

# ASSUMING RESPONSIBILITIES UNDER BYLAW 119

(PLEASE PRINT)

Pursuant the Bylaw 119<sup>1</sup>, I, \_\_\_\_\_, Registration No. \_\_\_\_\_,  
confirm that **I am assuming the responsibilities for the place of practice** at following location:

Place of practice name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month Day Year

If I, \_\_\_\_\_ cease to practise at the above location, or are  
otherwise unable to attend to my duties and responsibilities under the Bylaw 119, I will immediately advise the  
Registrar, in writing, of the steps I have taken with respect to this matter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month Day Year

If the aforementioned place of practice name has been approved for another registrant(s), that registrant must  
complete the section below:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month Day Year

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month Day Year

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month Day Year

- <sup>1</sup> (1) For every place of practice beyond the fourth in which a registrant has a controlling interest, the registrant must inform the board in writing of the name of another registrant who will be responsible for ensuring
- (a) the compliance of that place of practice with these bylaws, and
  - (b) the maintenance of patient care policies, including patient follow-up, at that place of practice.
- (2) Nothing in this section precludes or diminishes the ultimate responsibility for a patient's care of a registrant who examines that patient.

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