PLACE OF PRACTICE - REQUEST FOR NAME APPROVAL

(PLEASE PRINT)

SECTION A: REGISTRANT(S) HAVING A CONTROLLING INTEREST

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 (e.g. an equal partnership).

(1)

..... Last Name First Name

..... Reg. # ..... Signature

..... / ..... / ..... Month Day Year

(2)

..... Last Name First Name

..... Reg. # ..... Signature

..... / ..... / ..... Month Day Year

SECTION B: PLACE OF PRACTICE

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.

Place of Practice Name : .....

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

Telephone Number ( ) ..... - ..... Fax Number ( ) ..... - .....

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

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

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.

Registrant:

..... Last Name First Name ..... Reg. #

Signature .....

BC Optometric Corporation: OC Permit #.....

..... Optometric Corporation Name

Authorized Signature(s) .....

FOR OFFICE USE ONLY

..... Signature ..... / ..... / ..... Month Day Year

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

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