

Application for Change of Practising Class of Registration

PART A — Personal information

Last name: _____ First name: _____
Middle name: _____ Former name(s) if applicable: _____
Date of birth (mm/dd/yy): _____ BCCNM ID: _____
Address (Apt/Box/#/Street): _____ City/town: _____
Province/State: _____ Country: _____ Postal code/zip code: _____
Home tel: _____ Cell: _____ Email: _____

Part B — Change of practising class

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

Practising to provisional Provisional to practising Provisional to practising (with limited scope)

Effective (dd/mm/yy): _____

Part C — Practice contact information

Practice name: _____
Practice address: _____
Practice phone: _____ Practice fax: _____

Part D — Hospital privileges

There will be no changes to my hospital privileges; OR
 My hospital privileges will change or have changed:

I currently hold privileges at (include all existing and new sites):

Hospital: _____ Category of privileges¹: _____
Hospital: _____ Category of privileges: _____

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

Hospital: _____ Category of privileges: _____
Hospital: _____ Category of privileges: _____

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

Applicant name: _____

Part E — Payment

- I will pay the application fee for the change of registration class by credit card through my account on the BCCNM website once I receive an email notification about payment.

Part F — Home birth transport plan

- I will continue to use the home birth transport plan(s) currently on file with BCCNM 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 BCCNM within two weeks from the effective date of this change.
 - I will submit a copy of the home birth transport plan(s) to BCCNM within two weeks of being granted privileges at the hospital(s).

Signature: _____ Date (mm/dd/yy): _____