



College of Veterinarians of British Columbia

APPLICATION TO CANCEL REGISTRATION¹

I, _____, _____, apply to cancel my CVBC registration,
Full Name *Registrant #*

effective _____.

I undertake that I will not engage in the practice of veterinary medicine in British Columbia without a license.

My last place of employment was: _____

I am the Designated Registrant of this facility:

- Yes No

If “yes” and the facility continues to be in operation, it is your responsibility to ensure that the DR duties have been transferred to another registrant and that the office has been notified. The Designated Registrant duties have been transferred to: _____ with his/her consent.

If “yes” and the facility is closing, you must complete all requirements for facility closure as provided in the *Practice Facility Closure Protocol and Rules* policy, review the *Closed Practice Record Retention Guidelines* and complete and submit the “Medical Record Location Form” to the office (see www.cvbc.ca ‘Resources’ > ‘Practice Facilities’).

If “no” have you notified the DR of your intended cancellation?

- Yes No

My reason for cancelling my registration is:

- I am retiring
 I am taking a leave of absence
 I am moving away from British Columbia and will be practising veterinary medicine under licensure in another jurisdiction: _____
 I am changing careers
 Other: _____

Signature of Applicant

Date

¹ Pursuant to s. 2.26 of the CVBC Bylaws