

Practice Hours Deficiency Plan (AF-29)

Practice Hours Requirement

For Full registration, the standard for practice hours over a prescribed 3-year Quality Assurance Program reporting cycle is 750 hours¹. Registrants are responsible for ensuring they attain the minimum number of practice hours required in a defined 3-year cycle.

Full registrants who have been Non-practising for part of the 3-year cycle must meet the practice hours requirement prior to the end of the cycle.

Registrants who change to Non-practising registration during a 3-year QA Program reporting cycle are still subject to the Program's practice hour requirements. If you are Non-practising, but intend to return to Full registration, you must report the required number of practice hours before you can change your registration status to Full.

QAPP Program reporting cycles begin on January 1st and end on December 31st, 3 years later. All practice hours must be reported through the registrant portal on or before December 31st in year three.

Please complete the following form if you do not have sufficient practice hours 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 March 31st, you will be required to pay a deficiency plan fee.

All plans must include details on how the deficit will be corrected. If you require additional practice hours information, please refer to CSHBC'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:

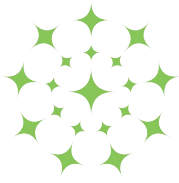
Date of Birth:

Registration ID#:

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

January 1, 2022 – December 31, 2024

¹ For new registrants granted registration within a 3-year cycle, the pro-rated number of practice hours required is posted in the Registrant Portal.



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SECTION B | Please indicate all Full registrations currently held

RAUD Full

RHIP Full

RSLP Full

I am currently non-practicing and intend to renew by March 31st as a Full registrant in:

RAUD RHIP RSLP

SECTION C | If applicable, please indicate which category of practice hours applies to you

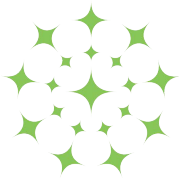
I am required to report 750 practice hours from January 1, 2022 to December 31, 2024.

I am required to report _____ practice hours from January 1, 2022 to December 31, 2024.

SECTION D | Practice hours complete, but not reported in the Registrant Portal by deadline

My practice hours are complete and ready to be entered.

Please enter the reason(s) that your practice hours were not entered:



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SECTION E | Practice hours are incomplete, and I plan to correct the deficiency on or before March 31st

To date, I have completed and reported _____ practice hours.

I am required to report _____ practice hours.

I need to report _____ additional hours on or before March 31st.

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

This information must include the practice hours category and the number of hours you will complete in each eligible category in order to attain the total number of hours required.

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

SECTION F | Practice Hours are incomplete, and I am unable to correct the deficiency on or before March 31st

To date, I have completed and reported _____ practice hours.

I am required to report _____ practice hours.

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

This information must include the practice hours category and the number of hours you will complete in each eligible category to attain the total number of hours required.

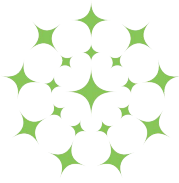
Please enter the reason(s) that your practice hours are deficient:

SECTION G | Practice hours are deficient, and I do not plan to renew my registration as a Full registrant

I am retiring, and do not intend to register with CHCPBC for the next registration cycle.

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

I am planning to register as Non-practising for the next registration cycle.



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SECTION H | 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 practice hours, 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