



Policy Re-entry to Practice	Replaces former policy:
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	Date Effective: 2026-05-19
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Contact: Chris Smerdon - Director, Licensure	

Policy Statement

Former licensees seeking re-entry to practice in BC after more than 3 years away are considered new applicants with the College of Health and Care Professionals of BC (CHCPBC) and must meet general and profession-specific eligibility standards. If they no longer meet the specific eligibility standards for their profession, in addition to the requirements indicated in Bylaw 6.53, they must provide information or records identified in Appendix A: Supporting Documentation for Re-entry to Practice before re-entry to practice requirements can be determined. The Licence Committee retains discretion to require specific additional information relevant to their determination.

Re-entry to practice requirements are grounded in the principles of public protection, safety, and the maintenance of professional competence. CHCPBC recognizes that time away from practice may occur for many legitimate reasons and is committed to ensuring that re-entry pathways are accessible, anti-discriminatory, trauma-informed, and responsive to diverse lived experiences.

In determining appropriate re-entry to practice requirements, the Licence Committee considers both the duration of time away from practice and the individual’s proximity to professional practice during that period. As the length of absence increases and where there has been limited or no engagement with professional practice, the potential risk may grow that a practitioner’s knowledge, skills, and professional judgement may no longer align with current entry-to-practice expectations and regulatory standards to deliver safe, competent and ethical care.

The Licence Committee requires applicants who have been away from practice for 6 years or less to confirm their competency. Applicants may be required to complete one or more of the following:

- a competency gap analysis or validated assessment process
- bridging modules addressing identified competency domains
- supervised or structured practice, as a Provisional Licensee, proportionate to gaps
- refresher education aligned to entry-to-practice competency profiles



- an Examination for licensure, as described in CHCPBC Bylaws, Schedule 6 (must obtain a passing score)

The Licence Committee requires applicants who have been away from practice for more than 6 years to undergo a comprehensive competency re-assessment. Applicants may be required to complete one or more of the following:

- a formal competency assessment against current entry-to-practice standards
- a supervised competence confirmation practicum
- a refresher or bridging program
- an Examination for licensure, as described in CHCPBC Bylaws, Schedule 6 (must obtain a passing score)

Re-entry pathways must:

- align with current competency profiles
- demonstrate progressive assumption of professional responsibility
- include structured supervision and documented evaluation
- confirm readiness for independent practice

1. Policy Rationale and Purpose

Professional competence is dynamic. Advances in science and technology lead to changes in clinical care and academic curricula; standards of practice, regulatory expectations, and health system contexts evolve over time. This policy establishes a fair, transparent, proportionate, and risk-informed competency-based framework to ensure that individuals seeking to re-enter practice meet contemporary expectations for safe, ethical, culturally safe, and competent care.

2. Policy Scope

This policy applies to all former licensees seeking to re-enter practice in any profession regulated by CHCPBC after 3 years or more of non-practice.

This policy does not apply to individuals returning following suspension, cancellation, or discipline.



3. Duties and Responsibilities

Licensure Team Members

Licensure Team members are responsible for applying this policy consistently and communicating expectations to applicants clearly and accessibly.

Director, Licensure

The Director, Licensure ensures harmonization across professions and monitors data for emerging trends related to equity seeking groups.

Registrar

The Registrar oversees integrity, fairness, and proportionality in re-entry determinations.

Deputy Registrar

The Deputy Registrar ensures integration with examination approval, quality assurance, and competency frameworks.

Licence Committee Members/Chair

The Licence Committee reviews and assesses applications in accordance with this policy makes decision regarding licensure eligibility, and directs the Registrar to issue a license, where applicable.

4. Legal and Regulatory Authority

- CHCPBC Bylaw 6.23

6. Key Partnerships

- Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)
- National Alliance of Canadian Optician Regulators (NACOR)
- University of British Columbia - Faculty of Medicine, Department of Physical Therapy
- University of Waterloo - School of Optometry & Vision Science

7. Definitions

Re-entry to Practice means a regulatory pathway enabling a former licensee to resume regulated practice.

Competency Gap Analysis is a validated assessment process used to identify areas requiring remediation.

Bridging Module is a targeted educational activity addressing a defined competency gap.

Competence Confirmation Practicum refers to a structured, supervised practice designed to confirm readiness for independent practice.



Currency refers to the extent to which a practitioner’s knowledge, skills, clinical judgement, and professional competencies remain current, relevant, and aligned with contemporary standards of practice.

Proximity to Practice refers to the degree to which an individual has remained engaged with professional knowledge, competencies, clinical reasoning, ethical obligations, regulatory standards, or health system practice during an absence from regulated practice.

Supervised or structured practice is a period of monitored professional practice intended to support the demonstration and strengthening of professional competence. This may include graduated levels of oversight such as regular clinical supervision, guided practice with feedback, case consultation, and, where appropriate, direct one-to-one observation of practice.

8. Process Check

The following documents have been consulted and applied to this policy.

- Policy Development Framework (required)
- Anti-Discrimination Measures (S14/15 HPOA) (required if applicable)
- Health Standards Organization BC Cultural Safety and Humility Standard policy best practices (required if applicable)
- Safe Spaces Playbook (required if applicable)
- In Plain Sight Report and Recommendations (required if applicable)

9. Resources/References

None identified at this time.

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Drafted by: Name <i>Licensure Policy Team</i>	



Appendices

Appendix A: Supporting Documentation for Re-entry to Practice

To support their application, applicants may provide any documentation that demonstrates their proximity to professional practice during the period they were away, including but not limited to:

- A resume/CV
- A professional portfolio
- Transcripts or certificates of completion of continuing education, professional development, or other relevant learning opportunities
- Proof of practice in a regulated jurisdiction outside of Canada, with evidence that shows this was comparable to practice in BC (letter from employer, information from regulator, detailed description of scope of practice)
- Proof of practice in an unregulated jurisdiction, with evidence that shows how competencies were maintained (letter from employer, detailed description of scope of practice)
- Proof of practice in a closely related health field, with evidence that shows how competencies were maintained (letter from employer, detailed description of scope of practice)
- Proof of teaching or scholarly work (letter from employer, copy of published paper or article)