

APPLICATION TO TRANSFER TO AN INACTIVE CLASS OF REGISTRATION 1

			
I,	 Full Name	(), ;	apply to transfer my CVBC registration
	Full Name	Registrant #	
class from			, effective
		(Specify Non-Practicing o	<u>r</u> Retired)
	hat I will not engage in tred in the non-practicing		nary medicine in British Columbia s of registration.
My last place	e of employment was: _		
I am the Desi	ignated Registrant of thi	s facility:	
\Box Y	es	\square N	0
that the notification with the second	ne DR duties have been ed. The Designated Resnis/her consent.	transferred to another gistrant duties have be	on, it is your responsibility to ensure registrant and that the office has been een transferred to
as pro	ovided in the <i>Practice F</i> ice Record Retention G	acility Closure Protoculuidelines and complete	col and Rules policy, review the Closed te and submit the "Medical Record Lesources" > 'Practice Facilities').
	o" have you notified the es	DR of your intended	change in registration status?
My reason fo	or applying to transfer to	an inactive class of r	registration is:
I a I a ur I a		British Columbia and	will be practising veterinary medicine

 1 Pursuant to s. 2.22 (Transferring from active to non-practicing registration) or 2.23 (Transferring from active to retired registration) of the CVBC Bylaws

Applicants who are denied transfer to an incregistration (see 'Application to Cancel Reg	• •
Signature of Applicant	Date
Please see the CVBC Policy " <u>Registrant Requests to about processing of requests to transfer registration or the content of th</u>	<u>Transfer to Inactive Status</u> " (Feb 2023) for more information class.
and	
Please review the CVBC guidelines to the bylaws, " <u>In</u> to familiarize yourself with CE reporting expectation.	nactive Registration and Continuing Education Requirements' s for registrants changing status.