

DECLARATION OF TRANSFERRING CONTROLLING INTEREST

SECTION A: This section is to be completed by the **registrant(s) transferring controlling interest** in a previously approved place of practice to another registrant(s).

I/We, Dr(s) _____,

Registration No.(s) _____, hereby declare, effective _____, _____, _____,
Month Day Year

am/are transferring:

A) Controlling interest in the Place of Practice location:

_____ *Approved Place of Practice Name*

located at _____
Place of Practice Address

B) Controlling interest in the Place of Practice name:

_____ *Approved Place of Practice Name*

located at _____
Place of Practice Address

To:

Dr. _____, Registration No. _____
First Name Last Name

Dr. _____, Registration No. _____
First Name Last Name

Signature: _____

Date: _____
Month Day Year

Signature: _____

Date: _____
Month Day Year

SECTION B: This section is to be completed by the **registrant(s) in receipt of controlling interest** in a previously approved place of practice from the registrant(s) in Section A.

I/We, Dr(s) _____,

Registration No.(s) _____, hereby declare, effective _____, _____, _____,
Month Day Year

will have controlling interest in the Place of Practice _____
Approved Place of Practice Name

located at _____
Place of Practice Address

I/we have also submitted a completed *Place of Practice – Request for Name Approval* form to the College.

Signature: _____

Date: _____
Month Day Year

Signature: _____

Date: _____
Month Day Year

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