



**ASSUMING RESPONSIBILITIES UNDER
SCHEDULE 14, SUB-PARAGRAPH 2.23 OF THE BYLAWS**

Pursuant the Bylaw 2.23¹, I, _____, Registration No. _____,
Full name

confirm that **I am assuming the responsibilities for the place of practice** at following location:

(Name) _____
Place of practice name

(Address) _____
Place of practice address

Signature: _____ **Date:** _____
day/month/year

If I, _____, cease to practice at the above location, or am
Full name
otherwise unable to attend to my duties and responsibilities under the Bylaw 2.23, I will immediately advise the Registrar, in writing, of the steps I have taken with respect to this matter.

Signature: _____ **Date:** _____
day/month/year

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

Name: _____ **Registration No.** _____

Signature: _____ **Date:** _____
day/month/year

Name: _____ **Registration No.** _____

Signature: _____ **Date:** _____
day/month/year

Name: _____ **Registration No.** _____

Signature: _____ **Date:** _____
day/month/year

¹ **2.23** For each Place of Practice in which a Registrant is affiliated, that Registrant must inform the Registrar in writing of the name of the Registrant at that Place of Practice who will have custody or control of clinical Records and who will be responsible for ensuring

2.23.1 the compliance of that Place of Practice with paragraphs 2.8 to 2.29; and

2.23.2 the maintenance and implementation of patient care Policies, including patient follow-up, at that Place of Practice.

2.24 Nothing in paragraph 2.23 precludes or diminishes the ultimate responsibility for a patient's care of a Registrant who examines that patient.