

# DECLARATION OF TRANSFERRING CONTROLLING INTEREST

**SECTION A:** In order to transfer controlling interest of an approved place of practice to another registrant(s), **transferring registrant(s)** must complete Section A.

**I/We:**

(1)

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Reg. # Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**and**

(2)

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Reg. # Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

hereby declare, effective \_\_\_\_/\_\_\_\_/\_\_\_\_, that I am/we are transferring controlling interest of:

**i) Name:**

\_\_\_\_\_  
Approved Place of Practice Name

**ii) Address:**

\_\_\_\_\_  
Approved Place of Practice Address

**To:**

\_\_\_\_\_  
Last Name First Name

**and**

\_\_\_\_\_  
Last Name First Name

Reg

Reg #

**SECTION B:** In order to receive controlling interest of the above place of practice, **the recipient registrant(s)** must complete Section B and Form 19 (*Place of Practice – Request for Name Approval*).

**I/We:**

(1)

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Reg. # Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**and**

(2)

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Reg. # Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

hereby declare, effective \_\_\_\_/\_\_\_\_/\_\_\_\_, that I/we will have controlling interest of:

\_\_\_\_\_  
Place of Practice Name

**and/or**

\_\_\_\_\_  
Place of Practice Address

*Note: All applicable sections must be completed*