



# College of Veterinarians of British Columbia

## INSTRUCTIONS: APPLICATION FOR ACCREDITATION

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The Application for Practice Facility Accreditation is a required step in the accreditation process for any new practice facility. Before applying for a new practice 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 facility, the DR must submit all required documentation and pay all associated fees to the CVBC office.

### Your application must include:

1. Payment of Practice Facility Name Application fee\*;
2. CVBC Practice Facility Name approval document copy\*;
3. Completed Application for Practice Facility Accreditation Form;
4. Payment of the Application for Accreditation fee;
5. Applicable municipal permits (may include occupancy permit and/or business license);
6. Completed Self-Assessment Form; and
7. Payment of the "Initial Inspection of a Practice Facility for an Accreditation Decision" fee as required in the Bylaws, Part 1 – Schedule 'C'.

\*Only applicable to New Practices

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

### Applicable Bylaw Provisions:

- [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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## APPLICATION FOR PRACTICE FACILITY ACCREDITATION

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### Practice Facility

CVBC Approved Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

CVBC Practice Facility Name Approval Date: \_\_\_\_\_

Occupancy or Equivalent Permit Date: \_\_\_\_\_

### Applicant

Designated Registrant Name: \_\_\_\_\_ #: \_\_\_\_\_

Address: \_\_\_\_\_

Unit/PO Box: \_\_\_\_\_

City & Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Owner (if different from DR):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Unit/PO Box: \_\_\_\_\_

City & Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Required Documentation**

- Completed Practice Facility Self-Assessment Form
- Occupancy or equivalent Permit Documentation - Municipal or Regional District
- CVBC Market Name Approval Documentation (if a new practice)

**Accreditation Fees\***

- Application for Accreditation fee
  - Initial Inspection of a Practice Facility for an Accreditation Decision fee
- \*See CVBC Bylaws Part 1 - Schedule "C" - Prescribed Fees and Assessments, Practice Facility Inspection/Accreditation Fees

**Designated Registrant Declaration**

I certify the above information and documentation to be true to the best of my knowledge.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_