

LOCUM NAME APPLICATION FORM

The CVBC's bylaws (Part 3 - Accreditation and Naming, section 3.1) define a Locum to be "a registrant who provides veterinary services on a contract basis to another registrant, from or within an accredited practice facility.

And the bylaws for registration and use of business names (Part 3, s. 3.24(4)) allow that "A registrant practising as a locum, using <u>only his or her own name</u> together with <u>conferred</u> <u>veterinary academic designation</u>, is exempt from applying for a practice of facility name approval. However, BC Registry Services <u>will require</u> permission from the CVBC for a locum to register such a business name. To accommodate this need, the CVBC will provide letters of approval for locum business names matching these criteria, at no cost to the registrant. To receive a letter of approval for your registration of your own name + conferred academic designation, please complete this form and submit to facilities@cvbc.ca.

Applicant Information:	Date:
Registrant Name:	
Registration #:	
Mobile Phone #:	
E-mail Address:	

Requested Locum Name:

**Write your name request <u>exactly</u> as you wish to use it -- with proper spaces and capitalization.

Registrant Declaration:

I, ______, confirm that this is an application for approval of a business name for locum use only. I understand that locums must always 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 business 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.

Registrant Signature: