded in two separate records and they could not be either changed or one could not be deleted. As a result, the system displayed the error sign, "Primary contact can not be 2" when the application was unloaded

We have changed the primary contact to avoid this error sign and uploaded the application successfully after a few attempts.

However, I still have a concern if the application was submitted successfully and we can change the information later if necessary.

Regarding the student data report, the system says "Thank you! Your Students file has been uploaded. Please upload your Enrolment file now" with some error information. I believe that there is only one file (Student Data Report) required to be uploaded. The message from the system confuses me what to do next. Would you let me know what we have to to satisfy the message?

I apologize for the questions but your response will be really appreciated.

I always appreciate your deep consideration on behalf of Central College.

Thank you.

Sincerely, Luke Kim Central College

AVED Private Training Institutions AVED:EX <PTI@gov.bc.ca>

Sat, Apr 29, 2017 at 4:40 PM

To: Luke Kim s 22 , "AVED Private Training Institutions AVED:EX" <PTI@gov.bc.ca>

Cc: "Wong, Steve AVED:EX" <Steve.Wong@gov.bc.ca>

Dear Mr. Kim;

We have received your re-certification application and acknowledge that you've attempted to upload your student data report. I have copied Steve Wong, the Regulation Administrator assigned to your institution, on this email. Steve will contact you on Monday to help you troubleshoot the issues you're experiencing submitting the student data report.

This email acknowledges that you have met the April 30 deadline to submit your re-certification application. If we require additional information or clarification with respect to the application we will contact you.

Please be reminded that your December 31, 2016 financial statements are required by May 31, 2017.

Sincerely,

Marianne Schwan

Director, Regulation

203 - 1155 West Pender St, Vancouver, BC V6E 2P4

P: 604-569-0033 | D: 604-569-0019 | F: 778-945-0606 | Toll Free: 1-800-661-7441

privatetraininginstitutions.gov.bc.ca

From: Luke Kim [mailto:s.22

Sent: Saturday, April 29, 2017 4:22 PM

To: AVED Private Training Institutions AVED: EX Subject: 2684 - Re-certification application

[Quoted text hidden]

Luke Kim s.22

Sat, Apr 29, 2017 at 4:42 PM To: "AVED Private Training Institutions AVED:EX" <PTI@gov.bc.ca>

Dear Marianne Schwan,

I really appreciate your response.:)

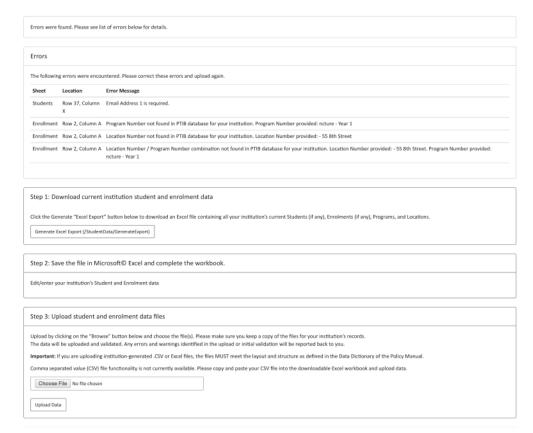
Have a good weekend!

Warm regards, Luke Kim [Quoted text hidden]

		_	
ςt₁	ident	l Dai	ta

Thank you! Your Students file has been uploaded. Please upload your Enrolment file now.

s.21



 From: Wong, Steve AVED:EX

Sent: Thursday, June 22, 2017 11:26 AM

To: 'kevin@centralcollege.ca'
Cc: 'sylvia@centralcollege.ca'

Subject: 2684 - Re-certification Application - PTIB Inquiry

Dear Mr. Kevin Chung,

As discussed in our phone conversation, you confirmed the following as reported on the re-certification application received April 28, 2017:

- 1) Kevin Chung Primary Contact
- 2) Sylvia Kim Alternate Contact

s.22

s.22

We requested that you send an 'Institution Application' for an Institution Change (change in shareholders).

Sincerely,

Steve Wong Regulation Administrator



203 – 1155 West Pender St, Vancouver, BC V6E 2P4 P: 604-569-0033 | D: 604-569-0038 | F: 778-945-0606 | Toll Free: 1-800-661-7441

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From: AVED Private Training Institutions AVED:EX

To: Wong, Steve AVED:EX

Subject: RE: Central College (2684) SEA Equivalency Evaluation Request

Date: Wednesday, July 5, 2017 9:07:46 AM

Attachments: <u>image001.jpg</u>

image002.png

Hi Steve,

Application saved to file:



You have the control form. Application tracking post transition worksheet has been updated.

Thanks,

Pinnie

Regulation Administrator

(604) 569-0037

From: Luke Kim [mailto s.22

Sent: Wednesday, July 5, 2017 8:33 AM

To: Wong, Steve AVED:EX

Subject: Re: Central College (2684) SEA Equivalency Evaluation Request

Hi Steve,

I am submitting an institution application form for a change of SEA along with the candidate's resume, which was uploaded to PTIB portal.

Please find the attached application and let me know if you have any questions or concerns.

Regards, Luke Kim

Central College

On Wed, Jun 28, 2017 at 12:34 PM, Wong, Steve AVED:EX < Steve.Wong@gov.bc.ca> wrote:

Hi Luke,

Thank you for your inquiry. After the transition, the Equivalency application was discontinued. With the new regulations, the requirements have changed. Per definitions (p. 6) in the Private Training Regulations, a senior educational administrator means an individual employed or retained by a certified institution who has a degree, diploma or certificate, or comparable education or work experience, in adult education and is responsible for the following:

- a) ensuring that the course outline, the curriculum and the program outline of an approved program of instruction are relevant to the program's learning objectives; and
- b) overseeing a performance evaluation process for instructors who provide an approved program of instruction.

If you are planning to change the SEA, please submit an 'Institution Application' form for a change in contact. As well, please provide a resume for the candidate ensuring they meet the requirements stated above.

Sincerely,

Steve Wong

Regulation Administrator

203 – 1155 West Pender St, Vancouver, BC V6E 2P4

P: 604-569-0033 |D: 604-569-0038 | F: 778-945-0606|Toll Free: 1-800-661-7441

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From: Luke Kim [mailtos.22]

Sent: Wednesday, June 28, 2017 9:30 AM

To: Wong, Steve AVED:EX

Subject: Central College (2684) SEA Equivalency Evaluation Request

Hi Steve,

I am writing this email to request a SEA equivalency Evaluation. I remember that PCTIA had a formal form for this purpose but, I can not find any forms for SEA equivalency evaluation except the form for SEA change from PTIB website.

Please find the attached resume of the candidate. If there is any fee involved for this, please let me know.

Should you have any questions or concerns, please advise me.

I always appreciate your support and consideration.

Regards, Luke Kim Central College From: Luke Kim s.22

Sent: Wednesday, July 5, 2017 8:33 AM

To: Wong, Steve AVED:EX

Subject: Re: Central College (2684) SEA Equivalency Evaluation Request

Attachments: Institution_application(SEA)change201706.pdf; SignedPage(SEA).pdf; HYO SUB

CHUNG.pdf

Hi Steve,

I am submitting an institution application form for a change of SEA along with the candidate's resume, which was uploaded to PTIB portal.

Please find the attached application and let me know if you have any questions or concerns.

Regards, Luke Kim Central College

On Wed, Jun 28, 2017 at 12:34 PM, Wong, Steve AVED:EX < Steve.Wong@gov.bc.ca > wrote:

Hi Luke,

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- a) ensuring that the course outline, the curriculum and the program outline of an approved program of instruction are relevant to the program's learning objectives; and
- b) overseeing a performance evaluation process for instructors who provide an approved program of instruction.

If you are planning to change the SEA, please submit an 'Institution Application' form for a change in contact. As well, please provide a resume for the candidate ensuring they meet the requirements stated above.

Sincerely,

Steve Wong



Regulation Administrator

203 – 1155 West Pender St, Vancouver, BC V6E 2P4

P: <u>604-569-0033</u> ID: <u>604-569-0038</u> I F: <u>778-945-0606</u>|Toll Free: <u>1-800-661-7441</u>

1

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From: Luke Kim [mailto s.22

Sent: Wednesday, June 28, 2017 9:30 AM

To: Wong, Steve AVED:EX

Subject: Central College (2684) SEA Equivalency Evaluation Request

Hi Steve,

I am writing this email to request a SEA equivalency Evaluation. I remember that PCTIA had a formal form for this purpose but, I can not find any forms for SEA equivalency evaluation except the form for SEA change from PTIB website.

Please find the attached resume of the candidate. If there is any fee involved for this, please let me know.

Should you have any questions or concerns, please advise me.

I always appreciate your support and consideration.

Regards,

Luke Kim

Central College

From: Campagnolo, Vanessa AVED:EX
To: "kevin@centralcollege.ca"
Cc: "sylvia@centralcollege.ca"

Subject: 2684 - Institution and contact change (SEA), application

Date: Tuesday, July 18, 2017 10:39:00 AM

Attachments: <u>image001.jpg</u>

image003.jpg

Dear Mr. Chung,

We are currently reviewing the SEA change application received and require further clarification. Please provide additional information on how the proposed SEA meets the regulation requirements to act as an SEA:

"Senior educational administrator" means an individual employed or retained by a certified institution who

- (a) has a degree, diploma or certificate, or comparable education or work experience, in adult education, and
- (b) is responsible for the following:
- (i) ensuring that the course outline, the curriculum and the program outline of an approved program of instruction are relevant to the program's learning objectives;
- (ii) overseeing a performance evaluation process for instructors who provide an approved program of instruction;

Don't hesitate to let me know if you have any questions.

Sincerely,

Vanessa Campagnolo

Regulation Administrator

203 – 1155 West Pender St, Vancouver, BC V6E 2P4

P: 604-569-0033 | D: 604-398-4720 | F: 778-945-0606 | Toll Free: 1-800-661-7441

privatetraininginstitutions.gov.bc.ca

Confidentiality Notice:

The contents of this email message and any attachments are intended solely for the addressee(s) and may contain confidential and/or privileged information. If you are not the intended recipient of this message, or if this message has been addressed to you in error, please immediately alert the sender by reply email and then delete this message and any attachments. If you are not the intended recipient, any use, dissemination, copying, or storage of this message or its attachments is strictly prohibited.

From: Kevin Chung

To: <u>Campagnolo, Vanessa AVED:EX</u>

Subject: Central College (2684) SEA Equivalency Evaluation Request

Date: Monday, July 31, 2017 12:10:08 PM

Attachments: <u>Institution application - SEA Change 201707.pdf</u>

Institution application - SEA Change 201707 (Signed).pdf

Resume - Hosung Jang.png

Hello Vanessa,

I am writing this email to request a SEA Equivalency Evaluation. Please find the attached file for the Institution Application form with signature and the resume of the candidate.

Should you have any questions or concerns, please advise me. Thank you.

Best regards, Kevin Chung

--

Kevin Chung Director of Finance & Accounting CENTRAL COLLEGE #200-60 8th Street New Westminster, BC V3M 3P1 604-523-2388 From: Kevin Chung

To: Campagnolo, Vanessa AVED:EX

Subject: RE: Central College (2684) SEA Equivalency Evaluation Request

Date: Thursday, August 3, 2017 11:50:04 AM

Hi Vanessa,

Yes, this is the new application and we would like to appoint Mr. Jang, Hosung to be our SEA. Please discard the previous application and use this new application for your review. Sorry for the inconvenience.

Thank you.

Best regards,

```
Kevin Chung
On Thu, August 3, 2017 11:35 am, Campagnolo, Vanessa AVED:EX wrote:
> Hello Mr. Chung,
>
>
> Can you please confirm if this is a brand new application or if this is a
> revision to the change in SEA application you submitted on July 5, 2017?
>
> Sincerely,
>
> Vanessa Campagnolo
> Regulation Administrator
> Private Training Institutions Branch
> Ministry of Advanced Education, Skills and Training
>
>
> 203 - 1155 West Pender St, Vancouver, BC V6E 2P4
> P: 604-569-0033 |D: 604-398-4720 | F: 778-945-0606|Toll Free:
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> attachments. If you are not the intended recipient, any use,
> dissemination, copying, or storage of this message or its attachments is
> strictly prohibited. ----Original Message-----
> From: Kevin Chung [mailto:kevin@centralcollege.ca]
> Sent: Monday, July 31, 2017 12:10 PM
> To: Campagnolo, Vanessa AVED:EX
> Subject: Central College (2684) SEA Equivalency Evaluation Request
>
> Hello Vanessa,
```

```
>
> I am writing this email to request a SEA Equivalency Evaluation. Please
> find the attached file for the Institution Application form with
> signature and the resume of the candidate.
> Should you have any questions or concerns, please advise me.
> Thank you.
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>
> Best regards,
> Kevin Chung
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> --
> Kevin Chung
> Director of Finance & Accounting
> CENTRAL COLLEGE
> #200-60 8th Street
> New Westminster, BC
> V3M 3P1
> 604-523-2388
>
Kevin Chung
Director of Finance & Accounting
CENTRAL COLLEGE
#200-60 8th Street
New Westminster, BC
V3M 3P1
604-523-2388
```

From: Kevin Chung

To: Campagnolo, Vanessa AVED:EX

Subject: RE: 2684 - Institution and contact change (SEA), application

Date: Tuesday, September 5, 2017 12:29:08 PM

Dear Vanessa,

Mr. Jang, Hosung has been working as an instructor for the Traditional Chinese Medicine programs at our college. While he was working at our college, he has done the following duties:

- creating course outlines and syllabus
- developing teaching plans including PowerPoint slides and course notes for students
- providing high-quality lectures to students
- keeping student attendance record
- student evaluation
- updating course contents to provide most up-to-date information and techniques to students
- office hours
- providing feedback and suggestions on course contents, materials, school facility, and school policies to the College to provide better service and better learning environment to students

If you need further information, please let me know. Thank you.

Best regards, Kevin Chung

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On Tue, August 29, 2017 3:34 pm, Campagnolo, Vanessa AVED:EX wrote:
> Hi Mr. Chung,
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> Thank you for your email.
> We require further information and explanation on the work the proposed
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> Thank you,
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> dissemination, copying, or storage of this message or its attachments is
> strictly prohibited. ----Original Message-----
> From: Kevin Chung [mailto:kevin@centralcollege.ca]
> Sent: Tuesday, August 29, 2017 10:55 AM
> To: Campagnolo, Vanessa AVED:EX
> Subject: Re: 2684 - Institution and contact change (SEA), application
> Dear Vanessa,
> I confirm that Mr. Hosung Jang has been working at Central College as an
> instructor since April 2014.
> For the second question, I am not clear about what documents or details
> to submit. Would you be able to provide further information for
> clarification?
> Thank you.
>
>
> Best regards,
> Kevin Chung
>
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> On Thu, August 17, 2017 11:43 am, Campagnolo, Vanessa AVED:EX wrote:
>> Dear Mr. Chung,
>>
>>
>> We are currently reviewing your institution's SEA application and
>> require further clarification on the following:
>>
>>
>> 1.
         Confirm the length of time the proposed SEA worked as an
>> instructor for the college.
>>
>> 2.
         Provide additional details on work completed at the college.
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>>
>> Let me know if you have any questions.
>>
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>> Sincerely,
>>
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```
>>
>> Vanessa Campagnolo
>> Regulation Administrator
>> Private Training Institutions Branch
>> Ministry of Advanced Education, Skills and Training
>> [cid:image003.jpg@01D3174E.1303CB20]
>> 203 - 1155 West Pender St, Vancouver, BC V6E 2P4
>> P: 604-569-0033 |D: 604-398-4720 | F: 778-945-0606|Toll Free:
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> Director of Finance & Accounting
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> 604-523-2388
>
>
>
Kevin Chung
Director of Finance & Accounting
CENTRAL COLLEGE
#200-60 8th Street
New Westminster, BC
V3M 3P1
```

604-523-2388



	Reset Form	Print	Submit by Email	Save		
Application Type	Institution and Contact Changes					
Institution Operating Name	CENTRAL COLLEGE					

Provide institution operating name for all application types.

Institution or Contact Changes

Use this form to inform PTIB of changes to your institution information, personnel and locations. These changes to your business and personnel / contact information, with instruction on the specific information required, are:

- 1. Change of Fiscal Year End
 - New fiscal year end date
- 2. Change of Control (e.g. a change in shareholder that holds more than 50% of voting shares)
 - If the Business Type has changed, indicate the new business type and attach appropriate documentation
 - Add, change or remove contacts
 - Indicate whether there are any closures related to the new contacts
 - Set the appropriate role for the business type in each person's profile
 - · For shareholders, indicate the percentage holding for each
- 3. Change to directors, or senior officers, or a change in shareholders (other than the major shareholder) holding 10% or more of the voting shares
 - Add, change or remove contacts
 - Set the appropriate role(s) in each person's profile
 - For each shareholder, identify their percentage holding in the business
- 4. Apply for Change in Address for Service
 - Add the new address / email to use for service and set the "address for service" flag
- 5. A change in the senior educational administrator of the institution
 - Add the new contact (if required) and identify any contacts that are no longer required by setting Active to "no"
 - Set the Senior Educational Administrator flag on the new SEA contact (Interim Designated or Designated Institutions only)
 - Attach the resume or credential that establishes the new SEA's qualifications
- 6. A change in the legal name or operating name of the institution
 - Revised Legal Name and supporting document (Central Securities Register)
 - Revised Operating Name



Institution		
Institution Number	2684	
Current Certificate Type / Applying	or Certificate Type	Designation
Legal Name	CENTRAL COLLEGE INC.	
Operating Name	CENTRAL COLLEGE	
Fiscal year ends on (MM/DD)	12/31	
Business Type	Extraprovincial company	

If the institution is a company, include contact information and / or attach documents with:

- the names of directors and senior officers (as defined in section 1 (1) of the Business Corporations Act), and its major shareholder,
- a copy of its central securities register maintained under section 111 [securities registers] of that Act, and
- a certificate of good standing.

If the institution is an extraprovincial company, include contact information and / or attach documents with:

• the names of its directors and senior officers, as defined in section 374 [definitions] of the Business Corporations Act, and its major shareholder.

If the institution is a corporation, other than a company, an extraprovincial company, a society or an extraprovincial society, include contact information and / or attach documents with:

 the names of its directors and senior officers, as defined in section I (I) of the Business Corporations Act, and its major shareholder.

If the institution is a partnership within the meaning of the Partnership Act or under the laws of a jurisdiction other than British Columbia, other than a limited partnership, include:

a signed copy of the partnership agreement.

If the institution is a limited partnership, include:

the names of its general partners.

If the institution is a society or an extraprovincial society, include:

- the names of its directors, as defined in section I of the Society Act, and
- a copy of the most recent annual report filed under section 68 [filing annual report] or 78 [return to registrar] of that Act, as the case may be.

If the institution is a sole proprietorship, include:

the full name of the proprietor.



If the institution is an aboriginal institution, include:						
the legal name of the entity that operates the institution.						
Student Records Archiving Vendor Datawitness						
Class of Institution (select all that apply)						
All approved programs lead to employment in a career occupation regulated by Transport Canada or a regulator under the Health Professions Act						
All approved programs are language programs assessed by an independent body or career-related programs in language instruction						
☐ Institution operated by a First Nation or Aboriginal Society / Corporation						
☐ All approved programs require tuition to only be paid at the end of the program of instruction						
 An Institution that has all programs approved by a Regulatory Body must attach documentary proof of approval from that Body. 						
 An institution that has had a program reviewed by an independent agency must attach a copy of the report. 						
 An institution that is operated by a First Nation or Aboriginal Society / Corporation must provide confirmation from the operating organization. 						
 An institution that only accepts post-delivery payment for programs must provide a confirmation of that practice from their accountant. 						
Web Site URL www.centralcollege.ca						
Has the institution, or an associated institution within the meaning of section 46 [associated institutions] of the Private Training Act, suspended operations in any jurisdiction, or been closed or involved in an action in any jurisdiction respecting the closure of the institution?						



Contacts			
First Name	Hyo Sub		
Last Name	Chung		
Email, phone and address information is Proprietor, Partner or General Partner		s Senior Educational Administrator, Addre	essee for Service, Alternate Contact,
Honorific appropriate to person:	Mr.	Title Within Institution	CEO
Business Email Address	info@centralcollege.ca		
Business Phone number	604-523-2388	Alternate Phone Number	
Fax Number	604-523-2389		
Organization - The contact i	s a legal entity, not a person	, that has an interest (such as Sh	areholder) in the Institution.
Roles fulfilled by this contact			
Senior Educational Adminis	trator SEA role only applicable	if applying for Designation.	
Senior Educational Administrate adult education. Please attach e		ma, certificate or comparable edu dential that substantiates this.	cation or work experience in
☐ Addressee for Service	☐ Institution Alternate Con	ntact (optional)	
☐ Proprietor			
☐ Shareholder			
☐ Senior Officer	☐ Director		
☐ Partner	☐ General Partner		
Deactivate Contact			



Private	Training	Institution	Business	and	Contact	Changes

Please complete thi	Please complete this page, print it, sign and include with your application.			
This form includes t	This form includes the information required for the following changes:			
☐ Change of Fisca	☐ Change of Fiscal Year End			
☐ Change of Contr	rol			
	Change to directors, or senior officers, or a change in shareholders (other than the major shareholder) holding 10% or more of the voting shares			
☐ Change in Addre	ess for Service			
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	senior educational administrator of the ins	stitution		
☐ A change in the	legal name or operating name of the instit	tution		
Declarations				
	as the legal authority to act on behalf of the	e institution.		
	ation contained in this application and any	attachment is true, accur	ate and	d complete.
Personal Information Collection Notice				
Personal information may be collected by the Ministry of Advanced Education under section 26(a) and (c) of the <i>Freedom of Information and Protection of Privacy Act (FOIPPA) and Private Training Act</i> (PTA) section 61(1), (2) and (3). Personal information will be collected, used and disclosed as necessary to assess the submission. Should you have any questions about the collection, disclosure and use of this personal information you may contact: Director, Regulation, Private Training Institutions Branch, Governance, Legislation and Strategic Policy Division, Ministry of Advanced Education, 203 - 1155 W. Pender St, Vancouver, BC V6E 2P4 (800-661-7441).				
_				
Authorized By	Luke Kim	Authorized Title	Presid	ent
BCeID User ID	s.22			
SIGNATURE		PRINT NAME		DATE SIGNED
X	MUST BE SIGNED	PRLuke Kim RE	J	YYYYY-MM-DD 2 0 1 7 - 0 6 - 2 8



Private Training Institution Business and Contact Changes					
Please complete this page, print it, sign and include with your application.					
This form includes the information required	This form includes the information required for the following changes:				
Change of Fiscal Year End					
Change of Control					
Change to directors, or senior officers, of the voting shares	Change to directors, or senior officers, or a change in shareholders (other than the major shareholder) holding 10% or more of the voting shares				
Change in Address for Service					
A change in the senior educational adm	inistrator of the insti	tution			
A change in the legal name or operating	name of the institu	tion			
Declarations					
∑ The signatory has the legal authority to a	act on behalf of the	institution.			
All of the information contained in this ap	pplication and any a	ttachment is true, accur	ate and	d complete.	
Personal Information Collection Notice					
Personal information may be collected by the Information and Protection of Privacy Act (Finformation will be collected, used and disciplent the collection, disclosure and use of this per Branch, Governance, Legislation and Strate Vancouver, BC V6E 2P4 (800-661-7441).	FOIPPA) and Private losed as necessary rsonal information y	e Training Act (PTA) sec to assess the submission ou may contact: Directo	ction 61 on. Sho or, Regi	(1), (2) and (3). Personal ould you have any questions about plation, Private Training Institutions	
☐ I am authorized to submit personal information about any others that is necessary to complete this form					
Authorized By Luke Kim		Authorized Title	Presid	ent	
BCeID User ID s.22					
SIGNATURE SIGN) NED	PRL uke Kim RE		DATE SIGNED	

Page 113 to/à Page 114

Withheld pursuant to/removed as

s.22



	Reset Form	Print	Submit by Email	Save	
Application Type	Institution and Contact Changes				
Institution Operating Name	CENTRAL COLLEGE				

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 - Revised Legal Name and supporting document (Central Securities Register)
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Institution				
Institution Number	2684			
Current Certificate Type / Applying for Certificate Type		Designation		
Legal Name	CENTRAL COLLEGE INC.			
Operating Name	CENTRAL COLLEGE			
Fiscal year ends on (MM/DD)	12/31			
Business Type	Extraprovincial company			

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Student Records Archiving Vendor Datawitness				
Class of Institution (select all that apply)				
\square All approved programs lead to employment in a career occupation regulated by Transport Canada or a regulator under the Health Professions Act				
All approved programs are language programs assessed by an independent body or career-related programs in language instruction				
☐ Institution operated by a First Nation or Aboriginal Society / Corporation				
☐ All approved programs require tuition to only be paid at the end of the program of instruction				
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Web Site URL www.centralcollege.ca				
Has the institution, or an associated institution within the meaning of section 46 [associated institutions] of the Private Training Act, suspended operations in any jurisdiction, or been closed or involved in an action in any jurisdiction respecting the closure of the institution?				



Contacts					
First Name	Hosung				
Last Name		Jang			
Email, phone and address information is Proprietor, Partner or General Partner	s required for contacts whose role is	s Senior Educational Administrator, Addre	essee for Service, Alternate Contact,		
Honorific appropriate to person:	Mr.	Title Within Institution	COO		
Business Email Address	info@centralcollege.ca				
Business Phone number	604-523-2388	Alternate Phone Number			
Fax Number	604-523-2389				
☐ Organization - The contact is	s a legal entity, not a person	, that has an interest (such as Sh	areholder) in the Institution.		
Roles fulfilled by this contact					
Senior Educational Administrator SEA role only applicable if applying for Designation.					
Senior Educational Administrator must hold a degree, diploma, certificate or comparable education or work experience in adult education. Please attach either a resume or other credential that substantiates this.					
☐ Addressee for Service ☐ Institution Alternate Contact (optional)					
☐ Proprietor					
☐ Shareholder					
☐ Senior Officer	☐ Director				
☐ Partner	☐ General Partner				
Deactivate Contact					



Private Training Institutions Branch

Private Training	Institution Business and Contact C	nanges			
Please complete thi	lease complete this page, print it, sign and include with your application.				
This form includes t	he information required for the following c	hanges:			
Change of Fisca	ıl Year End				
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	Change to directors, or senior officers, or a change in shareholders (other than the major shareholder) holding 10% or more of the voting shares				
Change in Addre	ess for Service	•			
☑ A change in the	senior educational administrator of the ins	stitution	•		
A change in the	legal name or operating name of the instit	tution			
Declarations					
☑ The signatory has the legal authority to act on behalf of the institution.					
☑ All of the information contained in this application and any attachment is true, accurate and complete.					
Personal Information Collection Notice					
Information and Proinformation will be of the collection, discle Branch, Governance Vancouver, BC V6E	on may be collected by the Ministry of Advantection of Privacy Act (FOIPPA) and Privacy Collected, used and disclosed as necessary osure and use of this personal information and Strategic Policy Division E 2P4 (800-661-7441).	ate Training Act (PTA) sections to assess the submission you may contact: Director, n, Ministry of Advanced Edu	on 61(1), (2) and (3). Personal . Should you have any questions about Regulation, Private Training Institutions ucation, 203 - 1155 W. Pender St,		
Authorized By	Luke Kim	Authorized Title P	resident		
BCeID User ID	s.22				
SIGNATURE		PRINT NAME	DATE SIGNED		
$X \mid \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	MUST BE SIGNED?	PRINTHERE	2 0 1 7 - 0 6 - 2 8		

Page 120

Withheld pursuant to/removed as

s.22

Campagnolo, Vanessa AVED:EX

From:	Kevin Chung <kevin@centralcollege.ca></kevin@centralcollege.ca>
Sent:	Tuesday, September 5, 2017 12:29 PM
To:	Campagnolo, Vanessa AVED:EX

Subject: RE: 2684 - Institution and contact change (SEA), application

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>>
        Provide additional details on work completed at the college.
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>> Sincerely,
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>> Vanessa Campagnolo
>> Regulation Administrator
>> Private Training Institutions Branch
>> Ministry of Advanced Education, Skills and Training
>> [cid:image003.jpg@01D3174E.1303CB20]
>> 203 - 1155 West Pender St, Vancouver, BC V6E 2P4
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>>
>>
>
>
> Kevin Chung
> Director of Finance & Accounting
> CENTRAL COLLEGE
> #200-60 8th Street
> New Westminster, BC
> V3M 3P1
> 604-523-2388
>
>
Kevin Chung
Director of Finance & Accounting
CENTRAL COLLEGE
#200-60 8th Street
New Westminster, BC
V3M 3P1
```

From: Campagnolo, Vanessa AVED:EX
Sent: Friday, September 29, 2017 11:46 AM

To: 'kevin@centralcollege.ca'
Cc: 'sylvia@centralcollege.ca'

Subject: 2684 - Institution and contact change (SEA), application

Dear Mr. Chung,

This is to confirm we have updated our records with Hosung Jang as the institution's new Senior Educational Administrator.

Sincerely,

Vanessa Campagnolo

Regulation Administrator

Private Training Institutions Branch

Ministry of Advanced Education, Skills and Training



203 – 1155 West Pender St, Vancouver, BC V6E 2P4 P: 604-569-0033 | D: 604-398-4720 | F: 778-945-0606 | Toll Free: 1-800-661-7441

privatetraininginstitutions.gov.bc.ca

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From: lina@centralcollege.ca

To: Campagnolo, Vanessa AVED:EX
Subject: [Central College] PTIB Portal Access
Date: Friday, October 13, 2017 9:38:35 AM

Dear Vanessa,

We need to create a new BCeID to access PTIB portal \$.22 \$.22 S.22 S.6, Joseph Chung, new CEO of our school, will create a BCeID for himself and inform PTIB accordingly to get an access to PTIB Portal.

I am just wondering if there is anything that we need to be careful or follow up for this change.

Kind regards,

Lina Hong Director of Admissions CENTRAL COLLEGE

#200-60 Eighth Street New Westminster, BC V3M 3P1

Tel: 604-523-2388 Fax: 604-523-2389

Email: lina@centralcollege.ca

To: Campagnolo, Vanessa AVED:EX Subject: RE: 2684_Central College_ Contact Changes Wednesday, October 4, 2017 5:15:43 PM Date: Attachments: Institution application Change of Contact.pdf Dear Vanessa, Thank you for your information. Please see attached for contact changes. Kind regards, Lina Hong Director of Admissions CENTRAL COLLEGE #200-60 Eighth Street New Westminster, BC V3M 3P1 Tel: 604-523-2388 Fax: 604-523-2389 Email: lina@centralcollege.ca On Wed, October 4, 2017 2:46 pm, Campagnolo, Vanessa AVED:EX wrote: > Dear Ms. Hong, > > > > Thank you for your email. > > > In order to update the contacts for the institution, either the > primary contact or the alternate contact will be required to submit an > Institution Application form accessible in the Form > Library<https://www.privatetraininginstitutions.gov.bc.ca/form-library> > on our website. In the form, select 'Institution and Contact Changes' > from the Application Type drop down list and proceed to fill out the new > contact information. > To make a change to one of your institution's current programs, > again, this can be submitted through the Institution Application form. In > the form, select 'Change of Program' from the Application Type drop down > list and proceed to fill in only the information that is changing. For > example, if you are changing the hours of instruction of a program, the > only program information you're required to enter in the form would be > the program name and the new hours of instruction. > > 3. If any aspect of the approved programs are being effected, this > change would need to be submitted. However, if this change in semesters > has no effect on the approved program, it is not required to be reported. > >

From:

lina@centralcollege.ca

```
> Don't hesitate to let me know if you have any other questions.
>
>
> Sincerely,
>
>
>
>
> Vanessa Campagnolo
> Regulation Administrator
> Private Training Institutions Branch
>
> Ministry of Advanced Education, Skills and Training
>
>
>
> 203 - 1155 West Pender St, Vancouver, BC V6E 2P4
> P: 604-569-0033 |D: 604-398-4720 | F: 778-945-0606|Toll Free:
> 1-800-661-7441
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> dissemination, copying, or storage of this message or its attachments is
> strictly prohibited.
> -----Original Message-----
> From: lina@centralcollege.ca [mailto:lina@centralcollege.ca]
> Sent: Tuesday, October 3, 2017 5:04 PM
> To: Campagnolo, Vanessa AVED:EX
> Subject: 2684_Central College_ Inquiries
>
>
```

```
> Dear Vanessa,
>
>
> I am Lina Hong, Director of Admissions, at Central College. I have some
> inquiries regarding some changes. Please advise me so that I can follow
> up appropriately.
>
> 1) I am newly appointed as a main contact person for the matters in
> related to PTIB. I will be working with very closely with our SEA and
> assist him for all administrative work. Is there any procedure to make
> notification to or approve from PTIB for this change?
>
> 2) We are planning to change the hours of instruction for two programs
> from spring semester in 2018. Which form and support document do we need
> to submit?
>
>
> 3) Current the college is running 3 semesters - Spring, Summer, and Fall.
> If we change it to 2 semesters only with Spring and Fall semesters, do we
> need to notify its change? If so, what kind of application form and
> document do we need to submit to PTIB?
>
>
> Kind regards,
>
>
>
> Lina Hong
>
>
>
> Director of Admissions
>
> Central College
>
>
> Phone: 604-523-2388
> Fax: 604-523-2389
> Email: lina@centralcollege.ca<mailto:lina@centralcollege.ca>
```



Application Type

Institution and Contact Changes

Institution Operating Name

Central College

Provide institution operating name for all application types.

Institution or Contact Changes

Use this form to inform PTIB of changes to your institution information, personnel and locations. These changes to your business and personnel / contact information, with instruction on the specific information required, are:

- Change of Fiscal Year End
 - New fiscal year end date
- 2. Change of Control (e.g. a change in shareholder that holds more than 50% of voting shares)
 - If the Business Type has changed, indicate the new business type and attach appropriate documentation
 - Add, change or remove contacts
 - Indicate whether there are any closures related to the new contacts
 - Set the appropriate role for the business type in each person's profile
 - · For shareholders, indicate the percentage holding for each
- 3. Change to directors, or senior officers, or a change in shareholders (other than the major shareholder) holding 10% or more of the voting shares
 - Add, change or remove contacts
 - Set the appropriate role(s) in each person's profile
 - For each shareholder, identify their percentage holding in the business
- Apply for Change in Address for Service
 - Add the new address / email to use for service and set the "address for service" flag
- 5. A change in the senior educational administrator of the institution
 - Add the new contact (if required) and identify any contacts that are no longer required by setting Active to "no"
 - Set the Senior Educational Administrator flag on the new SEA contact (Interim Designated or Designated Institutions only)
 - Attach the resume or credential that establishes the new SEA's qualifications
- 6. A change in the legal name or operating name of the institution
 - Revised Legal Name and supporting document (Central Securities Register)
 - Revised Operating Name



Institution	
Institution Number	2684
Current Certificate Type / Applying	ior Certificate Type
Legal Name	Central College Inc.
Operating Name	Central College
Fiscal year ends on (MM/DD)	12/31
Business Type	Extraprovincial company

If the institution is a company, include contact information and / or attach documents with:

- the names of directors and senior officers (as defined in section 1 (1) of the Business Corporations Act), and its major shareholder,
- a copy of its central securities register maintained under section 111 [securities registers] of that Act, and
- a certificate of good standing.

If the institution is an extraprovincial company, include contact information and / or attach documents with:

 the names of its directors and senior officers, as defined in section 374 [definitions] of the Business Corporations Act, and its major shareholder.

If the institution is a corporation, other than a company, an extraprovincial company, a society or an extraprovincial society, include contact information and / or attach documents with:

• the names of its directors and senior officers, as defined in section I (I) of the Business Corporations Act, and its major shareholder.

If the institution is a partnership within the meaning of the Partnership Act or under the laws of a jurisdiction other than British Columbia, other than a limited partnership, include:

a signed copy of the partnership agreement.

If the institution is a limited partnership, include:

the names of its general partners.

If the institution is a society or an extraprovincial society, include:

- the names of its directors, as defined in section I of the Society Act, and
- a copy of the most recent annual report filed under section 68 [filing annual report] or 78 [return to registrar] of that
 Act, as the case may be.

If the institution is a sole proprietorship, include:

the full name of the proprietor.



If the institution is an aboriginal institution, include:
the legal name of the entity that operates the institution.
Student Records Archiving Vendor Datawitness
Class of Institution (select all that apply)
All approved programs lead to employment in a career occupation regulated by Transport Canada or a regulator under the Health Professions Act
All approved programs are language programs assessed by an independent body or career-related programs in language instruction
☐ Institution operated by a First Nation or Aboriginal Society / Corporation
All approved programs require tuition to only be paid at the end of the program of instruction
 An Institution that has all programs approved by a Regulatory Body must attach documentary proof of approval from that Body.
 An institution that has had a program reviewed by an independent agency must attach a copy of the report.
 An institution that is operated by a First Nation or Aboriginal Society / Corporation must provide confirmation from the operating organization.
 An institution that only accepts post-delivery payment for programs must provide a confirmation of that practice from their accountant.
Web Site URL www.centralcollege.ca
Has the institution, or an associated institution within the meaning of section 46 [associated institutions] of the Private Training Act, suspended operations in any jurisdiction, or been closed or involved in an action in any jurisdiction respecting the closure of the institution?



Contacts			
First Name	Lina		
Last Name	Hong		
Email, phone and address information is Proprietor, Partner or General Partner	s required for contacts whose role is	s Senior Educational Administrator, Addres	ssee for Service, Alternate Contact,
Honorific appropriate to person:	Ms.	Title Within Institution	Director of Admissions
Business Email Address	lina@centralcollege.ca		
Business Phone number	604-523-2388	Alternate Phone Number	
Fax Number	604-523-2389		
☐ Organization - The contact i	s a legal entity, not a person	, that has an interest (such as Sha	areholder) in the Institution.
Roles fulfilled by this contact			
☐ Senior Educational Administ	trator SEA role only applicable	if applying for Designation.	
Senior Educational Administrate adult education. Please attach e		ma, certificate or comparable educ lential that substantiates this.	cation or work experience in
☐ Addressee for Service		ntact (optional)	
☐ Proprietor			
☐ Shareholder			
Senior Officer	☐ Director		
☐ Partner	General Partner		
Deactivate Contact			
	70-94.4		



Private Training	Institution Business and Contact Cl	nanges		
Please complete thi	is page, print it, sign and include with your	application.		
This form includes t	the information required for the following cl	hanges:		
Change of Fisca	il Year End			
☐ Change of Contr	rol			
Change to direct of the voting sha	tors, or senior officers, or a change in shar ares	reholders (other than the	major s	shareholder) holding 10% or more
Change in Addre	ess for Service			
A change in the	senior educational administrator of the ins	stitution		
☐ A change in the	legal name or operating name of the instit	tution		
Declarations				
☑ The signatory ha	as the legal authority to act on behalf of the	e institution.		
All of the informa	ation contained in this application and any	attachment is true, accur	rate and	d complete.
Personal Informa	ation Collection Notice			
Information and Pro information will be of the collection, disclo Branch, Governance Vancouver, BC V6E	on may be collected by the Ministry of Advance of Privacy Act (FOIPPA) and Privacy Act (FOIPPA) and Privacy Act (FOIPPA) and Privacy Act (FOIPPA) and Privacy Collected, used and disclosed as necessary osure and use of this personal information be, Legislation and Strategic Policy Division E 2P4 (800-661-7441).	ate Training Act (PTA) sec ry to assess the submission you may contact: Directo nn, Ministry of Advanced Ed	ection 61 ion. Sho or, Regu Educatio	1(1), (2) and (3). Personal ould you have any questions about ulation, Private Training Institutions on, 203 - 1155 W. Pender St,
	to submit personal information about any			plete this form
Authorized By	Hyo Sub Chung	Authorized Title	CEO	
BCeID User ID	s.22			
SIGNATURE		PRINT NAME		DATE SIGNED
X	MUST BE SIGNED	PROISTO SHEME		YYYYY-MM-DD 2 0 1 7 - 1 0 - 0 4

Campagnolo, Vanessa AEST:EX

From: Campagnolo, Vanessa AEST:EX

Sent: Thursday, November 16, 2017 10:29 AM

To: 'Kevin Chung'

Subject: RE: 2684 - Institution and contact change (alternate contact), application

Hello Mr. Chung,

Further to our phone conversation today, November 16, 2017, you confirmed Luke Kim and Sylvia Kim are no longer portal users for your institution and you will provide the BCeID account information (as per below) of the new portal user as soon as you are able.

Don't hesitate to let me know if you have any questions.

Sincerely,

Vanessa Campagnolo

Regulation Administrator

Private Training Institutions Branch

Ministry of Advanced Education, Skills and Training



203 – 1155 West Pender St, Vancouver, BC V6E 2P4
P: 604-569-0033 | D: 604-398-4720 | F: 778-945-0606 | Toll Free: 1-800-661-7441
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From: Campagnolo, Vanessa AEST:EX Sent: Monday, October 30, 2017 9:01 AM

To: 'Kevin Chung'

Subject: RE: 2684 - Institution and contact change (alternate contact), application

Dear Mr. Chung,

This is a follow up to my previous email below. Please confirm if would you like to remove Ms. Kim as a portal user and add Ms. Hong. If so, please submit the following information:

- Name of the requested portal user
- Business BCeID account info of the requested portal user
- Email address associated with the Business BCeID account

We look forward to hearing back from you at your earliest convenience.

Sincerely,

Vanessa Campagnolo

From: Campagnolo, Vanessa AEST:EX

Sent: Tuesday, November 21, 2017 12:23 PM

To: 'Kevin Chung'

Subject: RE: 2684 - Institution and contact change (alternate contact), application

Hi there,

Thank you for your confirmation.

We have updated our records accordingly to reflect Ms. Hong as the new alternate contact for your institution.

Please let me know if you have any questions.

Sincerely,

Vanessa Campagnolo
Regulation Administrator
Private Training Institutions Branch
Ministry of Advanced Education, Skills and Training

203 – 1155 West Pender St, Vancouver, BC V6E 2P4

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----Original Message-----

From: Kevin Chung [mailto:kevin@centralcollege.ca]

Sent: Tuesday, November 21, 2017 12:05 PM

To: Campagnolo, Vanessa AEST:EX

Subject: RE: 2684 - Institution and contact change (alternate contact), application

Hello Vanessa,

We just set up the new BCeID account and here are the information for the portal users you requested:

Business Profile Manager: Chung, Hyo Sub

Email: joseph@centralcollege.ca

Business Account Manager: Hong, Hyun Jeong (Lina)

Email: lina@centralcollege.ca

Business Account Manager: Chung, Kisung (Kevin)

Email: kevin@centralcollege.ca

Also, I believe we submitted the application to add Ms. Hong, Hyun Jeong (Lina) as an alternate contact. Has that been approved? Could you confirm that for me? Thank you. Best regards, **Kevin Chung** On 2017-11-16 10:29, Campagnolo, Vanessa AEST:EX wrote: > Hello Mr. Chung, > Further to our phone conversation today, November 16, 2017, you > confirmed Luke Kim and Sylvia Kim are no longer portal users for your > institution and you will provide the BCeID account information (as per > below) of the new portal user as soon as you are able. > Don't hesitate to let me know if you have any questions. > Sincerely, > Vanessa Campagnolo > Regulation Administrator > Private Training Institutions Branch > Ministry of Advanced Education, Skills and Training > 203 - 1155 West Pender St, Vancouver, BC V6E 2P4 > P: 604-569-0033 | D: 604-398-4720 | F: 778-945-0606 | Toll Free: > 1-800-661-7441 > privatetraininginstitutions.gov.bc.ca > Confidentiality Notice: > The contents of this email message and any attachments are intended > solely for the addressee(s) and may contain confidential and/or > privileged information. If you are not the intended recipient of this > message, or if this message has been addressed to you in error, please > immediately alert the sender by reply email and then delete this > message and any attachments. If you are not the intended recipient, > any use, dissemination, copying, or storage of this message or its > attachments is strictly prohibited. > FROM: Campagnolo, Vanessa AEST:EX

> SENT: Monday, October 30, 2017 9:01 AM

```
> TO: 'Kevin Chung'
> SUBJECT: RE: 2684 - Institution and contact change (alternate
> contact), application
> Dear Mr. Chung,
> This is a follow up to my previous email below. Please confirm if
> would you like to remove Ms. Kim as a portal user and add Ms. Hong. If
> so, please submit the following information:
>
              Name of the requested portal user
> •
>
              Business BCeID account info of the requested
> portal user
              Email address associated with the Business
> BCeID account
> We look forward to hearing back from you at your earliest convenience.
>
>
> Sincerely,
> Vanessa Campagnolo
> _Regulation Administrator_
> Private Training Institutions Branch
> Ministry of Advanced Education, Skills and Training
> 203 – 1155 West Pender St, Vancouver, BC V6E 2P4
> P: 604-569-0033 | D: 604-398-4720 | F: 778-945-0606 | Toll Free:
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> attachments is strictly prohibited.
> FROM: Campagnolo, Vanessa AVED:EX
> SENT: Monday, October 16, 2017 10:56 AM
> TO: 'Kevin Chung'
```

3

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> SUBJECT: RE: 2684 - Institution and contact change (alternate
> contact), application
> Hello Mr. Chung,
> Thank you for your email. We will process the deactivation of Ms. Kim
> as the alternate contact for the institution according to this
> application. Please note, Ms. Kim is also listed as a Basic portal
> user for your institution. Would you like to remove Ms. Kim as a
> portal user and add Ms. Hong? If so, please submit the following
> information:
>
        Name of the requested portal user
> .
>
> .
        Business BCeID account info of the requested portal user
>
        Email address associated with the Business BCeID account
> Institution application forms must be signed by either the primary
> contact or the alternate contact of the institution. This applies to
> all types of applications submitted.
> Don't hesitate to let me know if you have any further questions.
> Sincerely,
> Vanessa Campagnolo
> Regulation Administrator
> Private Training Institutions Branch
> Ministry of Advanced Education, Skills and Training
> 203 – 1155 West Pender St, Vancouver, BC V6E 2P4
> P: 604-569-0033 | D: 604-398-4720 | F: 778-945-0606 | Toll Free:
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> message and any attachments. If you are not the intended recipient,
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> attachments is strictly prohibited.
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> -----Original Message-----
> From: Kevin Chung [mailto:kevin@centralcollege.ca]
> Sent: Friday, October 13, 2017 12:25 PM
> To: Campagnolo, Vanessa AVED:EX
> Subject: Re: 2684 - Institution and contact change (alternate
> contact), application
> Hi Vanessa,
> I confirm that the application was sent to update the alternate
> contact for Central College. Could you also remove Sylvia Kim from the
> alternate contact list? s.22
> s.22
>
> With regards to signing the application form, only the primary contact
> of the institution has the authority to sign the forms? So from next
> time, will I be the one to sign the forms? Does any other person (ex.
> SEA or head of the college) has authority? How about when submitting
> other forms such as new program application form?
>
> Please let me know. Thank you.
> Best regards,
> Kevin Chung
> On Fri, October 13, 2017 11:04 am, Campagnolo, Vanessa AVED:EX wrote:
>> Hello Mr. Chung,
>>
>
>>
>
>> We recently received an application to update the alternate contact
>> for your institution. Since this application was not signed by the
>> primary contact or the alternate contact of the institution, we
>> require your confirmation of this application.
>
>>
>> We look forward to hearing back from you at your earliest
> convenience.
>
>>
>
>>
>> Sincerely,
```

```
>
>>
>> Vanessa Campagnolo
>> Regulation Administrator
>> Private Training Institutions Branch
>> Ministry of Advanced Education, Skills and Training
>> [cid:image003.jpg@01D34413.07E40DD0 [1]]
>> 203 - 1155 West Pender St, Vancouver, BC V6E 2P4
>> P: 604-569-0033 |D: 604-398-4720 | F: 778-945-0606 |Toll Free:
>> 1-800-661-7441
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>> any use, dissemination, copying, or storage of this message or its
>> attachments is strictly prohibited.
>>
> Kevin Chung
```

```
> Director of Finance & Accounting
> CENTRAL COLLEGE
> #200-60 8th Street
> New Westminster, BC
> V3M 3P1
> 604-523-2388
> Links:
> ------
> [1] cid:image003.jpg@01D34413.07E40DD0
---
Kevin Chung
Director of Finance
CENTRAL COLLEGE
#200-60 Fighth Street
```

Director of Finance CENTRAL COLLEGE #200-60 Eighth Street New Westminster, BC V3M 3P1 604-523-2388

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From: lina@centralcollegebc.ca

Sent: Thursday, March 29, 2018 3:37 PM **To:** Campagnolo, Vanessa AEST:EX

Subject: RE: 2684 Central College_Contact Email and Website Address Change

Attachments: 2684_Institution Application_Contact Change.pdf

Dear Ms. Campagnolo,

I hope this email finds you well.

We have recently changed our domain name for staff email address and website address due to some technical issues. Please kindly find attached Institution application regarding contact changes, and let us know if there is anything that we need to follow up.

Sincerely,

Lina Hong
Director of Administration
CENTRAL COLLEGE

#200-60 Eighth Street New Westminster, BC V3M 3P1 604-523-2388 ext. 102

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Reset Form	Print	Submit by Email	Save
stitution and Contact Changes			
ENTRAL COLLEGE	У		

Provide institution operating name for all application types.

Institution or Contact Changes

Application Type

Institution Operating Name

Use this form to inform PTIB of changes to your institution information, personnel and locations. These changes to your business and personnel / contact information, with instruction on the specific information required, are:

- Change of Fiscal Year End
 - · New fiscal year end date
- 2. Change of Control (e.g. a change in shareholder that holds more than 50% of voting shares)
 - If the Business Type has changed, indicate the new business type and attach appropriate documentation
 - Add, change or remove contacts
 - Indicate whether there are any closures related to the new contacts
 - Set the appropriate role for the business type in each person's profile
 - For shareholders, indicate the percentage holding for each
- Change to directors, or senior officers, or a change in shareholders (other than the major shareholder) holding 10% or more of the voting shares
 - Add, change or remove contacts
 - Set the appropriate role(s) in each person's profile
 - For each shareholder, identify their percentage holding in the business
- Apply for Change in Address for Service
 - Add the new address / email to use for service and set the "address for service" flag
- 5. A change in the senior educational administrator of the institution
 - Add the new contact (if required) and identify any contacts that are no longer required by setting Active to "no"
 - Set the Senior Educational Administrator flag on the new SEA contact (Interim Designated or Designated Institutions only)
 - Attach the resume or credential that establishes the new SEA's qualifications
- 6. A change in the legal name or operating name of the institution
 - Revised Legal Name and supporting document (Central Securities Register)
 - Revised Operating Name



Institution		
Institution Number	2684	
Current Certificate Type / Applying	for Certificate Type	Designation
Legal Name	CENTRAL COLLEGE INC.	
Operating Name	CENTRAL COLLEGE	,
Fiscal year ends on (MM/DD)	12/31	
Business Type	Extraprovincial company	

If the institution is a company, include contact information and / or attach documents with:

- the names of directors and senior officers (as defined in section 1 (1) of the Business Corporations Act), and its major shareholder,
- a copy of its central securities register maintained under section 111 [securities registers] of that Act, and
- a certificate of good standing.

If the institution is an extraprovincial company, include contact information and / or attach documents with:

• the names of its directors and senior officers, as defined in section 374 [definitions] of the Business Corporations Act, and its major shareholder.

If the institution is a corporation, other than a company, an extraprovincial company, a society or an extraprovincial society, include contact information and / or attach documents with:

• the names of its directors and senior officers, as defined in section I (I) of the Business Corporations Act, and its major shareholder.

If the institution is a partnership within the meaning of the Partnership Act or under the laws of a jurisdiction other than British Columbia, other than a limited partnership, include:

• a signed copy of the partnership agreement.

If the institution is a limited partnership, include:

the names of its general partners.

If the institution is a society or an extraprovincial society, include:

- the names of its directors, as defined in section I of the Society Act, and
- a copy of the most recent annual report filed under section 68 [filing annual report] or 78 [return to registrar] of that Act, as the case may be.

If the institution is a sole proprietorship, include:

· the full name of the proprietor.



If the institution is an aboriginal institution, include:
 the legal name of the entity that operates the institution.
Student Records Archiving Vendor Datawitness
Class of Institution (select all that apply)
All approved programs lead to employment in a career occupation regulated by Transport Canada or a regulator under the Health Professions Act
All approved programs are language programs assessed by an independent body or career-related programs in language instruction
☐ Institution operated by a First Nation or Aboriginal Society / Corporation
☐ All approved programs require tuition to only be paid at the end of the program of instruction
 An Institution that has all programs approved by a Regulatory Body must attach documentary proof of approval from that Body.
 An institution that has had a program reviewed by an independent agency must attach a copy of the report.
 An institution that is operated by a First Nation or Aboriginal Society / Corporation must provide confirmation from the operating organization.
 An institution that only accepts post-delivery payment for programs must provide a confirmation of that practice from their accountant.
Web Site URL www.centralcollegebc.ca
Has the institution, or an associated institution within the meaning of section 46 [associated institutions] of the Private Training Act, suspended operations in any jurisdiction, or been closed or involved in an action in any jurisdiction respecting the closure of the institution?



Contacts				
First Name	Joseph			
Last Name	Chung			
Email, phone and address information is Proprietor, Partner or General Partner	required for contacts whose role is	Senior Educational	Administrator, Address	see for Service, Alternate Contact,
Honorific appropriate to person:	Mr.	Title Within In:	stitution	President / CEO
Business Email Address	joseph@centralcollegebc.c	а		
Business Phone number	604-523-2388	Alternate Pho	ne Number	
Fax Number	604-523-2389			
☐ Organization - The contact is	s a legal entity, not a person	that has an inte	erest (such as Sha	reholder) in the Institution.
Roles fulfilled by this contact				
☐ Senior Educational Administ	rator SEA role only applicable	if applying for Desig	gnation.	
Senior Educational Administrato adult education. Please attach e				ation or work experience in
☐ Addressee for Service	☐ Institution Alternate Cor	ntact (optional)		
☐ Proprietor				
Shareholder				
☐ Senior Officer	Director			
☐ Partner	General Partner			
Deactivate Contact				
First Name	Kevin	- 1548 - 1420 (200) 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Last Name	Chung]	
Email, phone and address information is Proprietor, Partner or General Partner		Senior Educational	I Administrator, Address	see for Service, Alternate Contact,
Honorific appropriate to person:	Mr.	Title Within In	stitution	Director of Finance
Business Email Address	kevin@centralcollegebc.ca	3 2200		



/	
Business Phone number	604-523-2388 Alternate Phone Number
Fax Number	604-523-2389
Organization - The contact	is a legal entity, not a person, that has an interest (such as Shareholder) in the Institution.
Roles fulfilled by this contact	
☐ Senior Educational Adminis	strator SEA role only applicable if applying for Designation.
Senior Educational Administrational adult education. Please attach	tor must hold a degree, diploma, certificate or comparable education or work experience in either a resume or other credential that substantiates this.
☐ Addressee for Service	☐ Institution Alternate Contact (optional)
☐ Proprietor	
☐ Shareholder	
☐ Senior Officer	☐ Director
☐ Partner	☐ General Partner
Deactivate Contact	
First Name	
riist Name	Lina
Last Name	Hong
Email, phone and address information in Proprietor, Partner or General Partner	is required for contacts whose role is Senior Educational Administrator, Addressee for Service, Alternate Contact,
Honorific appropriate to person	Ms. Title Within Institution Director of Administration
Business Email Address	lina@centralcollegebc.ca
Business Phone number	604-523-2388 Alternate Phone Number
Fax Number	604-523-2389
☐ Organization - The contact	is a legal entity, not a person, that has an interest (such as Shareholder) in the Institution.



Roles fulfilled by this conf	tact
☐ Senior Educational Adm	inistrator SEA role only applicable if applying for Designation.
	strator must hold a degree, diploma, certificate or comparable education or work experience in each either a resume or other credential that substantiates this.
☐ Addressee for Service	☐ Institution Alternate Contact (optional)
☐ Proprietor	
Shareholder	
☐ Senior Officer	☐ Director
☐ Partner	☐ General Partner
Deactivate Contact	



Private Training Institution Business and Contact Changes				
Please complete this page, print it, sign and include with your application.				
This form includes t	he information required for the following of	changes:		
☐ Change of Fisca	al Year End			
☐ Change of Cont	rol			
Change to directors, or senior officers, or a change in shareholders (other than the major shareholder) holding 10% or more of the voting shares				
Change in Addre	ess for Service			
☐ A change in the	senior educational administrator of the in	stitution		
☐ A change in the legal name or operating name of the institution				
Declarations				
☑ The signatory has the legal authority to act on behalf of the institution.				
☑ All of the information contained in this application and any attachment is true, accurate and complete.				
Personal Information Collection Notice				
Information and Proinformation will be of the collection, discle Branch, Governance Vancouver, BC V6E	on may be collected by the Ministry of Advotection of Privacy Act (FOIPPA) and Privacollected, used and disclosed as necessal osure and use of this personal information in Legislation and Strategic Policy Division 2P4 (800-661-7441).	ate Training Act (PTA) sec ry to assess the submission you may contact: Directon, Ministry of Advanced E	ction 61(1) on. Should or, Regulat Education,	y, (2) and (3). Personal I you have any questions about tion, Private Training Institutions 203 - 1155 W. Pender St,
✓ I am authorized	to submit personal information about any	others that is necessary	to complet	te this form
Authorized By	Hyo Sub (Joseph) Chung	Authorized Title	President / CEO	
BCeID User ID	s.22			
SIGNATURE		PRINT NAME	DA	TE SIGNED
MUST BE SIGNED		PHYOISUD CHEINGE		YYYYY-MM-DD 2 0 1 8 - 0 3 - 2 9

From: lina@centralcollegebc.ca
To: Campagnolo, Vanessa AEST:EX

Subject: RE: [Central College] Student Data Report via PTIB Portal

Date: Friday, April 6, 2018 5:14:23 PM

Dear Ms. Campagnolo,

I am now able to access the portal and download the workbook for Student Data Report.

Thank you so much for your help.

Kind regards,

Lina Hong
Director of Administration
CENTRAL COLLEGE

#200-60 Eighth Street New Westminster, BC V3M 3P1 604-523-2388 ext. 102

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----Original Message----

From: Campagnolo, Vanessa AEST:EX <Vanessa.Campagnolo@gov.bc.ca>

Sent: April 6, 2018 12:21 PM

To: 'lina@centralcollegebc.ca' <lina@centralcollegebc.ca>

Subject: RE: [Central College] Student Data Report via PTIB Portal

Hi Ms. Hong,

I've removed Luke Kim as a portal user and changed your portal security to Administrator. Once you log into the portal, you should now have access to student data and you should be able to add/remove other portal users.

Sincerely,

Vanessa Campagnolo Regulation Administrator Private Training Institutions Branch Ministry of Advanced Education, Skills and Training

203 – 1155 West Pender St, Vancouver, BC V6E 2P4 P: 604-569-0033 |D: 604-398-4720 | F: 778-945-0606|Toll Free: 1-800-661-7441 privatetraininginstitutions.gov.bc.ca

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----Original Message----

From: lina@centralcollegebc.ca [mailto:lina@centralcollegebc.ca]

Sent: Friday, April 6, 2018 9:23 AM To: Campagnolo, Vanessa AEST:EX

Subject: RE: [Central College] Student Data Report via PTIB Portal

Dear Ms. Campagnolo,

s.22

We have reported PTIB last year for contact changes. We set up a new BCeID and changed AEST Portal as well. Our new president Joseph Chung is assigned as Account Profile Manager and myself as Business Account Manager Could you please help how I can fix the information and access to student data?

Kind regards,

Lina

----Original Message----

From: Campagnolo, Vanessa AEST:EX <Vanessa.Campagnolo@gov.bc.ca>

Sent: April 6, 2018 9:09 AM

To: 'lina@centralcollegebc.ca' <lina@centralcollegebc.ca>

Subject: RE: [Central College] Student Data Report via PTIB Portal

Hi Ms. Hong,

Your portal profile in our system has Basic portal security, therefore, you will not be able to access the student data report. Luke Kim has Administrator portal security which allows him to have access to student data.

Please let me know if you have any further questions.

Sincerely,

Vanessa Campagnolo Regulation Administrator **Private Training Institutions Branch** Ministry of Advanced Education, Skills and Training

203 - 1155 West Pender St, Vancouver, BC V6E 2P4

P: 604-569-0033 |D: 604-398-4720 | F: 778-945-0606|Toll Free: 1-800-661-7441

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----Original Message----

From: lina@centralcollegebc.ca [mailto:lina@centralcollegebc.ca]

Sent: Wednesday, April 4, 2018 4:05 PM To: Campagnolo, Vanessa AEST:EX

Subject: RE: [Central College] Student Data Report via PTIB Portal

Dear Ms. Campagnolo,

Greetings from Central College!

Regarding the submission of student data report via PTIB Portal, we have an issue to be resolved.

I reviewed the reference guide for student data report to prepare for re-certification document. However, when I logged in PTIB Portal, I was not able to see any taps or download buttons that enable me to download the updated workbook. The field of institution was not clickable. I have attached the screen capture from our PTIB Portal for your information.

Would you please help me and let me know how to download the workbook and access the data report?

Kind regards,

Lina Hong Director of Administration CENTRAL COLLEGE

#200-60 Eighth Street New Westminster, BC V3M 3P1 604-523-2388 ext. 102

----Original Message----

From: Lina Hong lina@centralcollege.ca>

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Sent: November 29, 2017 10:03 AM
To: Campagnolo, Vanessa AEST:EX <Vanessa.Campagnolo@gov.bc.ca>
Subject: RE: [Central College] PTIB Portal Access

Dear Vanessa,

Thank you for the information.

Kind regards,
Lina

On 2017-11-29 09:48, Campagnolo, Vanessa AEST:EX wrote:
> Hi Ms. Hong,
>
> There is no further information required regarding the portal users.
> As for accessing the IRCC website, you will have to contact the IRCC > as that website is theirs.
> Sincerely,
> Vanessa Campagnolo
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> Regulation Administrator
> Private Training Institutions Branch
> Ministry of Advanced Education, Skills and Training
> 203 – 1155 West Pender St, Vancouver, BC V6E 2P4
> P: 604-569-0033 |D: 604-398-4720 | F: 778-945-0606|Toll Free:
> 1-800-661-7441
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> ----Original Message-----
> From: Lina Hong [mailto:lina@centralcollege.ca]
> Sent: Wednesday, November 29, 2017 9:36 AM
> To: Campagnolo, Vanessa AEST:EX
> Subject: RE: [Central College] PTIB Portal Access
> Importance: High
> Dear Vanessa,
> I hope this email finds you well.
> As creating a new Business BCeID account, we are now able to access to
> the PTIB Portal. I am wondering if there is anything that we need to
> follow up.
>
> In addition, we need to access the Designated Learning Institution
> Portal in IRCC Website. Would you please guide us how to create GC Key
> user ID and Password for our college?
> Kind regards,
> Lina Hong
> Director of Admissions
> CENTRAL COLLEGE
> #200-60 Eighth Street
> New Westminster, BC
> V3M 3P1
> 604-523-2388
> --
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> On 2017-10-16 08:50, Campagnolo, Vanessa AVED:EX wrote:
>> Hello Ms. Hong,
>>
>> In order to add a portal user, either the primary contact or the
>> alternate contact of the institution must send this request to PTIB
>> with the Business BCeID account info.
>>
>> Sincerely,
>>
>> Vanessa Campagnolo
>> Regulation Administrator
>> Private Training Institutions Branch
>> Ministry of Advanced Education, Skills and Training
>> 203 – 1155 West Pender St, Vancouver, BC V6E 2P4
>> P: 604-569-0033 |D: 604-398-4720 | F: 778-945-0606|Toll Free:
>> 1-800-661-7441
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>>
>> ----Original Message-----
>> From: lina@centralcollege.ca [mailto:lina@centralcollege.ca]
>> Sent: Friday, October 13, 2017 9:38 AM
>> To: Campagnolo, Vanessa AVED:EX
>> Subject: [Central College] PTIB Portal Access
>>
>> Dear Vanessa,
>> We need to create a new BCeID to access PTIB portal 5.22
                                              So, Joseph Chung, new
>> CEO of our school, will create a BCeID for himself and inform PTIB
>> accordingly to get an access to PTIB Portal.
>> I am just wondering if there is anything that we need to be careful
>> or follow up for this change.
>> Kind regards,
>> Lina Hong
>>
```

```
>> Director of Admissions
>>
>> CENTRAL COLLEGE
>>
>> #200-60 Eighth Street
>>
>> New Westminster, BC V3M 3P1
>>
>> Tel: 604-523-2388
>>
>> Fax: 604-523-2389
>>
>> Email: lina@centralcollege.ca
---
Lina Hong
Director of Admissions
CENTRAL COLLEGE
#200-60 Eighth Street
New Westminster, BC
```

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V3M 3P1 604-523-2388

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Hendry, Ian AEST:EX

From: Campagnolo, Vanessa AEST:EX

Sent: Wednesday, April 11, 2018 10:30 AM

To: 'lina@centralcollegebc.ca'

Subject: RE: 2684 Central College_Contact Email and Website Address Change

Hi Ms. Hong,

Thank you for your submission. This email is to confirm we have updated our records accordingly with the new website/email addresses for your institution. Please let me know if you have any questions.

Sincerely,

Vanessa Campagnolo Regulation Administrator Private Training Institutions Branch Ministry of Advanced Education, Skills and Training

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----Original Message-----

From: lina@centralcollegebc.ca [mailto:lina@centralcollegebc.ca]

Sent: Thursday, March 29, 2018 3:37 PM To: Campagnolo, Vanessa AEST:EX

Subject: RE: 2684 Central College_Contact Email and Website Address Change

Dear Ms. Campagnolo,

I hope this email finds you well.

We have recently changed our domain name for staff email address and website address due to some technical issues. Please kindly find attached Institution application regarding contact changes, and let us know if there is anything that we need to follow up.

Sincerely,

Lina Hong
Director of Administration
CENTRAL COLLEGE

#200-60 Eighth Street New Westminster, BC V3M 3P1 604-523-2388 ext. 102

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