



College of Veterinarians of British Columbia

LOCUM NAME APPLICATION FORM

Applicant Information:

Date: _____

Registrant Name: _____

Address: _____

Phone/Fax/E-mail: _____

Scope of Practice: _____
(i.e. companion animal, equine, mixed animal, food animal, avian, exotic, etc.)

This is an application for approval of the following locum name. I understand that locums must practice at/from CVBC-accredited practice facilities and that approval of my requested locum name does not entitle me to offer veterinary services to the public, or imply that I am entitled to offer veterinary services to the public, under this locum name. Should I wish to establish a accredited practice facility with this name at any time in the future, I must request approval to use this name for that purpose by submitting a Practice Facility Name Approval Application Form and fee.

Write your name request **exactly as you wish to use it – with proper spaces and capitalization.

First Choice: _____

Second Choice: _____

Third Choice: _____

Notes:

- Please attach **BC Registry Services** “Results of Name Request” for each name to be considered with this Application. One BC Registry approval for each name submitted.
- There is no application fee for locum name requests by active CVBC registrants seeking to register the name with BC Registry as a sole proprietorship. If incorporating, a Corporate Name Approval Application form and fee is required instead.
- **Approval** is provided by the Registrar pursuant to the Bylaws Part 3 Accreditation and Naming, s. 3.23 to s. 3.25.