College of
HEALTH AND CARE
PROFESSIONALS OF BC

Unauthorized Practice Form

Use this fillable form to report an unlicensed person who is practising a designated health profession or using an exclusive title. To confirm that the individual you are reporting is a not a CHCPBC licensee, please check the **CHCPBC Public Registry**.

All fields are required unless otherwise noted. Please provide as much information as possible.

If you have questions about completing this form or need assistance, please contact us:

- Phone: 604-742-6715 or 1-877-742-6715 (toll-free)
- Email: **complaints@chcpbc.org**

Unauthorized Person

Who is the unauthorized person?

Last Name: _____

First Name: _____

Practice Name(s): _____

Practice Location(s): _____

Reporter

Who is making this report?

Last Name: _____

First Name: _____

Pronouns (optional): _____

Mailing Address: _____

Email: _____

Phone: _____

Context

What is your relationship to the unauthorized person/situation? Select one.

- ◯ **Client:** I received services from the unauthorized person.
- ◯ **Regulated Health Practitioner:** I am a licensee or regulated health services provider under the *Health Professions and Occupations Act*.
- ◯ **Extended Health Benefits Provider:** _____
- ◯ **Other:** _____

Report Type

What is being reported? Select all the apply.

Unauthorized Practice of Health Profession		Unauthorized Use of Exclusive Title	
☐	Audiology	☐	Audiologist
☐	Dietetics	☐	Dietitian
☐	Hearing Instrument Dispensing	☐	Hearing Instrument Practitioner
☐	Occupational Therapy	☐	Occupational Therapist
☐	Opticianry	☐	Optician / Dispensing Optician
☐	Optometry	☐	Optometrist / Doctor
☐	Physical Therapy	☐	Physical Therapist / Physiotherapist
☐	Psychology	☐	Psychologist / School Psychologist
☐	Speech-Language Pathology	☐	Speech-Language Pathologist / Speech Therapist

Attachments

Please attach any documents or records that may be relevant, including (but not limited to):

- written details of your experience(s) with the unauthorized person and invoices
- advertising or marketing materials and website URLs
- audit records

Privacy

☐ I understand the information on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act* (FIPPA) and the *Health Professions and Occupations Act* (HPOA).

☐ I understand the information provided will be used and disclosed, as permitted by law (including FIPPA and HPOA), to process my report.

Submit

You may submit the completed form by:

- **Email:** **complaints@chcpbc.org**
- **Fax:** 604-608-9863
- **Mail:** 900-200 Granville Street, Vancouver, BC V6C 1S4