

Continuing Competency Credit Deficiency Plan (AF-28)

Continuing Competency Credit (CCC) Requirement

Demonstration of continued competency is mandatory for registrants of CHCPBC. Registrants are required to collect and report CCCs for each registration that they hold. A minimum of 45 hours¹ of CCCs within a 3-year cycle is required for the first registration held. Forty-five CCCs are required for both full and part-time professionals, as registrants cannot be registered in a part-time capacity.

For each subsequent registration, an additional 15 credits must be reported that are directly related to the second registration for a total of 60 credits. Where a registrant holds 3 registrations and has 3 reserved titles, then the total credits required is 75 over 3 years.

The Quality Assurance Program's 3-year reporting cycle begins on January 1st and ends on December 31st, 3 years later. All CCCs must be reported through the Registrant Portal on or before December 31st of the third year.

Please complete the following form if you are deficient in CCCs reported as of December 31st of the third year. A deficiency plan is required by February 15th following this December 31st date to avoid penalty. If it is received after February 15th but before the March 31st registration renewal deadline, you will be required to pay a deficiency plan fee.

All plans must be submitted before the March 31st registration renewal deadline and include details on how the deficit will be corrected. If you require additional information, please refer to CHCPBC's professional practice standard [Attaining & Maintaining Practice Competence](#).

Please complete all sections which apply to you.

SECTION A | Registrant Information

First Name:

Last Name:

Middle Name (if any):

Other / Former Names:

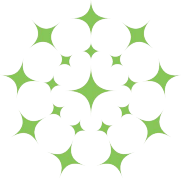
Date of Birth:

Registration ID#:

I am reporting a deficiency in my CCCs for the following 3-year cycle:

January 1, 2022 – December 31, 2024

¹ For new registrants granted registration within a 3-year cycle, a pro-rated number of CCCs required is shown in your Registrant Portal.



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SECTION B | Please indicate all registrations currently held, and the current registration status for each reserved title

RAUD	Full	Conditional	Non-practising
RHIP	Full	Conditional	Non-practising
RSLP	Full	Conditional	Non-practising

SECTION C | CCCs are complete but not reported in the Registrant Portal by deadline

My CCCs are complete and ready to be entered.

Provide an attached list of all CCCs, categories, and dates of completion which you need to enter. Please ensure that the list corresponds to the CHCPBC categories and limits.

Please enter the reason(s) that you CCCs were not entered:

SECTION D | CCCs are incomplete, and I plan to correct the deficiency on or before March 31st following the end of the 3-year reporting cycle

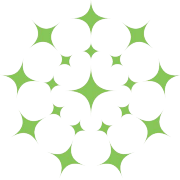
To date I have completed and reported _____ CCCs.

I am required to report _____ CCCs.

I have attached the information regarding my outstanding CCCs to this form.

The information must include the CCC category, planned activities, and the number of credits you will complete and which registration they apply to if you hold more than one registration.

Please enter the reason(s) that your CCCs are deficient:



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SECTION E | CCCs are incomplete, and I am unable to correct the deficiency on or before March 31st following the end of the 3-year reporting cycle

To date, I have completed and reported _____ CCCs.

I have attached the information regarding my outstanding CCCs to this form.

The information must include the CCC category, planned activities, and the number of credits you will complete and which registration they apply to if you hold more than one registration.

Please enter the reason(s) that your CCCs are deficient:

SECTION F | CCCs are deficient, and I do not plan to renew my CHCPBC registration

I am retiring, and do not intend to renew my CHCPBC registration.

I am re-locating to _____ and will not be seeking registration in BC in any capacity.

SECTION G | Mandatory declarations

I declare that, to the best of my knowledge, all the information contained in this form is true and complete.

I understand that falsification of information provided in support of my application, including self-reporting of CCCs, may be sufficient cause for CHCPBC to deny registration, investigate, or take other disciplinary action.

I understand that, if I fail to fulfil my deficiency plan as approved to complete QA Program and practice competency requirements as prescribed under CHCPBC Bylaws Schedule 24, sections, 2.0, 3.0, 4.0 and 5.0, my registration will be cancelled and I will be ineligible for reinstatement.

I undertake to fulfil my deficiency plan as approved and acknowledge my failing to fulfil the deficiency plan will both contravene the Bylaws and constitute professional misconduct.

Registrant Signature

Date

Please submit this form along with all supporting documentation to QAPrograms@chcpbc.org