ASSUMING RESPONSIBILITIES UNDER BYLAW 119

Pursuant the Bylaw 119 ', I,		, Registration No		,	
confirm that I am assuming	the responsibilities for the place of p	ractice at following	locatior	า:	
Place of practice name:					
Address:					
Signature:		Date:	 Day	— — — Year	- —
If I,	cease to	practise at the ab	ove lo	cation,	or are
otherwise unable to attend t	to my duties and responsibilities under	the Bylaw 119, I wil	I imme	diately	advise
the Registrar, in writing, of th	ne steps I have taken with respect to this	matter.			
		Data			
Signature:		Date:			
If the aforementioned place	of practice name has been approved elow:	Month	ant(s), 1	— _{Year}	
If the aforementioned place must complete the section be	of practice name has been approved	for another registra	•	that reç	
If the aforementioned place must complete the section be	of practice name has been approved elow: Signature:	for another registra	ant(s), t	that reç	
If the aforementioned place must complete the section be	of practice name has been approved elow:	for another registra	ant(s), 1	that req	gistrant
If the aforementioned place must complete the section be Name: Name:	of practice name has been approved elow: Signature:	for another registra Date	ent(s), t Month Month	Day	gistrant Year Year
If the aforementioned place must complete the section be Name: Name:	of practice name has been approved elow: Signature: Signature:	for another registra Date	ant(s), t : Month : Month	that reç Day	gistrant — Year

- A separate form must be completed for each place of practice
- All sections must be completed