College of
HEALTH AND CARE
PROFESSIONALS OF BC

REQUEST FOR CONSENT TO USE A RESERVED TITLE IN A BUSINESS NAME

Licensee name _____

Licensee # (7 digits) _____ Profession (Select one) _____

I am applying for the consent of the College of Health and Care Professionals of BC (the "College") to the use of protected titles or terms in the name of my company: (proposed name):

_____

☐ I am including the BC Registry name request form.

☐ I understand that I must comply with the CHCPBC Bylaws and Ethics and Practice Standards (e.g., the Marketing, Advertising, and Promotion Practice Standard).

Signature _____ Date _____