

# REQUEST TO CHANGE PLACE OF PRACTICE NAME

(PLEASE PRINT)

## SECTION A: REGISTRANT(S) HAVING A CONTROLLING INTEREST

**Section A:** Registrant having controlling interest is the registrant who "owns" or has the majority "ownership" of the place of practice name and is responsible for compliance with the Bylaws for the place of optometric practice. More than one registrant may have controlling interest (eg. an equal partnership).

(1) ..... Last Name                      First Name ..... Reg. #                      Signature ..... ..... / ..... / ..... Month    Day                      Year	(2) ..... Last Name                      First Name ..... Reg. #                      Signature ..... ..... / ..... / ..... Month    Day                      Year
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## SECTION B: CURRENT PLACE OF PRACTICE

**Section B:** This is the requested place of optometric practice name and must be unique unless the place of practice is affiliated with another BC place of optometric practice. In order to register your place of practice name with the College, your place of practice must include the word "optometrist" or a derivative of that word which conveys to the public that it is a place of optometric practice. Two or more places of practice names may not be similar, unless they are affiliated with each other.

My (our) current place of practice name .....

Address ..... City ..... Province ..... Postal Code .....

Tel (    ) ..... Fax (    ) ..... Website .....

## NEW PLACE OF PRACTICE

New place of practice name .....

Address ..... City ..... Province ..... Postal Code .....

Tel (    ) ..... Fax (    ) ..... Website .....

Is this place of practice affiliated with another optometric place of practice:  YES  NO

If yes, please provide consent letter from all other affiliates.

## SECTION C: RESPONSIBLE REGISTRANT INFORMATION

**Section C:** Each place of optometric practice must have a registrant who is responsible for clinical care and compliance with the Bylaws regarding place of practice and a registrant may not assume these responsibilities for more than four places of practice. If the registrant owns more than four places of practice, he/she must appoint another registrant who will accept those responsibilities and has not already assumed responsibilities for four places of practice.

a) Same as per section A(1)     b) Same as per section A(2)     or c) Complete the section below.

.....  
 Last Name                      First Name                      Reg. #  
 .....  
 Signature                      Month / Day / Year

## SECTION D: RECORDS – RESPONSIBLE OWNER

**Section D:** A registrant must ensure that all records containing the personal information of patients, at his/her place of practice, are owned in accordance with the Bylaws. Registrant must declare the responsible owner of these records at their place of practice.

a) Same as per section A(1)     b) Same as per section A(2)     or c) Complete the section below.

<b>Registrant:</b> ..... Last Name                      First Name                      Reg. # ..... Signature .....	<b>BC Optometric Corporation:</b> OC Permit #..... ..... Optometric Corporation Name ..... Authorized Signature(s) .....
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Other: (Ophthalmologist, Hospital or Armed Forces) – please provide information on separate sheet

## FOR OFFICE USE ONLY

.....  
 Signature                      Day    Month    Year

- Approval of your place of practice name change may take up to 20 working days.
- A separate form must be completed for each place of practice.
- All sections must be completed.