



College of Veterinarians of British Columbia

APPLICATION TO TRANSFER TO AN INACTIVE CLASS OF REGISTRATION¹

I, _____ (_____), apply to transfer my CVBC registration
Full Name *Registration #*
class **from** _____ **to** _____, effective _____.
Your current class *Indicate Non-Practicing OR Retired class* *Date*

I undertake that I will not engage in the practice of veterinary medicine in British Columbia while registered in the non-practicing class or retired class of registration.

My last place of veterinary practice in BC was/will be: _____

I am currently the Designated Registrant (DR) 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 CVBC has been notified. The DR duties have been transferred to _____ with their consent.
Name of New DR
- 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 (contact facilities@cvbc.ca for more information)

➤ If “no” have you notified the DR of your intended change in registration status?

Yes

No

My reason for applying to transfer to an inactive class of registration is:

I am retiring

I am taking a leave of absence

I am taking parental leave

I am moving away from B.C. and will be practising veterinary medicine in another jurisdiction: _____

I am changing careers and won't be practicing veterinary medicine any longer

Other: _____

¹ Pursuant to s. 2.22 (*Transferring from active to non-practicing registration*) or 2.23 (*Transferring from active to retired registration*) of the CVBC Bylaws

CVBC registrants must notify the CVBC of any changes to their contact information. Please provide your updated contact information here, if known. If not yet know, please update your information through your CVBC Registrant Account once you know it.

Mailing Address

My new address is/will be (effective date: _____):

Street Address: _____

City: _____

Province/State: _____

Postal/Zip Code: _____

Country: _____

I haven't moved yet, but will update my contact information once I have a new address.

I am not moving. My contact information will be the same.

Phone Number:

My phone will stay the same.

My new phone number is/will be: _____

Email Addresses: *Email is the main route of communication by the CVBC (renewals, notifications, eblasts, etc and it is critical that your main email address be up-to-date at all times)*

My email address(es) will stay the same.

My Main email address should be updated to: _____

Signature of Registrant

Date

Please see the CVBC Policy "[Registrant Requests to Transfer to Inactive Status](#)" (Feb 2023) for more information about processing of requests to transfer registration class.

and

Please review the CVBC guidelines to the bylaws, "[Inactive Registration and Continuing Education Requirements](#)" to familiarize yourself with CE reporting expectations for registrants changing status.