



# College of Veterinarians of British Columbia

## PROVISIONAL SUPERVISED ACTIVE (PSA) REGISTRATION - PRIMARY REGISTRANT SUPERVISOR AGREEMENT -

*To be completed and returned to the College of Veterinarians of B.C. (CVBC) Office of the Registrar before the commencement of any provision of veterinary medical services by the PSA registrant at a practice facility.*

**Name of Practice Facility:** \_\_\_\_\_ ('the Practice')

**Name of PSA registrant to be supervised:** \_\_\_\_\_ ('the PSA Registrant')

### Primary Supervisor's Declaration

I, \_\_\_\_\_ (please print name), certify that I:

- a) have been registered in BC as a Private Practice registrant for a minimum of 3 years out of the last 5 years (immediately prior to signing this agreement).
- b) am in good standing with the CVBC as defined in bylaw s. 1.1(12);
- c) have no current referrals ("citations") from the Investigation Committee to Discipline;
- d) have no conflict of interest (real or perceived) that may interfere with the supervision or objective evaluation of the supervisee. [Please contact the CVBC to discuss any concerns or questions about possible conflicts of interest]

I agree to assume the role of Primary Supervisor for the above-named veterinarian (the PSA Registrant) working under my direct supervision who is attending the Practice under a Provisional Supervised Active Registration to gain clinical experience in preparation for the Clinical Proficiency Examination (CPE) and the Preliminary Surgical Assessment Examination from:

Start Date: \_\_\_\_\_ (mm/dd/yyyy) to Anticipated End Date: \_\_\_\_\_ (mm/dd/yyyy).

I have verified with the CVBC that this veterinarian has been granted a Provisional Supervised Active Registration.

Further,

- I understand that the PSA Registrant must always work under direct supervision of a CVBC-approved supervisor.
- I understand that I am personally expected to provide direct supervision to the PSA Registrant as defined in the bylaws for a minimum of 60% of the time that the Registrant is working in the practice.
- I understand that I am required to be present when the PSA Registrant is engaged in professional activities unless I have delegated that responsibility to an Additional Supervisor as defined in the bylaws, who must be identified to and approved ahead of time by the Registrar (Additional Registrant Supervisor Agreement can be found on the CVBC website)
- I understand that the supervision must be such that it allows me or any other supervisor, to be assured that the Registrant is safely and competently carrying out their clinical responsibilities.

Suite 210, 10991 Shellbridge Way, Richmond, BC, Canada V6X 3C6

TEL: 604-929-7090

FAX: 604-929-7095

TOLL FREE: 1-800-463-5399

WEB: cvbc.ca

- I also understand that this veterinarian will be a member of the CVBC with a Provisional Supervised Active Registration in accordance with the Bylaws of the CVBC, and as such, bears responsibility for his or her actions.
- I agree to ensure that the PSA Registrant always describes themselves a “veterinarian working under supervision”, and that I will monitor their use of the term and that all signage and communications from the practice will reflect this.
- I agree to ensure that clients are aware that some services may be provided by a veterinarian working under supervision as per the CVBC Provisional Supervised Active registration classification, and that for all surgical cases the informed consent will document the registrant who will be performing the surgery, when applicable.
- I agree to immediately notify the Registrar in writing if I reasonably believe any of the following to be true:
  - a) the PSA Registrant has performed any act of professional misconduct or serious neglect
  - b) the PSA Registrant is impaired at work
  - c) the PSA Registrant’s practice may expose patients or clients to risk of harm or injury
  - d) the PSA Registrant is practising below standards established by the CVBC or by the profession
- I will also immediately notify the Registrar if:
  - a) any supervisor is unable to continue in their role, or is temporarily unable to fulfill obligations, e.g., due to illness, vacation, personal emergency, etc.
  - b) I am unable to fulfill my responsibility as Primary Supervisor and wish to terminate the agreement
  - c) I am no longer in good standing with the College as defined in bylaw s. 1.1(12) or have a new referral from the Investigation Committee to Discipline Committee against me.
- I agree to complete a quarterly report on a form provided by the Registrar (every 3 months and/or on request) and I understand that recommendations may be forthcoming after review of the quarterly reports by the Registrar.
- I understand that this is a formal agreement and undertaking between myself and the College of Veterinarians of British Columbia, and that a failure to appropriately supervise or otherwise uphold my responsibilities as Primary Supervisor could result in a referral to the Investigation Committee by the Registration Committee.
- I understand the Registrar must approve this agreement before commencement of any practice by the PSA Registrant and reserves the right to terminate the arrangement.

Signature of Primary Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Signature of the PSA Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

<p><i>For office use only:</i></p> <p>Notes:</p>    <p>Registrar signature: _____ Date: _____</p>	<p>Registrar decision:</p> <p style="padding-left: 20px;">approve</p> <p style="padding-left: 20px;">refer to Registration Committee</p> <p style="padding-left: 20px;">deny</p>
---	--