College of Veterinarians of British Columbia

Resignation of Registration[1]

I, _____ (_____), hereby resign my
Full Name *Registration #*

CVBC registration, effective _____.
Date

I understand that with this resignation:

- I will cease to be a registrant of the College of Veterinarians of British Columbia (CVBC);
- I am no longer authorized to engage in the practice of veterinary medicine in British Columbia; and
- Should I wish to engage in the practice of veterinary medicine in B.C. at any time in the future, I will need to apply for new registration with the CVBC.

For purposes of any necessary communications from the CVBC regarding my resignation or my time as a registrant:

- my current phone number is: _____; and
- my current email address is: _____.

My current/most recent place of veterinary practice in BC is/was:

_____

Are you currently the Designated Registrant (DR) of this practice/ facility? Yes No

- If "**yes**" and the **practice/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 office has been notified.

  I confirm that the DR duties have been transferred to _____
  (New DR Name)
  and that the CVBC has been notified in the required format.

- If "**yes**" and the **practice/facility is closing**, you must complete all requirements for facility closure.

_____ _____
Registrant Signature *Date*

[1] Cancellation of registration by resignation by the registrant is undertaken pursuant to the requirements of s. 2.25 of the CVBC Bylaws