

Request a Representative for your Committee or Group

Thank you for your interest in inviting a representative from the College of Health and Care Professionals of BC to join your committee or group. We appreciate the opportunity to collaborate with a wide variety of organizations and provide our perspective as a health profession regulator.

While we strive to accommodate as many requests as possible, all submissions are reviewed to ensure alignment with our mandate and strategic objectives. Please note that we may not be able to fulfill every request. We encourage you to provide as much detail as possible to help us assess your request effectively.

Please email your completed form, along with a copy of the committee or group's Terms of Reference (if applicable) to sgsa@chcpbc.org. Please allow a minimum of two weeks for us to process your request.

Requester Information

Name of organization:

Address or location:

Organization website:

Contact name:

Contact phone:

Contact email:



Committee or Group Information

Briefly describe the committee or group's purpose within your organization:

Please also include a copy of the committee or group's **Terms of Reference** with your submission if applicable.

Role Information

Duration of the appointment:

Time commitment (monthly, annually):

Travel expectations for the role:

Level of urgency in filling the role:

Knowledge, skills, and experience required from the representative:

Availability of training, orientation, or other resources for the representative:

Expense reimbursement policy (if applicable):

Any other expectations for the role: