

Application for Practice or Facility Accreditation & Designated Registrant Appointment Form
REGISTRANTS' INTERACTIVE FORM

INSTRUCTIONS:

The Application for Practice or Facility Accreditation and Designated Registrant Appointment is a required step in the accreditation process for any new practice or facility. Before applying for a new practice or facility accreditation, the Designated Registrant (DR) should become familiar with CVBC Bylaws Part 3 Accreditation and Naming, Schedule 'D'- Accreditation Standards, and the Professional Practice Standards.

Prior to accreditation of a practice or facility, the DR must submit all required documentation and pay all associated fees to the CVBC office.

Once a practice or facility has a CVBC approved name, an application for accreditation can be submitted.

Once an application is processed, it will expire in 18 months if the practice or facility has not progressed to request for approval to operate.

Your application must include:

1. Application for Practice or Facility Accreditation & Designated Registrant Appointment Form;
2. Payment of the non-refundable Application for Accreditation fee

Once the practice or facility is close to being prepared to offer services, please submit:

1. Practice Facility Annual Declaration;
2. Self-Assessment;
3. Payment of Initial Inspection of a Practice Facility for an Accreditation Decision Fee (Facilities only);
and
4. Other documents as requested by CVBC office or inspector.

Once the above materials and fees have been received and reviewed by the Registrar, an inspection will be scheduled.

Applicable Bylaw Provisions:

- Part 1 – Schedule C – Prescribed Fees and Assessments
- Part 3 – Accreditation and Naming, Sections 3.10-3.22
- Schedule D – Accreditation Standards

Applicable Schedule D Professional Practice Standards:

- Advertising (Standard, Guidelines, Case Study, Notice)
- Alternative Therapy – Guidelines and Sample Consent Form
- Controlled Drugs
- Medical Records (Standard – General, Standard – Companion Animal, Standard –Equine)
- Thermoregulation

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PRACTICE OR FACILITY INFORMATION

CVBC Approved Name		CVBC Name Approval Date (yyyy/mm/dd)	
		Estimated Date of Practice or Facility Completion / Inspection Requested (yyyy/mm/dd)	
Physical Address		Mailing Address Same as Physical Address	
Email Address		Phone Number	

DESIGNATED REGISTRANT INFORMATION

Name		License Number	
Email Address		Phone Number	

OWNER INFORMATION (IF DIFFERENT FROM DR)

Name		Address	
Email Address		Phone Number	

Please be advised:

Not all information required by veterinary distributors for shipment of supplies and pharmaceuticals to practice facilities is available in the public online registry. To assist practice facilities, CVBC shares information regarding facility address, designated registrant information, and confirms the facility's accreditation status with AVP, Summit, WDDC, and CDMV. Please advise the CVBC at facilities@cvbc.ca if you do not consent to the CVBC sharing this information with veterinary distributors and OSC.

DESIGNATED REGISTRANT DECLARATION

I, the undersigned, agree to accept the position of Designated Registrant of the above practice or facility and accordingly hereby submit to the College of Veterinarians of British Columbia (CVBC) my name as

the Designated Registrant, effective _____ (yyyy/mm/dd).

Further, I have read the CVBC Bylaws Part 3 s. 3.6 and understand my duties and responsibilities as the Designated Registrant of the above named practice or facility and agree to abide by the same.

I understand the fee for this application is non-refundable, and that if this application does not progress to a request for approval to operate, it will expire in 18 months.

SIGNATURE

When the form is completed, click below to fill in the date of signature.

If edits need to be made after affixing signature and submitting the document to the CVBC office, contact the CVBC office.

SIGNATURE DATE (yyyy/mm/dd)

DESIGNATED REGISTRANT SIGNATURE (Electronic signature, or print and sign)