

APPLICATION FOR CHANGE OF PRACTISING CLASS OF REGISTRATION

_____,
Registrant's Name

Registration Number

Personal Contact: Please confirm that your personal contact information on file with CMBC is correct by signing into your account on the [CMBC website](#) and updating as necessary.

I am applying to change my practising class of registration with CMBC as indicated below and understand that I am responsible for obtaining professional liability insurance through MABC:

- Conditional to Temporary Temporary (Limited Scope) to General Temporary to General
 Conditional to General General to Temporary (Limited Scope) General to Temporary

Effective: _____ (dd/mm/yyyy)

For Temporary classes, please enter an end date: _____ (dd/mm/yyyy)

Practice Contact Information

Practice Name: _____
 Practice Address: _____
 Practice Telephone: _____ Practice Fax: _____

Payment (please select one of the following):

- I will pay the applicable fee adjustment to make up the full registration fee (if applicable) and the change of registration class fee online by credit card through my account on the CMBC website; or
 I attach or will send a cheque covering the applicable fee adjustment to make up the full registration fee (if applicable) and the change of registration class fee.

Hospital Privileges

- There will be no change to my hospital privileges. **OR**
 My hospital privileges will change or have changed:

I currently hold hospital privilege(s) at (include all existing and new sites):

Hospital(s) :	Category of Privileges ¹ :
_____	_____
_____	_____
_____	_____

I am currently applying for hospital privilege(s) at (include all sites):

Hospital(s):	Category of Privileges ¹ :
_____	_____
_____	_____

Home Birth Transport Plan

- I will continue to use the home birth transport plan(s) currently on file with CMBC after my change of practising class of registration; **OR**
 I will be using or establishing a new home birth transport plan after my change of practising class of registration. **Please check one or both of the following where applicable:**
 - I already have been granted privileges at the hospital(s) for which I will be using the new home birth transport plan(s) and I will submit a copy of the home birth transport plan(s) to CMBC within two weeks from the effective date of this change.
 - I will submit a copy of the home birth transport plan(s) to CMBC within two weeks of being granted privileges at the hospital(s).

¹Categories: Active, Associate, Locum, Provisional Active, Scientific/Research or Temporary privileges.