

Application for Practice Facility Accreditation & Designated Registrant Appointment Form  
REGISTRANTS' INTERACTIVE FORM

**INSTRUCTIONS:**

The Application for Practice Facility Accreditation and Designated Registrant Appointment 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.

Once a facility has a CVBC approved name, an application for accreditation can be submitted.

**Your application must include:**

1. Application for Practice Facility Accreditation & Designated Registrant Appointment Form;
2. Payment of the Application for Accreditation fee;

**Once the facility is close to being prepared to offer services, please submit:**

1. Facility Annual Declaration;
2. Self-Assessment;
3. Payment of Initial Inspection of a Practice Facility for an Accreditation Decision Fee; and
4. Other documents as requested by CVBC office or inspector.

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

Applicable Bylaw Provisions:

- Part 1 – Schedule C – Prescribed Fees and Assessments
- 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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**FACILITY INFORMATION**

CVBC Approved Name		CVBC Name Approval Date (yyyy/mm/dd)	
		Estimated Date of Facility Completion / Inspection Requested (yyyy/mm/dd)	
Physical Address		Mailing Address Same as Physical Address	
Email Address		Phone Number	

**DESIGNATED REGISTRANT INFORMATION**

Name		License Number	
Email Address		Phone Number	

**OWNER INFORMATION (IF DIFFERENT FROM DR)**

Name		Address	
Email Address		Phone Number	

**Please be advised:**

Not all information required by veterinary distributors for shipment of supplies and pharmaceuticals to practice facilities is available in the public online registry. To assist practice facilities, CVBC shares information regarding facility address, designated registrant information, and confirms the facility's accreditation status with AVP, Summit, WDDC, and CDMV. Please advise the CVBC at [facilities@cvbc.ca](mailto:facilities@cvbc.ca) if you do not consent to the CVBC sharing this information with veterinary distributors and OSC.

**DESIGNATED REGISTRANT DECLARATION**

I, the undersigned, agree to accept the position of Designated Registrant of the above practice or facility and accordingly hereby submit to the College of Veterinarians of British Columbia (CVBC) my name as

the Designated Registrant, effective \_\_\_\_\_ (yyyy/mm/dd).

Further, I have read the CVBC Bylaws Part 3 s. 3.6 and understand my duties and responsibilities as the Designated Registrant of the above named practice or facility and agree to abide by the same.

**SIGNATURE**

When the form is completed, click below to fill in the date of signature.

To sign the document, save the document as a PDF and then use Adobe Tools to sign the document electronically or digitally. Once signed the PDF document can not be further edited.

If edits need to be made after affixing signature and submitting the document to the CVBC office, contact the CVBC office.

**SIGNATURE DATE** (yyyy/mm/dd)

**DESIGNATED REGISTRANT SIGNATURE**