Bylaws

Health Professions and Occupations Act,
S.B.C 2022, Chapter 43

October 31, 2026

College of
HEALTH AND CARE PROFESSIONALS OF BC

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1.0 Definitions and Interpretion

Definitions and Interpretation

1.1 These Bylaws rely on defined terms, including defined terms that are used in the Act.

1.2 Schedule 1 contains the defined terms used in these Bylaws.

1.3 Where the Act or these Bylaws provide a definition for a term that could apply to more than one Regulatory College or more than one Designated Health Profession, the term should be read as applying to the College of Health and Care Professionals of British Columbia and the Designated Health Professions regulated by it.

1.4 Where the Act provides for more than one definition for the same word or phrase, the definition set out in Schedule 1 prevails for the purposes of these Bylaws.

1.5 All defined terms, including those incorporated from the Act, are capitalized for ease of identification. Other words or phrases that are normally capitalized by grammatical convention are not defined terms unless specifically identified as such in the Bylaws or Act.

1.6 All headings, subheadings, and references in italicized text in square brackets are for convenience and do not constitute part of these Bylaws.

1.7 When words that are defined terms in these Bylaws are used without capitalization, they are to be given their ordinary meaning.

2.0 Board

College Board

2.1 The Board consists of Persons appointed by the Minister under section 346 of the Act.

Board Chair and Board Vice Chair

2.2 At the first Board Meeting, and subsequently at the first Board Meeting after a Board Chair or Board Vice Chair's term ends or they otherwise cease to hold office, Board Members must elect a Board Chair and Board Vice Chair, as applicable, from among their own members using the following procedures:

(a) the Registrar, at the first Board Meeting if no Board Chair was appointed by the Minister, and the acting Board Chair at subsequent meetings, must call for nominations;

(b) if there is only one nominee, the nominee is elected by acclamation; and

(c) if there is more than one nominee, electing a Board Chair or Board Vice Chair by a majority vote of the Board Members in attendance.

2.3 In the event of a tie vote between nominees, the Registrar must conduct a random draw between the tied nominees with the most votes.

2.4 If the Board Chair elected is a Licensee, the Board Vice Chair must be a Representative of the Public.

2.5 If the Board Vice Chair elected is a Representative of the Public, the Board Vice Chair must be a Licensee.

2.6 A Board Chair and Board Vice Chair hold office for a two-year term, renewable as long as the Person remains a Board Member.

2.7 A Board Chair or Board Vice Chair ceases to hold office upon:

(a) election of a new Board Chair or Board Vice Chair as applicable;

(b) ceasing to be a Board Member;

(c) delivering a written notice of resignation from the office of Board Chair or Board Vice Chair to the Registrar effective the date specified in the notice or, if no effective date is specified, on receipt of the notice by the Registrar;

(d) death or incapacity; or

(e) removal from the office of Board Chair or Board Vice Chair by Special Resolution of Board Members.

Powers and Duties of Board Chair and Board Vice Chair

2.8 The Board may delegate powers and duties of the Board to the Board Chair, subject to any terms, limits, or conditions the Board considers necessary or appropriate.

2.9 The Board Chair:

(a) must preside at all Board Meetings unless Bylaw 2.10 or 2.11 applies;

(b) must fulfill duties under the Act, including but not limited to acting in accordance with the guiding principles and Anti-Discrimination Measures in section 14 and 15 of the Act, the regulations made under the Act, and these Bylaws; and

(c) may exercise powers and must perform duties delegated by the Board.

2.10 If the Board Chair is absent or unable or unwilling to act for any reason, the Board Vice Chair may exercise the powers and must perform the duties of the Board Chair.

2.11 If the Board Chair and Board Vice Chair are absent or unable or unwilling to act for any reason, the Board may appoint an acting Board Chair in accordance with the Consensus Decision Policy, failing which, it must make an appointment by majority vote, to preside at the meeting and to exercise powers and perform duties of the Board Chair, subject to any terms, limits, or conditions the Board considers necessary or appropriate in the circumstances.

Board Member Remuneration and Expenses

2.12 Board Members are entitled to receive remuneration and reimbursement for reasonable travel and other expenses necessarily incurred in performing College business as set out in Schedule “3”;

Frequency of Board Meetings

2.13 The Board must meet at least four times in each calendar year.

Format of Board Meetings

2.14 The Board may meet and conduct business in person, by telephone, by video conference, or by any other method of telecommunication.

Calling Board Meetings

2.15 A Board Meeting must be scheduled by the Registrar:

(a) at the request of the Board Chair; or

(b) on receipt of a written request for a Board Meeting made by a majority of the Board Members.

2.16 A written request under Bylaw 2.15(b) must set out the matter(s) for discussion or decision, which information must be provided in the notice of the Board Meeting.

Notice of Board Meetings

2.17 The Registrar must provide reasonable notice of a Board Meeting to Board Members, Licensees, and the public.

2.18 The Registrar may provide notice under Bylaw 2.17:

(a) to Board Members, by emailing notice to the address for delivery provided by the Board Member for such purpose; and

(b) to Licensees and the public by posting a notice on the College's website.

2.19 Despite Bylaw 2.17, notice of a Board Meeting to Licensees and the public is not required if the purpose of the meeting is to:

(a) conduct urgent business; or

(b) conduct business solely in a Closed Meeting as permitted under these Bylaws.

2.20 The failure to provide notice of a Board Meeting to a Person entitled to receive notice, or the non-receipt of such notice by any Person, does not invalidate any proceeding, resolution, or decision made at the Board Meeting.

Open and Closed Board Meetings

2.21 Subject to Bylaws 2.22 through 2.25, a Board Meeting is open to the public.

2.22 The Board may exclude any Person who is not a Board Member from all or part of a Board Meeting if satisfied their attendance is disruptive.

2.23 Despite Bylaw 2.22, the Board may not exclude the Registrar, or a Person designated by the Registrar to attend on their behalf, from any part of a Board Meeting except to the extent that such meeting concerns:

(a) a discussion of the Registrar's performance or employment contract;

(b) the Board's self-assessment of its own performance; or

(c) an internal Board conflict resolution process.

2.24 The Board may convene a Closed Meeting, or move from an open to Closed Meeting, to discuss:

(a) personnel matters;

(b) information the College or another public body would be required or authorized to refuse to disclose in response to an access request under Part 2 of FOIPPA;

(c) information the College is required by law to keep confidential;

(d) information concerning the contents, scoring or results of an Examination;

(e) property acquisitions or dispositions;

(f) information concerning academic or technical programs;

(g) communications to and from legal counsel, and any other matter subject to legal professional privilege and/or litigation privilege;

(h) an assessment of professional performance of a Licensee for quality assurance purposes;

(i) communication with the Office of the Ombudsperson or the Office of the Superintendent of Health Profession and Occupation Oversight;

(j) information concerning a Person's application for licensure or any individual Licensee;

(k) the Board's self-assessment of its performance;

(l) an internal Board conflict resolution process; and

(m) financial, personal, or other matters of such a nature that the interests of any affected Person, or the public interest in avoiding disclosure of such matters, outweighs the public interest in having Board Meetings open to the public.

2.25 The Board may meet in planning sessions that are not open to the public for the purposes of planning, education, or other reasons not requiring Board resolutions.

Board Meeting Decision-Making Procedures

2.26 A majority of the Board Members constitutes a quorum.

2.27 Any Board Member may move or propose a resolution.

2.28 No resolution proposed at a Board Meeting need be seconded.

2.29 The Board must establish a Consensus Decision Policy.

2.30 Each Board Member may cast a single vote for each resolution.

2.31 Each of the following is a resolution of the Board:

(a) a resolution approved by a majority of the Board Members in attendance;

(b) a Special Resolution; and

(c) a resolution approved in accordance with the Consensus Decision Policy.

Board Resolutions Approved in Writing

2.32 Board resolutions made in writing or by email outside of a meeting:

(a) must be passed by Special Resolution;

(b) have the same binding effect as if passed at a Board Meeting.

Minutes of Board Meetings

2.33 The Registrar must ensure that:

(a) minutes are taken at each Board Meeting;

(b) the minutes record the manner in which resolutions were approved by the Board; and

(c) the minutes are retained.

2.34 The Board Chair must ensure that, for any part of a Closed Meeting from which the Registrar is excluded:

(a) minutes are taken;

(b) the minutes record the manner in which resolutions are approved by the Board; and

(c) the minutes are retained.

2.35 Subject to Bylaw 2.36, resolutions approved in writing under Bylaw 2.32 must be included in the minutes of the following Board Meeting.

2.36 The Registrar must Publish the minutes of each Board Meeting on the College website, subject to:

(a) non-substantive editing for clarity and accuracy; and

(b) removing information in relation to any portion of a Board Meeting that was a Closed Meeting, provided that the Bylaw authority for removing such item is noted in the Published version.

2.37 The Registrar or the Board Chair, as applicable, must include a notation indicating the Bylaw authority for excluding any Person, class of Person, or the public from a Board Meeting or any portion of a Board Meeting.

Conflict of Interest – Board Members

2.38 The Board must establish a Code of Conduct for the Board and Committees, including a Conflict of Interest policy for Board Members.

2.39 If a Board Member believes that they may have a Conflict of Interest in relation to a matter before the Board, or the Board is satisfied that a Board Member may have such a Conflict of Interest, the Board Member must:

(a) disclose promptly the general nature of the Conflict of Interest to the other Board Members; and

(b) follow the policies and procedures approved by the Board, which may include a requirement to provide additional information relevant to the Conflict of Interest.

2.40 Except to the extent section 352(4) of the Act applies, the Board must take necessary and appropriate measures to maintain the integrity of College operations.

2.41 The Board must not presume any Conflict of Interest for any Board Member based solely on the Board Member's Indigenous identity, race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, or age.

2.42 Without limiting Bylaw 2.41, the Board must not presume any Conflict of Interest for any Indigenous Board Member relating to any matter before the Board involving an Indigenous component, based solely on the Board Member's Indigenous identity, or their general interest in Indigenous matters.

Board Rules, Procedures, and Policies

2.43 The Board may, consistent with the Act, the regulations made under the Act, and these Bylaws, establish or adopt policies, procedures, and guidelines to provide guidance to Board Members, Licensees or the public respecting any matter for which the Board may or must exercise powers or perform duties.

2.44 The Registrar must Publish any policies and procedures the Board establishes or adopts under Bylaw 2.43 on the College website.

Bylaw Making Powers

2.45 When making bylaws the Board must undertake consultations consistent with the Act and the policies established under Bylaw 2.46.

2.46 The Board must establish policies and procedures consistent with the Act, the regulations made under the Act, and these Bylaws, relating to consultations under Bylaw 2.45.

2.47 The Board must, in collaboration with Indigenous Governing Bodies and other entities representing Indigenous Peoples, establish policies and procedures for the nomination of Persons by those governing bodies and entities for the purposes of section 384(2)(c) of the Act.

2.48 The Registrar must Publish all policies and procedures established under this heading on the College website.

Recommendations to the Superintendent

2.49 The Board may establish policies and procedures for making recommendations to the Superintendent respecting:

(a) the appointment of Board Members;

(b) the rescindment of appointments; and

(c) the education, training, experience and other qualifications for Persons appointed, or to be appointed, as Board Members**.**

3.0 Committees

Committees Established

3.1 The following Committees are established:

(a) the Licence Committee;

(b) the Permit Committee;

(c) the Investigation Committee;

(d) the Professional Practice and Standards Advisory Committee;

(e) the Finance and Audit Committee; and

(f) the Governance and Human Resources Committee.

3.2 Subject to the Act and the regulations made under the Act, the Board may set terms of reference for each Committee established under Bylaw 3.1.

Licence Committee Composition

3.3 The Licence Committee consists of the following Persons appointed by the Board:

(a) at least two full Licensees from each Designated Health Profession regulated by the College; and

(b) at least three Public Committee Members.

Permit Committee Composition

3.4 The Permit Committee consists of the following Persons appointed by the Board:

(a) at least two full Licensees from each Designated Health Profession set out in section 4 of the Regulation; and

(b) at least three Public Committee Members.

Investigation Committee Composition

3.5 The Investigation Committee consists of the following Persons appointed by the Board:

(a) at least two full Licensees from each Designated Health Profession regulated by the College; and

(b) at least three Public Committee Members.

Professional Practice and Standards Advisory Committee

3.6 The Professional Practice and Standards Advisory Committee consists of:

(a) the Registrar, as Committee chair; and

(b) the following Persons appointed by the Board:

(i) at least two full Licensees from each Designated Health Profession regulated by the College; and

(ii) at least three Public Committee Members.

3.7 A Board Member is not eligible for appointment to the Professional Practice and Standards Advisory Committee.

Finance and Audit Committee and the Governance and Human Resources Committee Composition

3.8 The Finance and Audit Committee and the Governance and Human Resources Committee each consist of at least three and no more than five Persons appointed by the Board.

3.9 The Finance and Audit Committee and the Governance and Human Resources Committee must include at least one Public Board Member and one Licensee Board Member.

Advisory Working Groups

3.10 The Registrar and the Board may each appoint advisory working groups for such purposes, and on such terms, as they consider necessary or appropriate.

Committee Membership

3.11 Subject to section 359(4) of the Act and these Bylaws, the Board may appoint any Person to a Committee and make reappointments.

3.12 Unless the Board specifies otherwise, the term of office for all Committee Members is three years.

3.13 The Board must establish criteria for:

(a) the appointment and reappointment of Committee Members, including but not limited to skills, education, training, experience, and other qualifications;

(b) the rescindment of an appointment to a Committee; and

(c) the removal of a Committee Member.

3.14 A Committee Member ceases to hold office on a Committee upon:

(a) expiration of their term;

(b) delivering a written notice of resignation from the position of Committee Member to the Registrar effective the date specified in the notice or, if no effective date is specified, on receipt of the notice by the Registrar;

(c) death or incapacity; or

(d) their removal from the Committee or rescindment of appointment to a Committee by the Board by Special Resolution.

3.15 A Committee Member who:

(a) completes six consecutive years of serving as a Committee Member; or

(b) ceases to hold office as a Committee Member under Bylaw 3.14(b) or (d),

is not eligible for reappointment to the same Committee for at least three years unless the Board is satisfied there are extenuating circumstances, including any public interest in retaining the specific knowledge and experience the Committee Member brings to the Committee.

3.16 Service on any Committee of the College prior to the In-Force Date does not count towards the term limit established in Bylaw 3.15.

3.17 The term limit established in Bylaw 3.15 does not apply to Committee Members on the Finance and Audit Committee, or the Governance and Human Resources Committee.

Committee Chair and Committee Vice Chair

3.18 The Board may appoint members of each Committee as a Committee chair and Committee vice chair, but in the absence of an appointment by the Board, the Committee may by majority vote appoint members of the Committee as a Committee chair and a Committee vice chair.

3.19 Unless the Board specifies otherwise, the term of office for a Committee chair or Committee vice chair is two years.

3.20 A Committee chair or Committee vice chair ceases to hold office as Committee chair or Committee vice chair upon:

(a) expiration of their term as chair or vice chair;

(b) ceasing to be a Committee Member;

(c) delivering a written notice of resignation from the position of chair or vice chair to the Registrar effective the date specified in the notice or, if no effective date is specified, on receipt of the notice by the Registrar;

(d) death or incapacity; or

(e) removal from the position of Committee chair or Committee vice chair by Special Resolution of the Board.

3.21 If a Committee chair ceases to hold office, the Board, or the Committee as permitted by the Board, must appoint, as soon as practicable, another Committee Member to fill the vacancy.

3.22 Bylaws 3.19-3.21 do not apply to the Professional Practice and Standards Advisory Committee.

Powers and Duties of Committee Chair and Committee Vice Chair

3.23 A Committee chair:

(a) must preside at all meetings of the Committee;

(b) must fulfill duties under the Act, including but not limited to acting in accordance with the guiding principles and Anti-Discrimination Measures in sections 14 and 15 of the Act, the regulations made under the Act, and these Bylaws;

(c) may exercise powers and must perform duties delegated by the Committee; and

(d) must report to the Board in a form and at a time as directed by the Board.

3.24 If the Committee chair is absent or unable or unwilling to act for any reason, the Committee vice chair may exercise the powers and must perform the duties of the Committee chair.

3.25 If the Committee chair and Committee vice chair are absent or unwilling to act for any reason, the Registrar may appoint an acting chair to preside at the meeting and exercise powers and perform the duties of the Committee chair, subject to any terms, limits or conditions the Committee considers necessary or appropriate in the circumstances.

Committee Member Remuneration and Expenses

3.26 Committee Members are entitled to receive remuneration for time spent and reimbursement for reasonable travel and other expenses necessarily incurred as set out in any policy approved by the Board.

Committee Procedures and Policies

3.27 The Board may establish or adopt procedures, policies, or guidelines consistent with the Act, the regulations made under the Act, and these Bylaws, to govern the activities of and procedures to be followed by Committees.

Committee Panels

3.28 The Licence Committee, the Permit Committee, the Investigation Committee, and the Professional Practice and Standards Advisory Committee, may establish and meet in Panels, with Panel Members and a chair of the Panel appointed by the Committee chair.

3.29 All Panels must be comprised of at least three Committee Members and include at least one Public Committee Member.

3.30 The Committee chair must, when selecting Panel Members for a matter involving an allegation of Indigenous-specific racism or Discrimination, or Indigenous Practices, make reasonable attempts to select at least two Panel Members who identify as Indigenous.

3.31 All Panels must, if in the Committee chair's opinion a matter requires profession-specific advice, include at least one Licensee from the Designated Health Profession regulated by the College connected with or affected by the matter at issue.

3.32 A Committee Member may be appointed concurrently to more than one Panel of the Committee.

3.33 A Panel may exercise any power, duty, or function of the Committee, except the power to appoint a Panel or a Committee chair or vice chair.

Committee and Panel Meetings

3.34 A Committee or Panel may meet and conduct business in person, by telephone, by video conference, or by any other method of telecommunication.

3.35 Quorum for a meeting of a Committee or Panel is established as follows:

(a) for a Committee, a majority of Committee Members;

(b) for a Panel of more than three members, a majority of the Panel including at least one Public Committee Member; or

(c) for a Panel of three members, all members of the Panel.

3.36 Committee and Panel decisions are made by majority vote.

3.37 Each member of a Committee or Panel has one vote.

3.38 Subject to the regulations made under the Act, and these Bylaws, Committee and Panel meetings are not open to the public or Licensees.

3.39 A Committee or Panel may invite any Person to attend all or part of a meeting.

3.40 The chair of a Committee or Panel must ensure that minutes are taken at each meeting of the Committee or Panel and retained on file.

3.41 Bylaws 2.38 through 2.42 *[Conflict of Interest – Board Members]* apply to each Committee and each Panel as if it were the Board.

Committee Report to Board

3.42 A Committee must submit a report of its activities to the Board in a form and at a time specified by the Board.

4.0 College Administration

Registrar and Chief Executive Officer

4.1 The Registrar:

(a) is the chief executive officer of the College and holds final responsibility for all administrative and operational matters for the College; and

(b) has the powers and duties assigned to the position of Registrar under the Act, the regulations made under the Act, and these Bylaws.

4.2 The Registrar is authorized to:

(a) establish forms for the purposes of these Bylaws; and

(b) require the use of such forms by applicants and Licensees.

4.3 Without limiting the scope of Bylaw 4.5, the Registrar may designate any Employee or Officer of the College to exercise any power or duty of the Registrar as assigned by the Registrar.

4.4 An Employee or Officer of the College designated by the Registrar under Bylaw 4.3 has the same authority as the Registrar when acting on behalf of the Registrar.

Deputy Registrars

4.5 A Deputy Registrar appointed by the Registrar under section 360 of the Act is authorized to perform all duties of the Registrar:

(a) subject to any direction or limits or conditions from the Registrar; and

(b) without limitation if the Registrar has a Conflict of Interest or is otherwise unable to act for any reason, subject to any written succession plan approved by the Board.

Legal Counsel

4.6 The Registrar may retain or assign legal counsel to assist the Board, the Registrar, a Committee, a Panel, or a working group on any College matter.

4.7 The Board may, by Special Resolution, retain legal counsel to assist the Board on any College matter.

Fiscal Year

4.8 The fiscal year of the College commences on April 1 of each calendar year and ends on March 31 of the following year.

4.9 The Board must, for each fiscal year:

(a) approve an operating budget;

(b) establish or review, as applicable, segregated funds and limits and conditions for the permissible uses of such funds;

(c) approve a capital budget and corresponding fees for the fiscal year;

(d) set any limits or conditions the Board considers necessary or appropriate on the Registrar's authority to make financial commitments on behalf of the College during the fiscal year; and

(e) establish or maintain a contingency reserve.

Banking, Borrowing, and Investments

4.10 The Registrar must establish and maintain one or more College accounts with a chartered bank, trust company, or credit union.

4.11 Subject to any policy approved by the Board, the Registrar may raise funds, borrow, or guarantee or secure payments on behalf of the College in any manner determined by the Board, in order to carry out College purposes.

4.12 Subject to any policy approved by the Board, the Registrar may invest funds of the College, in the name of the College, in a manner consistent with sections 15.1 and 15.2 of the *Trustee Act*, R.S.B.C. 1996, c. 464.

Auditor

4.13 The Board must appoint a chartered professional accountant as the auditor for the College.

4.14 The Board must, for each fiscal year, direct the auditor to conduct an audit of the College's financial statements.

4.15 The Registrar must submit the College's financial statements to the auditor by June 1 of each year.

4.16 A copy of the auditor's report must be Published or made public otherwise by the Registrar, which may include incorporation in the College's annual report.

4.17 The Board may remove an auditor before the expiration of any term of appointment, but in such case must, as soon as reasonably possible:

(a) appoint another auditor for the remainder of the predecessor's appointment, or some other period; and

(b) direct the Registrar to provide written notice to the predecessor auditor of the removal.

Conflict of Interest – Employees and Officers

4.18 The Board must establish a Conflict of Interest policy for Employees and Officers of the College, which policy must include procedures, in addition to those found in these Bylaws, that apply if a Conflict of Interest is identified.

4.19 If an Employee or Officer of the College identifies a Conflict of Interest in relation to their involvement in a matter, or the Registrar is satisfied that an Employee or Officer may have such a Conflict of Interest, the Employee or Officer must:

(a) as soon as reasonably practicable disclose the general nature of the Conflict of Interest to the Registrar, or to a responsible supervisor the Registrar may designate from time to time; and

(b) follow the directions issued by the Registrar or responsible supervisor.

4.20 The Registrar or responsible supervisor must not presume any Conflict of Interest for any Employee or Officer based solely on the Employee or Officer's Indigenous identity, race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, or age.

4.21 Without limiting Bylaw 4.20, the Registrar or responsible supervisor must not presume any Conflict of Interest for any Indigenous Employee or Officer relating to any matter involving an Indigenous component, based solely on the Employee or Officer's Indigenous identity, or their general interest in Indigenous matters.

4.22 Without limiting Bylaws 4.20 and 4.21, the Registrar or responsible supervisor must not presume any Conflict of Interest for any Employee or Officer relating to any matter involving a component related to race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, or age, based solely on the Employee or Officer's own race, colour, ancestry, place of origin, religion,

marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, or age.

4.23 If the Registrar identifies a Conflict of Interest in relation to their involvement in a matter, the Registrar must disclose it as soon as reasonably practicable to the Board Chair who must:

(a) assess whether the Registrar has a Conflict of Interest; and, if so,

(b) determine next steps, including whether the Registrar may continue to act in the matter, in accordance with the Conflict of Interest policy applicable to the Registrar; and

(c) direct the Registrar to disclose the Conflict of Interest, if applicable, and any required next steps to the Deputy Registrar(s).

Notice by the College

4.24 Subject to the Act and the regulations made under the Act, where the College is required to deliver a notice, order or other record, delivery may be effected as follows:

(a) in relation to a Licensee or a Health Profession Corporation, by mail, registered mail, or electronic mail at the last address provided to the College;

(b) in relation to a Former Licensee or a Health Profession Corporation no longer holding a permit, by mail, registered mail, or electronic mail at the last address provided to the College during the period of licensure or permit validity; or

(c) in relation to any other Person or entity, to the last address of that Person or entity known to the College.

5.0 College Records and Information

Freedom of Information and Protection of Privacy Act (FOIPPA)

5.1 The Registrar is the "head" of the College for purposes of FOIPPA.

5.2 The Registrar may, in writing, delegate a duty, power, or function in accordance with section 66 of FOIPPA.

Protection of Personal Information

5.3 The Registrar must take reasonable steps to ensure the College's collection, protection, use, disclosure, and retention of Personal Information complies with the Act, these Bylaws, any relevant College policies, and other applicable statutes and regulations.

Disposal or Transfer of Records Containing Personal Information

5.4 Where the College disposes of a record containing Personal Information or otherwise sensitive information, the Registrar must take reasonable steps to ensure that:

(a) in the case of information recorded electronically, it is disposed of by erasing the information, or destroying its physical medium, in a manner that ensures the information cannot be reconstructed; and

(b) in the case of a physical record, it is disposed of by:

(i) effectively destroying the record, such as by use of a shredding device;

(ii) transferring the record to the Person to whom the information is about; or

(iii) transferring the record to the Licensee who compiled the information.

Fees for Access Requests

5.5 Subject to section 75 of FOIPPA, the College may charge the fees set out in the "Schedule of Maximum Fees" in the *Freedom of Information and Protection of Privacy Regulation*, BC Reg. 155/2012 for processing requests for access to records.

Records

5.6 The Registrar must establish a policy for the College's records management, which policy must comply with the Act, the regulations made under the Act, these Bylaws, FOIPPA, and other applicable enactments.

5.7 The Registrar must take reasonable steps to ensure College records are retained and disposed of in accordance with these Bylaws and the policy established under Bylaw 5.6.

5.8 The Registrar must ensure that records required to be retained indefinitely under the Act, the regulations made under the Act, or College policy are so retained.

Registry

5.9 The Registrar must maintain the Registry in an electronic format.

5.10 For clarity, the power of the Registrar to establish or adopt procedures or policies relating to records includes the Registry.

5.11 In addition to information permitted or required to be disclosed on the Registry under the Act, the regulations made under the Act, and these Bylaws, the Registrar may include the following information in the Registry:

(a) a notation of any certified practice certificate(s) issued to the Licensee;

(b) orders and reasons for such orders under the Act, and any substantially equivalent orders issued under extra-jurisdictional regulatory statutes as described in section 390(1)(g) of the Act, including any decision on Reconsideration, review, judicial review or appeal and the reasons for the decision; and

(c) any public notice relating to a Licensee published under section 255 and 256 of the Act, or under section 39.3 of the Former Act.

5.12 Apart from information which is required to be included in the Registry under the Act and the regulations made under the Act, the Registrar may remove information or decline to include it in the Registry where the Registrar reasonably believes that disclosure of the information may pose a threat to the safety of a Licensee, Former Licensee, or a third party.

Disclosure of information about Health Profession Corporations

5.13 If the College receives an inquiry about a Health Profession Corporation, the Registrar may disclose:

(a) the legal name of the Health Profession Corporation;

(b) the names of all shareholders, including any holding Companies;

(c) the names of all directors; and

(d) the name and contact information of the Health Profession Corporation's Designated Licensee.

6.0 Licensure

Classes of Licence

6.1 The following classes of Licence are established for each Designated Health Profession:

(a) Full Licence;

(b) Provisional Licence; and

(c) Temporary Licence.

6.2 The following classes of Licence are established in the Designated Health Profession of Psychology:

(a) Full School Psychology Licence;

(b) Provisional School Psychology Licence; and

(c) Temporary School Psychology Licence.

General Eligibility Standards for Full Licensure

6.3 An applicant for a Full Licence must submit to the Registrar:

(a) a completed Application for licensure in the form and manner required by the Registrar that, in addition to the applicant's Criminal Record Check Authorization as required under section 41(2)(b) of the Act, includes:

(i) credentials confirming that the applicant meets the Eligibility Standards specified in Bylaws 6.6 - 6.16 for, as applicable:

(A) a Full Licence in the Designated Health Profession for which the applicant is seeking licensure; or

(B) a Full Licence under Bylaw 6.2(a);

(ii) information or records, or both, confirming:

(A) the applicant's identity and legal name;

(B) the applicant's contact information, including a telephone number and email address;

(C) the applicant is of good character and will practise the Designated Health Profession for which the applicant is seeking licensure in an ethical manner;

(D) the applicant's compliance with the applicable requirements for liability insurance or professional liability protection under Bylaw 9.12;

(E) the applicant's successful completion of one or more jurisprudence Examinations in the form and manner ordered by the Registrar;

(F) the applicant's successful completion of a course on cultural safety and humility, including Indigenous-specific and other anti-racism approaches, in the form and manner required by the Registrar;

(G) the applicant's English language proficiency to the standard required in the Language Proficiency Policy; and

(H) the applicant has received all mandatory vaccinations against transmissible illness required by or under an enactment other than these Bylaws;

(iii) in the case of an applicant who has practised a health profession in a jurisdiction outside Canada:

(A) information or records, in a form satisfactory to the Registrar, dated no more than 60 days prior to the date of the Application, from the Extrajurisdictional Regulator in each jurisdiction in which the applicant is or was, at any time, registered or licensed for the practice of a health profession, confirming that:

i. the applicant's authority to practice a health profession has not been revoked, suspended, limited, restricted, or subject to conditions in that jurisdiction at any time, or specifying particulars of any such revocation, suspension, limitation, restriction, or conditions;

ii. the applicant is not the subject of a current proceeding, including any Investigation, inquiry, review or appeal, that could result in the applicant's authority to practice a health profession being revoked, suspended, limited, restricted, or subject to conditions in that jurisdiction, or specifying particulars of any such current proceeding; and

iii. no proceeding of the type described in subparagraph 6.3(a)(iii)(A)(ii) was initiated or completed because the applicant voluntarily relinquished their authority to practice a health profession;

(B) information or records, or both, dated no more than 60 days prior to the date of the Application and in a form satisfactory to the Registrar that:

i. are comparable to a Criminal Record Check; or

ii. in the event the Registrar is satisfied the applicant is unable to obtain such information or records, consist of a sworn statement attesting to the applicant's criminal record in the jurisdiction;

(iv) payment of:

(A) any outstanding amount owed or owing by the applicant to the College, including without limitation any amount accrued or accruing to a Former Regulatory College prior to its amalgamation into the College; and

(B) the Licence Fees specified in Schedule "2"; and

(b) any additional information or records the Registrar requests or orders the applicant to provide.

6.4 For the purposes of determining the date of an applicant's Application for licensure in these Bylaws, an Application is deemed completed when all requirements applicable to the applicant in Bylaw 6.3 are met by the applicant.

6.5 Despite Bylaw 6.3, and except as specified in Bylaw 6.5.1, an applicant is eligible to be issued a Full Licence, if the applicant:

(a) holds:

(i) a registration or licensure in another Canadian jurisdiction that:

(A) is the equivalent of holding, as applicable, a Full Licence in Good Standing in the Designated Health Profession in which the applicant is seeking licensure or a Full Licence under Bylaw 6.2(a); and

(B) is not subject to any practice restrictions, limits, or conditions in the other jurisdiction; or

(ii) a registration or licensure in a jurisdiction outside Canada that:

(A) in the opinion of the Licence Committee, was granted or issued further to Eligibility Standards substantially equivalent to the Eligibility Standards for, as applicable, a Full Licence in the

Designated Health Profession in which the applicant is seeking licensure or a Full Licence under Bylaw 6.2(a); and

(B) is not subject to any practice restrictions, limits or conditions in the other jurisdiction; and

(b) submits to the Registrar a completed Application for licensure in the form and manner required by the Registrar that, in addition to the applicant's Criminal Record Check Authorization as required under section 41(2)(b) of the Act, includes the items required in Bylaw 6.3(a)(ii)(A) to (F) and (H), (iii) and (b), and if the applicant's Extrajurisdictional Regulator did not require English language proficiency, Bylaw 6.3(1)(a)(ii)(G).

6.5.1 An applicant holding an active practice permit as a registered psychologist in good standing issued by the College of Alberta Psychologists is only eligible to be issued a Full Licence if the applicant:

(a) submits a completed Application for licensure in the form and manner required by the Registrar that includes:

(i) information or records, or both, confirming successful completion of a pre-doctoral internship program recognized in Schedule "5";

(ii) information or records, or both, confirming satisfactory completion of the College of Alberta Psychologists' requirements for declaring formal assessment as a professional activity; or

(iii) confirmation of compliance with the requirements of Bylaw 6.5.2; and

(b) is not subject to any practice restrictions, limits or conditions in Alberta.

6.5.2 An applicant who holds an active practice permit in good standing issued by the College of Alberta Psychologists but is unable to satisfy requirements in Bylaw 6.5.1(a)(i) or 6.5.1(a)(ii) must obtain a Provisional Licence in Psychology and complete all applicable requirements as set out in Schedule "8".

Specific Eligibility Standards - Full Licence: Audiology

6.6 For the purposes of Bylaw 6.3(a)(i), the Eligibility Standards for a Full Licence: Audiology are successful completion of:

(a) no more than three years prior to the date of the applicant's Application for licensure, at least a master's degree from a Recognized Education Program in audiology listed in Schedule "5"; and

(b) the Examination for licensure specified in Schedule "6".

Specific Eligibility Standards - Full Licence: Dietetics

6.7 For the purposes of Bylaw 6.3(a)(i), the Eligibility Standards for a Full Licence: Dietetics are successful completion of:

(a) a Recognized Education Program in dietetics listed in Schedule "5";

(b) a program of practical training specified in Schedule "5"; and

(c) no more than three years prior to the date of the applicant's Application for licensure, the Examination for licensure as specified in Schedule "6".

Specific Eligibility Standards - Full Licence: Hearing Instrument Dispensing

6.8 For the purposes of section 6.3(a)(i), the Eligibility Standards for a Full Licence: Hearing Instrument Dispensing are successful completion of:

(a) no more than three years prior to the date of the applicant's Application for licensure:

(i) at least a diploma course from a Recognized Education Program in hearing instrument dispensing specified Schedule "5"; or

(ii) at least a master's degree from one of the Recognized Education Programs in audiology listed in Schedule "5";

(b) a program of practical training according to the requirements and process specified in Schedule "7"; and

(c) the Examinations for licensure specified in Schedule "6".

6.9 If an applicant is applying for a Full Licence: Hearing Instrument Dispensing based on successful completion of a degree specified in Bylaw 6.8(a)(ii), the applicant must also successfully complete hearing instrument dispensing coursework and clinical practicum components that meet or exceed the criteria for an Equivalency Determination in respect of hearing instrument dispensing specified in Schedule "8".

Specific Eligibility Standards - Full Licence: Occupational Therapy

6.10 For the purposes of Bylaw 6.3(a)(i), the Eligibility Standards for a Full Licence: Occupational Therapy are successful completion of

(a) no more than 18 months prior to the date of the applicant's Application for licensure:

(i) a Recognized Education Program in occupational therapy listed in Schedule "5"; and

(ii) a program of practical training as specified in Schedule "5"; and

(b) the Examination for licensure specified in Schedule “6”.

Specific Eligibility Standards - Full Licence: Opticianry

6.11 For the purposes of Bylaw 6.3(a)(i), the Eligibility Standards for a Full Licence: Opticianry are successful completion, no more than three years prior to the date of the applicant’s Application for licensure, of:

(a) a Recognized Education Program in opticianry listed in Schedule “5”; and

(b) the Examination for licensure specified in Schedule “6”.

Specific Eligibility Standards - Full Licence: Optometry

6.12 For the purposes of Bylaw 6.3(a)(i), the Eligibility Standards for a Full Licence: Optometry are successful completion of:

(a) a Recognized Education Program in optometry listed in Schedule “5”; and

(b) the Examination for licensure specified in Schedule “6”.

Specific Eligibility Standards - Full Licence: Physical Therapy

6.13 For the purposes of Bylaw 6.3(a)(i), the Eligibility Standards for a Full Licence: Physical Therapy are successful completion of:

(a) a Recognized Education Program in physical therapy listed in Schedule “5”; and

(b) no more than five years prior to the date of the applicant’s Application for licensure, an Examination for licensure specified in Schedule “6”.

Specific Eligibility Standards - Full Licence: Psychology

6.14 For the purposes of Bylaw 6.3(a)(i), the Eligibility Standards for a Full Licence: Psychology are successful completion of:

(a) a recognized education program in psychology listed in Schedule “5”;

(b) a program of practical training according to the requirements and process specified in Schedule “5”; and

(c) the Examinations for licensure specified in Schedule “6”.

Eligibility Standards - Full School Psychology Licence

6.15 For the purposes of Bylaw 6.3(a)(i), the Eligibility Standards for a Full School Psychology Licence are successful completion of:

(a) a degree in psychology recognized by the Licence Committee according to the requirements specified in Schedule “8”;

(b) a program of practical training according to the requirements and process specified in Schedule “8”; and

(c) the Examinations for licensure specified in Schedule “6”.

Eligibility Standards - Full Licence: Speech-Language Pathology

6.16 For the purposes of Bylaw 6.3(a)(i), the Eligibility Standards for a Full Licence: Speech-Language Pathology Licence are successful completion of:

(a) no more than three years prior to the date of the applicant’s Application for licensure, at least a master's degree from a Recognized Education Program in speech-language pathology listed in Schedule “5”; and

(b) the Examination for licensure specified in Schedule “6”.

Licensure Examinations and Assessments

6.17 Examinations and assessments conducted by the College for the purposes of licensure must be prepared by or under the direction of, or be approved by, the Licence Committee.

6.18 In advance of a licensure Examination or assessment conducted by the College, the Registrar must:

(a) determine the time and place for the holdings of the Examination or assessment;

(b) designate the Person(s) who will administer the Examination or assessment; and

(c) determine the procedures for the Examination or assessment.

6.19 Following a licensure Examination or assessment conducted by the College, the Registrar must:

(a) review the results of the Examination or assessment for each applicant and make a determination as to whether the applicant successfully completed the Examination or assessment; and

(b) notify the applicant of the results of the Examination or assessment in writing as soon as is practicable.

6.20 When a Person administering an Examination or assessment conducted by the College has reason to believe that an applicant has engaged in improper conduct during the Examination or assessment, that Person must make a report to the Registrar.

6.21 Following receipt of a report under Bylaw 6.20, the Registrar may take one or more of the following actions:

(a) pass the applicant;

(b) fail the applicant;

(c) require the applicant to re-write the Examination or retake the assessment; and

(d) disqualify the applicant from participating in a further Examination or assessment for a specified period.

6.22 If the Registrar takes action under Bylaw 6.21(b), (c) or (d), they must provide the applicant with written reasons for their decision.

Equivalency Determination - General

6.23 If an applicant for a Full Licence does not meet an Eligibility Standard specified in Bylaws 6.6 to 6.16 that the applicant must meet, the applicant must provide any information or records requested or ordered by the Registrar to enable the Licence Committee to undertake an Equivalency Determination respecting one or both of the following:

(a) the applicant's education; and

(b) the applicant's knowledge, skills, ability and judgement.

6.24 If an applicant for a Full Licence is applying based on licensure or registration in a jurisdiction outside Canada, the applicant must provide any information or records requested by the Registrar to enable the Licence Committee to undertake an Equivalency Determination respecting the Eligibility Standards further to which that extrajurisdictional licensure or registration was granted.

Equivalency Determination - Education

6.25 If an applicant for a Full Licence has not successfully completed a Recognized Education Program specified in Schedule "5" required to obtain the Full Licence for which the applicant is applying, the applicant must:

(a) if applying for a Full Licence in the Designated Health Profession of Occupational Therapy, Opticianry, Optometry, or Physical Therapy, provide the Registrar with a report from the applicable Educational Evaluation Organization specified in Part 1 of Schedule "4" which:

(i) verifies the applicant's identity and education, including, if necessary, the credentials evidencing that education; and

(ii) evaluates the substantial equivalence of the applicant's education to successful completion of a Recognized Education Program specified in Schedule "5".

(b) if applying for a Full Licence in any other Designated Health Profession:

(i) provide the Registrar with a report from a verification organization specified in Part 2 of Schedule "4" which verifies the applicant's identity and education, including, if necessary, the credentials evidencing that education; and

(ii) provide any other information and records requested by the Licence Committee for an evaluation of the applicant's education.

6.26 In conducting an Equivalency Determination of the education of an applicant for a Full Licence, the Licence Committee:

(a) must consider any process or criteria specified in Schedule "8" for an Equivalency Determination of the applicant's education in relation to the class of Licence for which the applicant is applying; and

(b) may consider any of the following:

(i) all or any part of a report from an Education Evaluation Organization;

(ii) any information or records provided by the applicant under Bylaws 6.23-6.25;

(iii) whether the applicant has successfully completed a government-approved or government-authorized education program; and

(iv) in relation to an education program for which the applicant has provided information or records:

(A) whether the program provides publicly-available criteria for admission and outcome data describing key information about graduates;

(B) whether the faculty teaching the program primarily consists of professionals licensed or registered to practice the Designated Health Profession for which the applicant is seeking licensure;

(C) whether the expressed purpose of the program is to educate and train students in the practice of the Designated Health Profession for which the applicant is seeking licensure;

(D) whether the program provides broad training in the practice of the Designated Health Profession for which the applicant is seeking licensure and the core competencies of that profession; and

(E) whether the program includes clinical experience.

Equivalency Determination - Knowledge, Skills, Ability and Judgement

6.27 For purposes of an Equivalency Determination in relation to the knowledge, skills, ability and judgement of an applicant for a Full Licence:

(a) the applicant may provide any information and records the applicant considers relevant to an Equivalency Determination of the applicant's knowledge, skills, ability, and judgement, including, if available, a report from an Education Evaluation Organization in relation to the substantial equivalence of all or any part of the applicant's education, training or practice experience;

(b) the Licence Committee may retain practice advisors and other Persons with subject matter knowledge to assist it; and

(c) the Licence Committee may require the applicant to take additional steps, including but not limited to one or more of the following:

(i) participating in an interview to assess the extent and currency of the applicant's credentials, experience, knowledge, clinical skills, abilities and judgement; or

(ii) completing an Examination or assessment of the applicant's knowledge and clinical skills.

6.28 In conducting an Equivalency Determination of the knowledge, skills, ability and judgement of an applicant for a Full Licence, the Licence Committee may rely on a report from Education Evaluation Organization that has evaluated the

substantial equivalence of the applicant's education, training or practice experience.

6.29 If, in conducting an Equivalency Determination of the knowledge, skills, ability and judgement of an applicant for a Full Licence, the Licence Committee does not rely on a report from an Education Evaluation Organization under Bylaw 6.28, the Licence Committee:

(a) must consider any process or criteria specified in Schedule "8" for an Equivalency Determination of the applicant's knowledge, skills, ability and judgement in relation to the class of Licence for which the applicant is applying; and

(b) may consider any or all of the following:

(i) any information or records provided by the applicant, including any additional information and records provided by the applicant further to a request or order by the Registrar under Bylaw 6.23;

(ii) all or any part of a report from an Education Evaluation Organization on which it did not rely under Bylaw 6.28;

(iii) any information or records obtained under Bylaw 6.27(b) or (c);

(iv) whether the applicant successfully completed training from a government-approved or government-authorized education or training program in the practice of the Designated Health Profession in which the applicant is seeking licensure;

(v) the applicant's past practice of the Designated Health Profession in which the applicant is seeking licensure, including:

(A) whether the applicant is or was licensed or registered to practise the Designated Health Profession in Canada or a jurisdiction outside Canada;

(B) the nature, scope and currency of the applicant's practice of the Designated Health Profession;

(C) any limitations or conditions on the applicant's ability to practise the Designated Health Profession; and

(D) the differences, if any, between how the applicant practises or has practised the profession in another jurisdiction and the practice of the Designated Health Profession in British Columbia; and

(vi) the extent and nature of the applicant's teaching experience, if any, in relation to the Designated Health Profession in which the applicant is seeking licensure.

Review of Licensing Programs

6.30 The Licence Committee must periodically review Bylaws 6.31 – 6.33 and the College's policies and procedures respecting licensing to identify any prohibitions, requirements, limits and conditions imposed on extrajurisdictional applicants that do not substantially lower the risk of harm to the public.

6.31 For the purposes of conducting a review under Bylaw 6.30, and with approval of the Registrar, the Licence Committee may retain assistance from appropriate Persons or organizations and may consult with external parties.

6.32 In conducting a review under Bylaw 6.30, the Licence Committee may consider whether the general types of prohibitions, requirements, limits, and conditions imposed on extrajurisdictional applicants:

(a) are rationally connected to the objective of protecting the public from harm;

(b) are proportionate to the objective of protecting the public from harm;

(c) have beneficial effects in terms of minimizing risk to the public that outweigh the impact on extrajurisdictional applicants; and

(d) support and enable extrajurisdictional applicants to practise in accordance with the guiding principles of the Act, particularly with respect to Indigenous-specific racism and anti-racism, and with respect to non- and anti-discriminatory practice more generally.

6.33 If the Licence Committee identifies any prohibitions, requirements, limits or conditions imposed on extrajurisdictional applicants that do not substantially lower the risk of harm to the public following a review under Bylaw 6.32, the chair of the Licence Committee must notify the Registrar and the Board in writing as soon as practicable after the review.

Provisional Licensure

6.34 The Licence Committee may direct the Registrar to issue a Provisional Licence to an applicant who applied for a Full Licence, if:

(a) the purpose of the applicant's provisional licensure is to enable:

(i) the Licence Committee to conduct an Equivalency Determination of the applicant's education or the applicant's knowledge, skills, abilities and judgement; or

(ii) the applicant to complete any Examinations, education or upgrading of knowledge, skills and abilities required in order to be eligible for a Full Licence, including any applicable requirements set out in Schedule "8"; or

(iii) both; and

(b) the Licence Committee is satisfied that, when subject to such limits or conditions as the Licence Committee may impose under section 52(2) of the Act, the applicant is Fit to Practise the Designated Health Profession in which the applicant is seeking full licensure.

6.35 Despite Bylaw 6.34, the Licence Committee may only direct the Registrar to issue a Provisional Licence to an applicant who applied for a Full Licence under Bylaw 6.3 if the applicant:

(a) does not meet the requirement in Bylaw 6.3(a)(i), but does meet the requirements in Bylaws 6.3(a)(ii) to (iv) and (b), as applicable; and

(b) has never failed any Examination more than one time.

6.36 Subject to the direction of the Licence Committee under Bylaw 6.34, the Registrar may issue a Provisional Licence:

(a) for a term that does not exceed one year, inclusive of the renewal in paragraph (c) below;

(b) that expires at midnight at the end of the March 31 date immediately following the date it was issued; and

(c) that may be renewed prior to the March 31 expiry date for the period remaining in the one-year term.

6.37 Despite Bylaw 6.36, a Provisional Licensee may apply to the Registrar for a one-time extension:

(a) prior to the expiration of the Provisional Licence one-year term;

(b) in the form required by the Registrar; and

(c) for a maximum duration of six months.

6.38 A Provisional Licence expires:

(a) if the provisional Licensee fails any Examination for a second time, on the day that is fourteen (14) days after the provisional Licensee learns of the second failing result;

(b) if the Registrar issues a Full Licence to the provisional Licensee;

(c) if the Licence Committee makes an Adverse Application Decision under section 53 of the Act in relation to the provisional Licensee's Application for full licensure;

(d) at the end of the period for which it was issued under Bylaw 6.36; or

(e) if an extension is granted under Bylaw 6.37, at the end of the extension period.

6.39 A provisional Licensee must give notice to the Registrar under section 76(2)(b) of the Act, if:

(a) the provisional Licensee fails any Examination for a second time;

(b) the Licensee's Provisional Licence is not being used for the purpose specified in Bylaw 6.34(a); or

(c) the Licensee is not Fit to Practise even when subject to such limits or conditions as the Licence Committee imposed under section 52(2) of the Act.

6.40 A notice required under Bylaw 6.39 must be given within seven (7) days.

Temporary Licensure

6.41 An applicant for a Temporary Licence must submit to the Registrar:

(a) an Application for a Temporary Licence in the form and manner specified by the Registrar that, in addition to the applicant's Criminal Record Check Authorization as required under section 41(2)(b) of the Act; includes

(i) information or records, or both, confirming the applicant holds licensure or registration in another jurisdiction that:

(A) is equivalent to a Full Licence in the Designated Health Profession; and

(B) is not subject to any practice restrictions, limits or conditions; and

(ii) the items required in Bylaw 6.3(a)(ii)(A) to (D), (iii)(B), (iv), and (b); and

(b) any additional information or records the Registrar requests or orders the applicant to provide.

6.42 The Registrar may issue a Temporary Licence in any Designated Health Profession for a period that does not exceed 30 days.

6.43 Despite Bylaw 6.42, the Registrar may issue a Temporary Licence in the Designated Health Profession of Psychology for a period that does not exceed six months if the purpose of the Licence is to allow the applicant to provide continuity of care to a Patient who:

(a) has been treated by the applicant in the jurisdiction specified in Bylaw 6.41(a)(i); and

(b) is now residing in British Columbia.

Application to Vary Limits or Conditions on Licence

6.44 A Licensee applying to vary limits or conditions on the Licensee's Licence must submit to the Registrar a completed Application to vary limits or conditions in the form and manner specified by the Registrar and any information or records the Registrar requests or orders the Licensee to provide.

Transfer to Different Class

6.45 A Licensee applying to transfer to a different class of Licence must submit to the Registrar:

(a) a completed Application to transfer classes in the form and manner specified by the Registrar that includes:

(i) credentials confirming that the applicant meets the Eligibility Standards specified in Bylaws 6.6 - 6.16 for the class of Licence to which the Licensee is applying to transfer; and

(ii) payment of the transfer Fees specified in Schedule "2"; and

(b) any additional information or records the Registrar requests or orders the Licensee to provide.

Renewal of Full Licence

6.46 A Full Licence expires at midnight at the end of the March 31 immediately following the date it was issued or last renewed.

Full Licence Renewal Notice

6.47 On or before February 1 of each year, the Registrar must notify each full Licensee of the process for Licence renewal and the consequences of failing to renew.

Renewal Requirements for Full Licence

6.48 On or before the expiration date specified in Bylaw 6.46, a Licensee applying for renewal of a Full Licence must submit to the Registrar:

(a) a completed Application for renewal in the form and manner specified by the Registrar that includes:

(i) a completed declaration in the form and manner specified by the Registrar, attesting to the Licensee's compliance with the Act, the Regulations and these Bylaws, and any limits, conditions or terms on the Licensee's Licence;

(ii) evidence of completion of all applicable CPD requirements;

(iii) a Criminal Record Check Authorization if the Licensee's previous Criminal Record Check Authorization was submitted to the Registrar more than four years before the date of the application for renewal;

(iv) information or records, or both, confirming compliance with the applicable requirements for professional liability protection or professional liability insurance under Bylaw 9.12; and

(v) payment of:

(A) any outstanding amount owed or owing by the Licensee to the College, including without limitation any amount owed or owing to a Former Regulatory College prior to its amalgamation into the College; and

(B) the renewal Fees specified in Schedule "2"; and

(b) any additional information or records the Registrar requests or orders the Licensee to provide.

Renewal Requirements for Provisional Licence

6.49 If the term of a Provisional Licence issued under Bylaw 6.36 extends past March 31, a Licensee applying for its renewal must submit to the Registrar:

(a) a completed Application for renewal in the form and manner specified by the Registrar that includes:

(i) a completed declaration in the form and manner specified by the Registrar, attesting to the Licensee's compliance with the Act, the Regulations and these Bylaws, and any limits, conditions or terms on the Licensee's Licence;

(ii) information or records, or both, confirming compliance with the applicable requirements for professional liability protection or professional liability insurance under Bylaw 9.12; and

(iii) payment of:

(A) any outstanding amount owed or owing by the Licensee to the College, including without limitation any amount owed or owing to a Former Regulatory College prior to its amalgamation into the College; and

(B) the renewal Fees specified in Schedule "2"; and

(b) any additional information or records the Registrar requests or orders the Licensee to provide.

Reinstatement Within 30 days of a Failure to Renew

6.50 Subject to Bylaw 6.51, a Former Licensee whose Licence expired under Bylaw 6.46, may apply for reinstatement of that Licence submitting to the Registrar:

(a) a completed Application for reinstatement in the form and manner specified by the Registrar that, in addition to the applicant's Criminal Record Check Authorization as required under section 41(2)(b) of the Act, includes:

(i) a completed declaration in the form and manner specified by the Registrar, attesting that the Former Licensee will comply with the Act, the Regulations and these Bylaws, and any limits, conditions or terms on the Licensee's Licence;

(ii) information or records, or both, confirming compliance with the applicable requirements for professional liability protection or professional liability insurance under Bylaw 9.12; and

(iii) payment of:

(A) any outstanding amount owed or owing by the Former Licensee to the College, including without limitation any amount owed or owing to a Former Regulatory College prior to its amalgamation into the College; and

(B) the renewal Fees and late renewal Fees specified in Schedule "2"; and

(b) any additional information or records the Registrar requests or orders the Former Licensee to provide.

6.51 A Former Licensee must submit an Application for reinstatement under Bylaw 6.50 on or before April 30 following the expiration of the Former Licensee's Licence under Bylaw 6.46.

Reinstatement After 30 Days

6.52 Subject to Bylaw 6.53, a Former Licensee may apply for reinstatement after the April 30 deadline specified in Bylaw 6.51 by submitting to the Registrar:

(a) a completed Application for reinstatement in the form and manner specified by the Registrar that, in addition to the applicant's Criminal Record Check Authorization as required under section 41(2)(b) of the Act, includes:

(i) a completed declaration in the form and manner specified by the Registrar, attesting that the Former Licensee will comply with the Act, the Regulations and these Bylaws, and any limits, conditions or terms on the Licensee's Licence;

(ii) information or records, or both, confirming compliance with the applicable requirements for professional liability protection or professional liability insurance under Bylaw 9.12; and

(iii) in the case of an applicant who has practiced a health profession in a jurisdiction outside British Columbia:

(A) information or records, in a form satisfactory to the Registrar, dated no more than 60 days prior to the date of the Application, from the Extrajurisdictional Regulator in each jurisdiction in which the applicant is or was, at any time, registered or licensed for the practice of a health profession, confirming that:

i. the applicant's authority to practice a health profession has not been revoked, suspended, limited, restricted, or subject to conditions in that jurisdiction at any time, or specifying particulars of any such revocation, suspension, limitation, restriction, or conditions;

ii. the applicant is not the subject of a current proceeding, including any Investigation, inquiry, review or appeal, that could result in the applicant's authority to practice a health profession being revoked, suspended, limited,

restricted, or subject to conditions in that jurisdiction, or specifying particulars of any such current proceeding; and

iii. no proceeding of the type described in subparagraph 6.52(a)(iii)(A)(ii) was initiated or completed because the applicant voluntarily relinquished their authority to practice a health profession;

(B) information or records, or both, dated no more than 60 days prior to the date of the Application and in a form satisfactory to the Registrar that:

i. are comparable to a Criminal Record Check; or

ii. in the event the Registrar is satisfied the applicant is unable to obtain such information or records, consist of a sworn statement attesting to the applicant's criminal record in the jurisdiction;

(iv) payment of:

(A) any outstanding amount owed or owing by the applicant to the College, including without limitation any amount accrued or accruing to a Former Regulatory College prior to its amalgamation into the College; and

(B) the Licence Fees specified in Schedule "2"; and

(b) any additional information or records the Registrar requests or orders the applicant to provide.

6.53 A Former Licensee must submit an Application for reinstatement under Bylaw 6.52 within three years of the date on which the Former Licensee was last a Licensee or registrant of the College.

Reinstatement – General

6.54 The Registrar may only reinstate a Full Licence under Bylaws 6.50 and 6.51 or 6.52 and 6.53 as follows:

(a) in the same Designated Health Profession as the Former Licensee's last Licence or registration;

(b) in the same class or an equivalent class as the Former Licensee's last Licence or registration; and

(c) subject to section 52(2) of the Act, with the same limits and conditions as applied to the Former Licensee's last Licence or registration.

Registrar Authorized to Issue, Vary Renew and Reinstate Licences

6.55 The Registrar is authorized to act under section 43 of the Act.

Authority to Investigate Before Decision

6.56 After receiving a Licence Application, in addition to any orders made under section 42 of the Act, the Registrar may investigate matters relevant to the Application.

6.57 Before making a decision with respect to a Licence Application, the Licence Committee may direct the Registrar to investigate matters relevant to the Application under Bylaw 6.56.

Notice of Adverse Application Decision by Registrar

6.58 Where the Registrar provides written notice of an Adverse Application Decision and reasons, the Registrar must notify the applicant or Licensee of the right to apply for Reconsideration of the Adverse Application Decision.

Reconsideration Hearing Process

6.59 The hearing of a Reconsideration of an Adverse Application Decision under section 382(6)(a) of the Act will be a hearing based on written submissions unless the Registrar determines there are exceptional circumstances requiring a different form of hearing.

6.60 The Registrar must deliver a written Reconsideration decision with reasons to the applicant or Licensee as soon as practicable.

Duty to Report Changes in Information

6.61 An applicant for licensure must notify the Registrar within seven (7) days of any change that impacts the information or responses that the applicant has submitted to the Registrar or the Licence Committee in the course of the applicant's Application for licensure including, without limitation, changes in the applicant's name, mailing address, contact information, telephone number or email address.

Duty to Report Criminal Charges and Disciplinary Proceedings

6.62 An applicant for licensure who is charged with an offence under a federal, provincial, or territorial statute in Canada, or an equivalent offence in a foreign

jurisdiction, must provide written notice to the Registrar specifying the particulars of the charge within seven (7) days of the charge.

6.63 No notification is required under Bylaw 6.62 with respect to a ticket as defined in the *Contraventions Act,* S.C. 1992, c. 47 or a violation ticket as defined in the *Offence Act*, R.S.B.C. 1996, c. 338.

6.64 An applicant for licensure who becomes the subject of a proceeding, including any investigation, inquiry, review or appeal, in any jurisdiction that could result in the applicant's entitlement to practice a health profession being revoked, suspended, limited, restricted or made subject to conditions must:

(a) no later than seven (7) days after becoming aware of the proceeding, provide written notice to the Registrar specifying the particulars of the proceeding; and

(b) subsequent to any notice under subparagraph (a), provide such other information as the Registrar may request or order.

Revocation of a Licence

6.65 The Registrar must revoke a Licensee's Licence on receipt of:

(a) confirmation of the Licensee's death; or

(b) a request in writing from the Licensee to revoke the Licence.

6.66 After revoking a Licence under Bylaw 6.65, the Registrar must give the Licence Committee notice of the revocation and the reasons for the revocation.

7.0 Certified Practice

Certified Practice

7.1 A Licensee may only provide a Health Service or perform a Restricted Activity authorized by a certified practice certificate established in this Part if:

(a) the Licensee has been issued that certificate by the Registrar; and

(b) the certificate has not been suspended or cancelled.

7.2 The Registrar may issue a certified practice certificate only:

(a) as directed by the Licence Committee under Bylaws 7.11 to 7.13; and

(b) to a full Licensee who may apply for that certificate under Bylaws 7.14 to 7.21, as applicable.

Certification Programs

7.3 For the purposes of determining the date of a Licensee's Application for a certified practice certificate, an Application is deemed completed when all requirements applicable to the applicant in Bylaw 7.10 are met by the applicant.

7.4 For each certified practice certificate established in these Bylaws, the Board must approve a certification program, including:

(a) the academic prerequisites a full Licensee must hold before commencing the education and training requirements approved by the Board under paragraph (c);

(b) the period of clinical practice a full Licensee must complete in the applicable Designated Health Profession before applying for the certificate;

(c) the education and training requirements a full Licensee must complete before applying for the certificate;

(d) the types of Regulated Health Practitioners who are qualified to supervise a full Licensee in completing the education and training requirements approved by the Board under paragraph (c);

(e) what supervision is necessary for a full Licensee who is completing the education and training requirements approved by the Board under paragraph (c).

7.5 Unless a shorter period is specified in the certification program for a certified practice certificate, a full Licensee must complete all academic prerequisites for a certified practice certificate approved by the Board under Bylaw 7.4(a) no more than seven (7) years prior to the date of the Licensee's Application for the certificate.

7.6 Despite Bylaw 7.5, if a full Licensee has completed the academic prerequisites for a certified practice certificate more than seven (7) years prior to the date of the Licensee's Application for the certificate, or outside a shorter period for completion specified in the certification program for the certificate, the Licence Committee may still direct the Registrar to issue the certificate to the Licensee under Bylaws 7.11 to 7.13, if the Licensee:

(a) otherwise meets the requirements of the certification program for the certificate;

(b) successfully completes such additional education and training as the Licence Committee may require; and

(c) submits to the Registrar the items required under Bylaw 7.10.

7.7 The education and training requirements approved by the Board under Bylaw 7.4(c) for a certified practice certificate must include education and training on infection control and emergency safety procedures applicable to the Health Services and Restricted Activities authorized by the certificate.

7.8 A full Licensee must complete all education and training requirements approved by the Board under Bylaw 7.4(c) for a certified practice certificate:

(a) within a period of three (3) years; and

(b) with supervision as required under Bylaw 7.4(d) and (e).

7.9 Despite Bylaw 7.8(a), the Licence Committee may allow a full Licensee additional time to complete the education and training requirements for a certified practice certificate, subject to such limits or conditions as the Licence Committee may impose.

Certification Applications

7.10 Every full Licensee applying for a certified practice certificate, including reinstatement of certified practice certificate, must submit to the Registrar:

(a) a completed Application for a certified practice certificate in the form and manner specified by the Registrar that includes information or records, or both, confirming the full Licensee has successfully completed

the certification program approved by the Board under Bylaws 7.3 to 7.9 for the certificate for which the Licensee is applying;

(b) the full amount of the certified practice certificate application Fees specified in Schedule "2"; and

(c) any additional information or records that the Registrar requests or orders the Licensee to provide.

Issuing of Certified Practice Certificates

7.11 The Licence Committee must direct the Registrar to issue a certified practice certificate to a full Licensee who:

(a) submits to the Registrar the items required under Bylaw 7.10; and

(b) meets the requirements of the certification program approved by the Board under Bylaw 7.4 for that certificate.

7.12 A certified practice certificate issued under Bylaw 7.11 must:

(a) be in a form approved by the Licence Committee; and

(b) identify:

(i) the specific certificate issued;

(ii) the name of the full Licensee to whom the certificate has been issued;

(iii) the date the certificate was issued; and

(iv) subject to Bylaw 7.13, the expiry date for the certificate.

7.13 A certified practice certificate issued under Bylaw 7.11 expires at midnight on the March 31 immediately following the date it was issued.

Certified Practice Certificates - Audiology

7.14 A full Licensee in the Designated Health Profession of audiology may apply for one or more of the following:

(a) a certified practice certificate authorizing the Licensee, under section 13 of the Regulation, to provide cerumen management that includes the performance of a Restricted Activity set out in section 13(a) or 13(b) of the Regulation;

(b) a certified practice certificate authorizing the Licensee, under section 13 of the Regulation, to provide assessment and management of vestibular

system dysfunction that includes the performance of the Restricted Activity set out in section 13(c) of the Regulation; and

(c) a certified practice certificate authorizing the Licensee to provide cochlear implant management.

Certified Practice Certificate - Dietetics

7.15 A full Licensee in the Designated Health Profession of dietetics may apply for a certified practice certificate authorizing a Licensee to provide a Health Service that includes the performance of a Restricted Activity under section 19 of the Regulation.

Certified Practice Certificates – Hearing Instrument Dispensing

7.16 A full Licensee in the Designated Health Profession of hearing instrument dispensing may apply for one or both of the following:

(a) a certified practice certificate authorizing the Licensee, under section 24 of the Health and Care Professionals Regulation, to provide cerumen management that includes the performance of a Restricted Activity set out in section 24(2) of the Regulation; and

(b) a certified practice certificate authorizing the Licensee, under section 24 of the Regulation, to provide to a Patient under 19 years of age hearing instrument services that include the performance of a Restricted Activity set out in section 24(3) of the Regulation.

7.17 A certified practice certificate under Bylaw 7.16(b) must not authorize a full Licensee in the Designated Health Profession of hearing instrument dispensing to provide hearing instrument services that include the performance of a Restricted Activity set out in section 24(3) of the Regulation to a Patient:

(a) who is under 12 years of age; or

(b) whom a qualified professional has assessed as having a developmental age of less than 12 years in relation to the cognitive and motor skills needed:

(i) for testing prior to providing hearing instrument services that include the performance of a Restricted Activity set out in section 24(3) of the Regulation; or

(ii) to use a hearing instrument independently.

Certified Practice Certificates – Occupational Therapy

7.18 A full Licensee in the Designated Health Profession of occupational therapy may apply for a certified practice certificate authorizing the Licensee to perform one or more of the Restricted Activities set out in section 27.03 of the Regulation.

Certified Practice Certificate - Opticianry

7.19 A full Licensee in the Designated Health Profession of opticianry may apply for a certified practice certificate authorizing the Licensee to perform a Restricted Activity under section 33 of the Regulation.

Certified Practice Certificate – Physical Therapy

7.20 A full Licensee in the Designated Health Profession of physical therapy may apply for a certified practice certificate authorizing the Licensee to perform one or more of the Restricted Activities set out in section 51 of the Regulation.

Certified Practice Certificates – Speech Language Pathology

7.21 A full Licensee in the Designated Health Profession of speech-language pathology may apply for a certified practice certificate authorizing the Licensee, under section 64 of the Regulation, to provide a service that includes the performance of one or more of the Restricted Activities set out in section 64 of the Regulation, including:

(a) a certificate authorizing the Licensee to perform fiberoptic endoscopy;

(b) a certificate authorizing the Licensee to perform voice restoration;

(c) a certificate authorizing the Licensee to perform tracheostomy management with speaking valve;

(d) a certificate authorizing the Licensee to perform airway secretion management; and

(e) a certificate authorizing the Licensee to perform video-fluoroscopic management of velopharyngeal dysfunction.

Renewal of a Certified Practice Certificate

7.22 A full Licensee applying for renewal of a certified practice certificate must, on or before the expiration date for the certificate specified by the Licence Committee under Bylaw 7.13 or Bylaw 7.12(b), submit to the Registrar:

(a) a completed Application for renewal of the certificate in the form and manner specified by the Registrar that includes a declaration confirming the Licensee continues to provide the services or perform the Restricted Activities authorized by the certificate; and

(b) the certified practice certificate renewal Fees specified in Schedule "2".

7.23 A certified practice certificate renewed under Bylaw 7.22 expires at midnight on March 31 in the following year.

Revocation of Certification

7.24 If a full Licensee fails to satisfy the requirements specified in Bylaw 7.22 on or before the expiry date for a certified practice certificate, the certificate is revoked.

7.25 Where a full Licensee's certified practice certificate is revoked under Bylaw 7.24, the Licensee may reinstate the certificate within 30 days of the date of the revocation by:

(a) satisfying the requirements specified in Bylaw 7.22(a); and

(b) submitting to the Registrar the full amount of the certified practice permit reinstatement Fees specified in Schedule "2".

Notation on Registry

7.26 The Registrar must enter a notation in the Registry in respect of a certification issued to a Licensee.

7.27 The Registrar must remove a certification notification from the Registry if:

(a) the Licensee ceases to hold a Full Licence; or

(b) the Licensee's certificate is revoked for any reason.

8.0 Permits

Registrar Authorized to Act

8.1 The Registrar is authorized to act under section 43 of the Act.

Health Profession Corporation Permit Application

8.2 A Corporation seeking an HPC Permit under this Part must deliver an application to the Registrar in the form and manner specified by the Registrar.

General Requirements

8.3 An Application for an HPC Permit must include all of the following:

(a) a certificate of solicitor in a form approved by the Registrar;

(b) an acknowledgement in a form approved by the Registrar, executed by each Licensee who, under section 59(1)(a) of the Act, legally and beneficially owns the voting Shares of the Permit Applicant or who, under section 59(1)(b) of the Act, legally and beneficially owns the voting Shares of a Company that l egally and beneficially owns the voting Shares of the Permit Applicant, acknowledging that the Licensee has read Division 4 of Part 3 of the Act, and that the Licensee understands that:

(i) the Licensee's liability for professional negligence is not affected by the Licensee practising through or on behalf of the Permit Applicant;

(ii) the Licensee's relationship with the Permit Applicant does not affect, modify or diminish the application of the Act, the regulations made under the Act, and these Bylaws to the Licensee; and

(iii) neither the issuance of the HPC Permit nor the Licensee's practising through or on behalf of the Permit Applicant in any way relieves or absolves the Licensee from complying with a standard, limit or condition imposed under the Act;

(c) a certified true copy of the certificate of incorporation, filed transition application, certificate of amalgamation, or certificate of continuation, as applicable, any certificate of change of name, and any certificate of restoration issued to or filed by the Permit Applicant under the *Business Corporations Act*, S.B.C. 2022, c. 57;

(d) a certificate of good standing issued under the *Business Corporations Act*;

(e) documents confirming that all directors of the Corporation are eligible Licensees under the Act and these Bylaws;

(f) documents confirming that the Corporation meets the Eligibility Standards for an HPC Permit under section 58 of the Act;

(g) documents confirming compliance with the applicable requirements for professional liability protection or liability insurance once the HPC Permit is issued;

(h) the applicable Fees set out in Schedule "2";

(i) payment of any outstanding amount owed to the College by the Corporation or a Licensee described in section 59(1)(a) or (b) of the Act, including without limitation any amount owned to the College prior to the In-Force Date; and

(j) any other information reasonably required by the Registrar or the Permit Committee to assess the Application.

8.4 If an HPC Permit is issued prior to the effective date of the required professional liability protection or insurance as contemplated by Bylaw 8.3(g), the Health Profession Corporation must:

(a) not provide Health Services until the professional liability protection or insurance is in effect and notification has been provided to the Registrar under Bylaw 8.4(b); and

(b) provide written confirmation to the Registrar within five business days once the professional liability protection or insurance is in effect.

8.5 A Permit Applicant may be issued an HPC Permit if, in addition to satisfying the requirements under Division 4 of Part 3 of the Act, the Licensees who, under section 59(1)(a) of the Act, own voting Shares of the Permit Applicant or who under section 59(1)(b) of the Act, own voting Shares of a Company that owns the voting Shares of the Permit Applicant are all full Licensees licensed in the Designated Health Profession in which the Permit Applicant will provide Health Services.

Health Profession Corporation Names

8.6 A Health Profession Corporation may only use a name:

(a) that is not in use by another Corporation holding a valid Health Profession Corporation Permit issued under the Act or the Former Act;

(b) that does not so nearly resemble the name of another Corporation holding a valid Health Profession Corporation Permit issued under the Act or the Former Act that it is likely to confuse or mislead the public;

(c) that complies with all applicable requirements of these Bylaws and standards of the College, including, without limitation, Bylaw 8.42(b);

(d) that includes the word “incorporated”, “limited”, or another word or abbreviation that clearly indicates that the name refers to a Corporation; and

(e) for which the Health Profession Corporation has received approval from the Registrar under Bylaw 8.9 or the Permit Committee under Bylaws 8.10.

8.7 A Health Profession Corporation may use the name of a Licensee in its name, but only if the Licensee whose name is being used is:

(a) a voting shareholder of the Health Profession Corporation; and

(b) actively providing Health Services through the Health Profession Corporation.

8.8 To apply for name approval under Bylaw 8.6(e), an applicant must:

(a) submit an Application in the form required by the Registrar;

(b) provide the applicable name approval Fee set out in Schedule “2”; and

(c) provide any additional information or records requested by the Registrar.

8.9 Following consideration of an Application for name approval under Bylaw 8.8, the Registrar must either:

(a) approve the proposed name, if satisfied that the proposed name complies with Bylaw 8.6; or

(b) refer the Application to the Permit Committee.

8.10 Upon receiving a referral from the Registrar under Bylaw 8.9, the Permit Committee must either:

(a) approve the proposed name; or

(b) reject the proposed name.

8.11 The name of a Corporation that held a permit issued under the Former Act as of the In-Force Date is deemed to comply with the naming requirements of Bylaw 8.6, and the Corporation may use the name until the occurrence of any of the following:

(a) the Corporation's name is changed;

(b) the Corporation applies for, but does not receive an HPC Permit; or

(c) the Corporation does not renew an HPC Permit or has an HPC Permit revoked.

8.12 Upon the occurrence of any of the events set out in Bylaw 8.11, the Corporation must obtain approval for a name in accordance with Bylaw 8.6.

Professional Liability Protection or Insurance

8.13 Unless Bylaw 8.14 applies, a Health Profession Corporation must obtain and at all times maintain professional liability protection or professional liability insurance as follows:

(a) in an amount at least $2,000,000.00; and

(b) in one of the following forms:

(i) an insurance policy that covers the Health Profession Corporation for negligence in the provision of all Designated Health Professions in which the Health Profession Corporation provides services; or

(ii) an insurance policy that covers every Licensee practising through the Health Profession Corporation, and every Person under their supervision or employ who is involved in the provision of Health Services.

8.14 Despite Bylaw 8.13, a Health Profession Corporation does not require separate professional liability protection or professional liability insurance if all of the following conditions are met:

(a) the Health Profession Corporation does not employ any Person who is not a Licensee in any capacity that may have involvement in the provision of Health Services;

(b) every Person with any involvement in the provision of Health Services is a Licensee; and

(c) every Licensee referred to in paragraph (b) has in place professional liability protection or insurance in an amount of at least $2,000,000.00.

Consequences of Failing to Maintain Professional Liability Protection or Insurance

8.15 A Health Profession Corporation which ceases to maintain professional liability protection or professional liability insurance as required under Bylaw 8.13 of these Bylaws must:

(a) immediately cease providing Health Services; and

(b) notify the Registrar in writing not more than seven (7) days after ceasing to be protected or insured.

Notification of Changes

8.16 A Health Profession Corporation must:

(a) obtain prior written approval from the Permit Committee before changing the previously-approved name of the Corporation;

(b) provide to the Registrar a true copy of any certificate of change of name issued to the Corporation under the *Business Corporations Act*;

(c) provide to the Registrar a new certificate of solicitor if required by the Permit Committee; and

(d) provide written notification to the Registrar as soon as practicable of any other change in information which was previously provided to the College regarding the Health Profession Corporation including, without limitation, changes to ownership of Shares, shareholders, directors, eligible Licensees, Business Contact Information, or registered and records office.

8.17 A Health Profession Corporation which ceases to meet any Eligibility Standard or requirement under the Act or these Bylaws must notify the Registrar in writing immediately.

8.18 A Health Profession Corporation which ceases to provide the services of a Designated Health Profession must notify the Registrar in writing immediately.

8.19 In case of notification under Bylaw 8.17 or 8.18, the Registrar may require the Health Profession Corporation to change its name by removing terms from its name that associate it with the practice of a Designated Health Profession.

Amalgamation of Health Profession Corporations

8.20 A Health Profession Corporation seeking to amalgamate with another Health Profession Corporation must:

(a) obtain written approval from the Permit Committee before amalgamating;

(b) provide to the Registrar a true copy of a certificate of change of name issued to the Corporation under the *Business Corporations Act*; and

(c) provide to the Registrar a new certificate of solicitor if requested to do so.

Restoration of Health Profession Corporation

8.21 A Licensee seeking to restore a Health Profession Corporation that has been dissolved under the *Business Corporations Act* must:

(a) obtain prior written approval from the Permit Committee before seeking restoration of the Health Profession Corporation;

(b) provide to the Registrar a true copy of the certificate of restoration issued to the Corporation under the *Business Corporations Act*; and

(c) provide to the Registrar a new certificate of solicitor if requested to do so.

Conflicts of Interest

8.22 A Health Profession Corporation or a Company owning Shares in a Health Profession Corporation must not engage or invest in any business activity which is contrary to the proper and ethical practice of a Designated Health Profession or that otherwise creates a Conflict of Interest for the Health Profession Corporation, the Company that owns Shares in the Health Profession Corporation, or any of their directors, officers, or employees.

Designated Licensee

8.23 A Health Profession Corporation must designate a Licensee as the Health Profession Corporation's Designated Licensee, who is primarily responsible for the Health Profession Corporation's communications with the College and compliance with the administrative requirements applicable to a Health Profession Corporation.

8.24 A Health Profession Corporation's Designated Licensee must be:

(a) a Licensee in Good Standing; and

(b) a voting shareholder of the Health Profession Corporation.

Disposition of Shares

8.25 The legal or beneficial interest in a voting or non-voting Share of a Health Profession Corporation must not be transferred, pledged or assigned to any Person or Company which is not entitled to hold that legal or beneficial interest under section 59 of the Act.

8.26 If the legal or beneficial interest in a voting Share of a Health Profession Corporation is proposed to be transferred or issued to an eligible Licensee or Company entitled to hold that legal or beneficial interest under section 59 of

the Act [*requirements respecting Shares*] and who or which is not already a voting shareholder, the Health Profession Corporation must, prior to the transfer or issuance, provide to the Registrar:

(a) written notice of the proposed transfer or issuance;

(b) a completed Application, in a specified form, for approval to join the Health Profession Corporation;

(c) an acknowledgement in compliance with Bylaw 8.3(b) executed by:

(i) the transferee or shareholder to be issued the voting Shares, if the transferee or new shareholder is an eligible Licensee; and

(ii) each eligible Licensee who is a voting shareholder of the transferee or of another holding Company that directly or indirectly owns a legal or beneficial interest in any voting Share of the transferee, if the transferee is a holding Company, unless an acknowledgment executed by that eligible Licensee has previously been provided to the College; and

(d) a certificate of solicitor in a specified form.

8.27 If the name of the Health Profession Corporation will cease to comply with Bylaw 8.6 as a result of the proposed transfer or issuance of Shares, the Health Profession Corporation must:

(a) apply for approval of a new name for the Health Profession Corporation under Bylaw 8.8; and

(b) if approval under Bylaw 8.9(a) or 8.10(a) is granted, provide verification to the Registrar that it has changed its name to the new approved name under the *Business Corporations Act*.

Term of Permit

8.28 Unless the Permit Committee directs otherwise, a Health Profession Corporation's Permit expires on March 31 of each year.

8.29 A Corporation that held a permit issued under the Former Act that was valid on the In-Force Date is deemed to hold an HPC Permit issued under the Act and these Bylaws until March 31, 2027.

8.30 A Corporation described in Bylaw 8.29 must notify the College of the name of its Designated Licensee within 30 days of the In-Force Date.

Requirements for Renewal of Permit

8.31 Before March 31 of each year, a Health Profession Corporation applying for renewal of its Permit must provide to the College:

(a) a completed renewal Application in the specified form;

(b) a certificate of good standing issued under the *Business Corporations Act*;

(c) documentation confirming compliance with the requirement for professional liability protection or professional liability insurance under Bylaws 8.13 - 8.14;

(d) a completed declaration in the specified form attesting to the Health Profession Corporation's compliance with the Act, the regulations made under the Act, and these Bylaws, and any limits, conditions or terms imposed on its HPC Permit;

(e) the annual renewal Fee specified in Schedule "2";

(f) payment of any outstanding amount owed or owing to the College by the Health Profession Corporation or a Licensee described in section 59(1)(a) or (b) of the Act, including without limitation any amount accrued or accruing to a Former Regulatory College prior to its amalgamation with the College; and

(g) any additional information or records that are requested by the Registrar or the Permit Committee.

8.32 The Registrar may refuse to renew an HPC Permit if the Registrar is not satisfied that the Health Profession Corporation complies with all of the requirements set out in these Bylaws and the Act.

8.33 A Health Profession Corporation that fails to deliver the items required in Bylaw 8.31 before its HPC Permit expires, but does so by April 30 must, in addition to delivering those items:

(a) include an attestation in a form approved by the Registrar that it has not provided Health Services to the public following the expiration of its HPC Permit; and

(b) pay a late Fee as set out in Schedule "2".

8.34 A Health Profession Corporation that fails to deliver the items required under Bylaw 8.31 before its HPC Permit expires and does not do so by April 30 must apply for reinstatement under Bylaw 8.41.

Application to Vary Permit

8.35 A Health Profession Corporation applying to Vary a Health Profession Corporation Permit must provide to the College:

(a) a completed Application in the specified form;

(b) the applicable Fee set out in Schedule "2";

(c) payment of any outstanding amount owed or owing to the College by the Health Profession Corporation or a Licensee described in section 59(1)(a) or (b) of the Act, including without limitation any amount owed to the College prior to the In-Force Date; and

(d) any additional information or records requested by the Registrar or the Permit Committee.

Imposition of Limits or Conditions

8.36 Subject to these Bylaws, the Act, and the terms of a Disciplinary Order, if any, the Registrar or Permit Committee may impose limits or conditions when issuing, renewing, varying, or reinstating an HPC Permit, including but not limited to:

(a) a condition requiring the Health Profession Corporation to provide periodic reports to confirm compliance with section 58 of the Act and these Bylaws; and

(b) proof that the Health Profession Corporation is in good standing under the *Business Corporations Act*.

Notice of Adverse Application Decision by the Permit Committee

8.37 Where the Permit Committee makes an Adverse Application Decision under section 63 of the Act, it must direct the Registrar to provide written notice of the Adverse Application Decision with reasons to the applicant within 30 days of the date of the decision.

8.38 A Permit Applicant may seek a Reconsideration of an Adverse Application Decision made under section 44 of the Act by providing a request for Reconsideration in the form specified by the Registrar within 30 days following receipt of the Adverse Application Decision.

8.39 The hearing of a Reconsideration of an Adverse Application Decision under section 382(6)(a) of the Act will be a hearing based on written submissions unless the Registrar determines there are exceptional circumstances requiring a different form of hearing.

8.40 The Registrar must cancel a Health Profession Corporation Permit if the Health Profession Corporation requests or gives written consent to the cancellation through:

(a) a director of the Health Profession Corporation; or

(b) the Designated Licensee of the Health Profession Corporation.

Reinstatement

8.41 A Corporation applying for reinstatement of a Health Profession Corporation Permit must, in addition to meeting the requirements in Bylaws 8.3 and 8.4 provide to the College:

(a) a completed Application for reinstatement in the specified form;

(b) the Fee required by Schedule "2"; and

(c) any additional information or records requested by the Registrar or the Permit Committee.

Marketing by Health Profession Corporation

8.42 A Health Profession Corporation must:

(a) clearly state that any Health Services offered are being provided by a Health Profession Corporation in marketing and written communications; and

(b) comply with any Practice Standards or Ethics Standards relating to advertising, marketing, or promotion as if it were a Licensee, to the extent those requirements may be applicable to a Corporation.

Permit Committee May Act under Section 114 of the Act

8.43 The Permit Committee may act under section 114 of the Act, whether or not a Regulatory Complaint has been made against an individual Licensee with respect to the matters of concern.

8.44 The Permit Committee may act under section 114 of the Act in conjunction with the Investigation of, or following the disposition of, a Regulatory Complaint against an individual Licensee.

Notice of Proposed Disciplinary Action

8.45 Where the Permit Committee directs the Registrar to issue a written notice to a Health Profession Corporation under section 114(1) of the Act, in addition to the requirements set out in section 114(1)(a) of the Act, the notice must:

(a) name the Health Profession Corporation as a respondent; and

(b) provide the Health Profession Corporation with the opportunity to request a hearing.

8.46 Where a Health Profession Corporation requests a hearing, the Permit Committee must direct the Registrar to deliver a notice of hearing to the Health Profession Corporation which:

(a) specifies whether the hearing will be an oral hearing, in person or by electronic means, or a hearing by written submissions;

(b) sets out the date, time and, if applicable, location of an in person or electronic hearing, or the timelines for providing submissions for a written hearing; and

(c) indicates that the hearing will proceed despite the Health Profession Corporation's failure to attend the hearing or provide written submissions, as applicable, upon proof that the notice of hearing was delivered to the Health Profession Corporation.

8.47 The notice referred to in Bylaw 8.46 must be delivered to the Health Profession Corporation at least 14 days before:

(a) the date set for the hearing; or

(b) in the case of a hearing by written submissions, the date set for delivery of the first submissions.

Hearing Process

8.48 Where the Permit Committee conducts an oral hearing:

(a) the Health Profession Corporation and College may appear as parties with legal counsel;

(b) the Health Profession Corporation and the College may call evidence;

(c) the testimony of witnesses must be taken on a culturally-appropriate form of affirmation or ceremony that confirms a witness's commitment to speak the truth, or on solemn affirmation, or oath; and

(d) subject to Bylaw 8.49, the Health Profession Corporation and the College have the right to cross examine witnesses who give evidence.

8.49 Except as otherwise required by these Bylaws or the Act, the Permit Committee may determine its own procedures for conducting a hearing and control its own process, including making orders to:

(a) adjourn the hearing;

(b) admit or refuse to admit evidence; and

(c) otherwise facilitate the timely, just, and orderly conduct of the hearing.

8.50 The Permit Committee may be assisted by independent legal counsel in the conduct of a hearing.

8.51 Unless otherwise directed by the Permit Committee, any portion of a hearing that is an oral hearing must be in public.

8.52 The Permit Committee may order either the Health Profession Corporation or the College to pay hearing costs after making a decision at a hearing.

8.53 The Permit Committee may proceed with a hearing in the Health Profession Corporation's absence on proof that notice of the hearing has been delivered in accordance with Bylaw 8.46.

8.54 The Permit Committee must provide a copy of its decision respecting disciplinary action with reasons to the Registrar together with directions, if any, regarding notice to the public as soon as practicable.

8.55 The Registrar must deliver written notice of the disciplinary action decision with reasons to the Health Profession Corporation as soon as practicable.

9.0 Professional Responsibilities

Practice Standards and Ethics Standards

9.1 A Licensee must comply with the following Practice Standards and Ethics Standards:

(a) the Code of Ethics;

(b) the Collaborative Care Standards;

(c) the Communications Standards;

(d) the Conflict of Interest Standards;

(e) the Consent Standards;

(f) the Discontinuing Service and Continuity of Care Standards;

(g) the Evidence-Informed Practice and Outcome Evaluation Standards;

(h) the Indigenous Cultural Safety, Humility, and Anti-Racism Standards;

(i) the Marketing and Promotion Standards;

(j) the Privacy and Confidentiality Standards;

(k) the Professional Competence and Responsibility Standards;

(l) the Records Standards;

(m) the Risk Management and Safety Standards;

(n) the Professional Boundaries and Prevention of Sexual Misconduct and Abuse Standards;

(o) the Supervision Standards; and

(p) the Restricted Activities and Certifications Standards.

9.2 A Licensee must not provide Health Services in a manner that does not meet the standard of skill and care expected of a reasonably competent Licensee in similar circumstances.

9.3 A Licensee must act in accordance with:

(a) all relevant Practice Standards and Ethics Standards set out in these Bylaws; and

(b) uncodified expectations and requirements generally accepted within the relevant Designated Health Profession that have not been superseded by any Ethics Standard or Practice Standard.

9.4 A Licensee must not provide Health Services or conduct themselves in a manner that is a marked departure from the conduct expected of a Licensee in the relevant Designated Health Profession.

9.5 In addition to, and without narrowing the scope of, any other duty to respond or cooperate existing in the Act or these Bylaws, a Licensee must respond promptly and fully to any College communication requiring a response.

Use of Titles

9.6 A Licensee may only use an Exclusive Title in accordance with the *Health and Care Professionals Regulation* and these Bylaws.

9.7 A Licensee who uses the title "doctor" in reference to an academic or educational designation must comply with section 5 of the Regulation.

9.8 A Licensee who holds a Provisional Licence must use the word "provisional" in conjunction with their use of an Exclusive Title.

9.9 A Licensee who holds a Temporary Licence must use the word "temporary" in conjunction with their use of an Exclusive Title.

9.10 Only a Licensee who holds a school psychology Licence, of any type, may use the Exclusive Title "School Psychologist" as follows:

(a) a Licensee who holds a Full School Psychology Licence may only use the Exclusive Title "School Psychologist";

(b) a Licensee who holds a Provisional School Psychology Licence may only use the Exclusive Title "School Psychologist – provisional"; and

(c) a Licensee who holds a Temporary School Psychology Licence may only use the Exclusive Title "School Psychologist – temporary".

9.11 A Licensee must not use the term "specialist" or any similar designation, reference, or abbreviation that suggests specialized status, accreditation, or practice.

Professional Liability Insurance

9.12 A Licensee must obtain and at all times maintain professional liability protection or professional liability insurance:

(a) in an amount of at least $2,000,000.00 per claim or occurrence; and

(b) in a form satisfactory to the Registrar.

9.13 A Licensee who does not maintain or loses the coverage of professional liability protection or professional liability insurance as required under Bylaw 9.12 must:

(a) immediately cease providing Health Services; and

(b) notify the Registrar in writing within seven (7) days of ceasing to be protected or insured.

Duty to Give Notice

9.14 If a Licensee changes their:

(a) Business Contact Information;

(b) personal contact information; or

(c) legal name,

the Licensee must give written notice of the change, and the new information, to the Registrar within 14 days.

9.15 If a Licensee:

(a) provides a remedial, disciplinary, or other undertaking to another regulator of a profession in any jurisdiction;

(b) is subject to a disciplinary order, including a disciplinary order by consent, by another regulator of a profession in any jurisdiction;

(c) is charged with an offence under a federal, provincial, or territorial statute in a foreign jurisdiction, except a ticket as defined in the *Contraventions Act,* S.C. 1992, c.47, or a violation as defined in the *Offence Act,* R.S.B.C. 1996, c. 338;

(d) is arrested;

(e) declares bankruptcy; or

(f) is named as a defendant in a lawsuit or other legal proceeding that relates to the practice of a Designated Health Profession,

the Licensee must give written notice to the Registrar within seven (7) days.

Licensee Use of College Name and Logo

9.16 A Licensee must not use the College's name, logo or other identifying marks in any way other than to indicate:

(a) licensure with the College; and

(b) if the person has an affiliation with the College as a Board Member, Committee Member, Officer, or Employee, a factual reference to that affiliation.

9.17 A Licensee must not speak or purport to speak on behalf of the College unless expressly authorized by the Registrar.

Provisional Licensee

9.18 In addition to any other limits or conditions that apply to a provisional Licensee's Licence, a provisional Licensee:

(a) may only practise under the supervision of a Licensee who:

(i) holds a Full Licence in the same Designated Health Profession;

(ii) is in Good Standing; and

(iii) is approved by the College to act as a supervisor for the provisional Licensee; and

(b) may not practise under the supervision of more than two supervisors;

(c) may not supervise a Student or other Licensee; and

(d) may not Delegate.

Temporary Licensees

9.19 In addition to any other limits or conditions that apply to a temporary Licensee's Licence, a temporary Licensee must not provide Health Services to a Patient unless the Licensee had, prior to licensure, established a clinical relationship with the Patient at a time when the Licensee was authorized to practice the Designated Health Profession in a jurisdiction other than British Columbia.

10.0 Delegation

Authority to Delegate

10.1 Subject to the Act and the regulations made under the Act, a Licensee may Delegate an Aspect of Practice or a Restricted Activity in accordance with the prohibitions, requirements, limits and conditions set out in these Bylaws.

10.2 A Licensee must not Delegate an Aspect of Practice or a Restricted Activity that:

(a) is not within the scope of practice of the Designated Health Profession in which the Licensee is licensed;

(b) the Licensee cannot provide or perform because of the class of Licence held by the Licensee;

(c) the Licensee cannot provide or perform because the Licensee does not hold a required certification under the Regulation or these Bylaws; or

(d) the Licensee cannot provide or perform because of a limit, condition or restriction on the Licensee's Practice Authority.

10.3 Unless authorized under Bylaw 10.23, Licensees in the following Designated Health Professions must not Delegate an Aspect of Practice or a Restricted Activity:

(a) Dietetics;

(b) Occupational Therapy;

(c) Opticianry;

(d) Physical Therapy; and

(e) Psychology.

General Requirements for Delegation

10.4 A Licensee authorized to Delegate an Aspect of Practice or a Restricted Activity under these Bylaws must, in addition to complying with section 74(2) of the Act [*duty if delegating activities*]:

(a) provide appropriate instructions to the Delegatee on the performance of the Aspect of Practice or Restricted Activity being Delegated;

(b) be satisfied that the Delegated Aspect of Practice or Restricted Activity will be performed in accordance with the Practice Standards and Ethics Standards applicable to the Licensee;

(c) ensure the Patient's informed consent is obtained and documented in the clinical record;

(d) ensure that the delegation is documented in the applicable clinical record, including the identity of the Delegatee who performed the Aspect of Practice or Restricted Activity; and

(e) be satisfied that liability insurance or professional liability protection is in place for the Delegated Activity.

Revocation of Delegation

10.5 A Licensee may revoke a delegation at any time.

10.6 A Licensee must revoke a delegation if at any time the Licensee has reason to believe that the Delegatee is incapable or unwilling to perform the Delegated Activity safely and in accordance with the Act, the regulations made under the Act, and these Bylaws.

10.7 If a Licensee revokes a delegation, the revocation must be documented in the applicable clinical record.

Responsibility for Delegated Services

10.8 A Licensee remains responsible for any Aspect of Practice or Restricted Activity that the Licensee Delegates to another Person.

10.9 A Licensee must ensure that any Aspect of Practice or Restricted Activity that the Licensee delegates to another Person:

(a) is carried out by the Person to whom it was Delegated; and

(b) is not re-delegated to any other Person.

Conditions for Delegation Other Than Delegation to a Student

10.10 A Licensee may only Delegate to a Delegatee who is not a Student if all of the following conditions are met:

(a) the Licensee must be satisfied that the Delegatee has appropriate education, training, experience, or other qualifications which, in the Licensee's reasonable assessment, render the Delegatee capable of safely performing the Delegated Activity;

(b) the Licensee must have considered, based on first-hand knowledge, the affected Patient's health needs and any risk-factors that may impact the safe provision of the Delegated Activity;

(c) unless otherwise specified, the Delegated Activity must take place in a Health Care Facility; and

(d) the Delegated Activity must be among those set out in:

(i) Bylaw 10.11 for the Designated Health Profession of Audiology;

(ii) Bylaw 10.14 for the Designated Health Profession of Hearing Instrument Dispensing;

(iii) Bylaw 10.17 for the Designated Health Profession of Optometry; or

(iv) Bylaw 10.20 for the Designated Health Profession of Speech-Language Pathology.

Restricted Activities That May Be Delegated - Audiology

10.11 A Licensee in the class of Audiology: Full may Delegate the following Restricted Activities:

(a) conducting a screening test that involves the insertion of an instrument, hand, finger, device or a substance that is under pressure into the ear canal;

(b) making earmold impressions; and

(c) making earmold impressions and shell modifications.

10.12 With respect to a delegation made under Bylaw 10.11(a):

(a) the requirement set out in Bylaw 10.10(b) does not apply; and

(b) a Delegatee may perform the Restricted Activity in any setting where it can be safely provided in accordance with the applicable Practice Standards.

10.13 A Licensee who makes a delegation under Bylaw 10.11 must provide Supervision.

Restricted Activities That May Be Delegated – Hearing Instrument Dispensing

10.14 A Licensee in the class of Hearing Instrument Dispensing: Full may Delegate the following Restricted Activities:

(a) conducting a screening test that involves the insertion of an instrument, hand, finger, device, or a substance that is under pressure into the ear canal;

(b) making earmold impressions; and

(c) making earmold impressions and shell modifications.

10.15 A Delegatee may perform the Restricted Activity set out in Bylaw 10.14(a) in any setting where it can be safely provided in accordance with the applicable Practice Standards.

10.16 A Licensee who makes a delegation under Bylaw 10.14 must provide Supervision.

Restricted Activities That May Be Delegated – Optometry

10.17 A Licensee in the class of Optometry: Full may Delegate the following Restricted Activities:

(a) the topical administration of a diagnostic drug; and

(b) the dispensing of a contact lens.

10.18 A Delegatee may perform the Restricted Activity set out in Bylaw 10.17(a) in any setting where it can be safely provided in accordance with the applicable Practice Standards.

10.19 A Licensee who makes a delegation under Bylaw 10.17 must provide Supervision.

Restricted Activities That May Be Delegated – Speech-Language Pathology

10.20 A Licensee in the class of Speech-Language Pathology: Full may Delegate the following Restricted Activities:

(a) conducting a screening test that involves the insertion of an instrument, hand, finger, device, or a substance that is under pressure into the ear canal.

10.21 With respect to a delegation made under Bylaw 10.20(a):

(a) the requirement set out in Bylaw 10.10(b) does not apply; and

(b) a Delegatee may perform the Restricted Activity in any setting where it can be safely provided in accordance with the applicable Practice Standards.

10.22 A Licensee who makes a delegation under Bylaw 10.20 must provide Supervision.

Delegation to Students

10.23 A Licensee may Delegate any Aspect of Practice or Restricted Activity to a Student as part of a Recognized Education Program, other than a Restricted

Activity for which a certified practice certificate is required under these Bylaws.

10.24 A Licensee may only Delegate an Aspect of Practice or Restricted Activity under Bylaw 10.23 if all of the following conditions are met:

(a) the delegation must be made in accordance with any limits or conditions established by the Recognized Education Program;

(b) the Licensee must be satisfied that the Student has appropriate education, training, experience, or other qualifications which, in the Licensee's reasonable assessment, render the Student capable of safely performing the Delegated Activity;

(c) the Licensee must provide Supervision, or such other form of oversight or monitoring of the Student's performance of the Delegated Activity, based on:

(i) any guidelines established by the Recognized Education Program for the oversight of Students;

(ii) the nature and risk of the Delegated Activity;

(iii) the involvement of others overseeing the Delegated Activity; and

(iv) the stage of the Student's education, including the time the Student has completed in the Recognized Education Program and the Student's familiarity and experience with the Delegated Activity;

(d) the Student must be covered by liability insurance or professional liability protection, which may include liability insurance or professional liability protection provided through the Licensee or the Recognized Education Program; and

(e) the Delegated Activity must take place on either:

(i) the premises on which the Recognized Education Program is taking place; or

(ii) other premises that the Student is attending for the purposes of the Recognized Education Program, in the form of a preceptorship or externship.

11.0 Quality Assurance

Quality Assurance Program, Policies and Procedures

11.1 The Registrar must establish and administer a Quality Assurance Program for the College, consistent with Part 3, Division 8 of the Act, that includes the use of risk-based, evidence-informed, data-driven assessment tools.

11.2 The Quality Assurance Program established under Bylaw 11.1 must include policies and procedures to be used during Quality Assurance Assessments aimed at minimizing the disruption of the assessment process on the ordinary course of a Licensee providing Health Services.

11.3 The Registrar may establish and maintain profession specific resources, including cultural safety, Indigenous cultural safety, and anti-racism reference materials, to support a Quality Assurance Assessor with making recommendations relating to any individual performance matter, or to remedy issues of professional performance across multiple Licensees or within a class of Licensees.

11.4 The Registrar may establish additional guidelines, policies, and procedures relating to the Quality Assurance Program.

Quality Assurance Group

11.5 The Registrar may establish a Quality Assurance Group in accordance with Bylaw 3.10 to provide professional expertise to inform the operation of the Quality Assurance Program.

11.6 The Registrar may appoint members of the Quality Assurance Group.

11.7 The composition of the Quality Assurance Group may include, but is not limited to, Employees of the College.

11.8 The Quality Assurance Group may make recommendations to the Registrar relating to the Quality Assurance Program including but not limited to:

(a) enacting, establishing, amending, or repealing Bylaws, guidelines, policies, or procedures relating to the Quality Assurance Program;

(b) training, assistance, and support for Quality Assurance Assessors; and

(c) the means that may be used to improve individual performance or to remedy issues of professional performance found across multiple Licensees or within a class of Licensees.

Quality Assurance Assessors - Qualifications

11.9 A Person retained or employed to exercise the powers and perform the duties of a Quality Assurance Assessor must have the following minimum qualifications:

(a) licensure in the relevant Designated Health Profession without limits or conditions on their Licence; and

(b) training, experience, or expertise in clinical practice or peer review.

11.10 Bylaw 11.9 does not limit the Registrar's discretion to refuse to retain or employ any Person.

Grounds for a Quality Assurance Assessment

11.11 In addition to the assessment grounds set out in section 99(1)(a) to (c) of the Act, a Quality Assurance Assessor may conduct a Quality Assurance Assessment of a Licensee in any of the following circumstances:

(a) as a result of a non-random selection process with the intention that every Licensee, or every Licensee in a specific class, periodically undergoes a Quality Assurance Assessment;

(b) in compliance with a condition imposed under the Act;

(c) as contemplated by any grounds set out in the Quality Assurance Program; and

(d) on a recommendation by the Registrar on any basis other than those prohibited by section 98(2) of the Act.

Methods of Quality Assurance Assessment

11.12 In addition to the methods of assessment in section 99(2)(a) to (c) of the Act, a Quality Assurance Assessor may do one or more of the following, for the purposes of conducting a Quality Assurance Assessment of a Licensee:

(a) contact peers, professional colleagues, and co-workers, to gather information including but not limited to their observations, opinions, and evaluations pertaining to the Licensee's professional performance;

(b) with the consent of a Patient or substitute decision-maker, contact the Patient and/or their family members, to gather information, including but limited to their experiences with the Licensee pertaining to the Licensee's professional performance;

(c) review specified or random Patient records pertaining to the Licensee's professional performance;

(d) review the Licensee's history of professional activities, including but not limited to the Licensee's patterns, if any, of assessment, referral, diagnostic testing, prescribing, diagnosis, and treatment;

(e) interview or engage in discussions with the Licensee pertaining to the Licensee's professional practice;

(f) require the Licensee to undergo a specific clinical skills assessment process; and

(g) conduct an on-site peer assessment of the Licensee's practice.

11.13 A Licensee who is not the subject of a Quality Assurance Assessment must provide any information or records requested by a Quality Assurance Assessor for the purposes of a Quality Assurance Assessment.

Conduct of Quality Assurance Assessments

11.14 A Quality Assurance Assessor must complete a Conflict of Interest check as required by the Registrar prior to conducting a Quality Assurance Assessment of a Licensee.

11.15 A Quality Assurance Assessor conducting a Quality Assurance Assessment must advise the subject Licensee of:

(a) their power to report to the Registrar when a Licensee is interfering with a Quality Assurance Assessment under section 103(1) of the Act;

(b) their powers and duties respecting Quality Assurance Information under sections 102 and 103 of the Act; and

(c) exceptions to the confidentiality of Quality Assurance Information, under sections 104 and 105 of the Act.

Report Under Section 101 of the Act

11.16 If a Quality Assurance Assessor decides to make a report under section 101 of the Act, the report must be provided to the Registrar.

12.0 Continuing Professional Development

CPD Requirements

12.1 A Licensee, other than a temporary Licensee, must do all of the following CPD Requirements between October 1 and November 30 of each year:

(a) conduct a review of required resources on specified standards;

(b) complete and submit an online quiz administered by the College; and

(c) submit a self-report of performance and professional development in the form required by the Registrar.

CPD Completion

12.2 A Licensee who completes the CPD Requirements after November 30 must pay an administrative Fee as set out in Schedule “2”.

12.3 A Licensee who does not complete the CPD Requirements before March 31 may not be eligible for renewal of their Licence as set out in Bylaw 6.49(a)(ii).

Modification and Exemption

12.4 The Registrar may modify the CPD Requirements for a Licensee:

(a) in their first year of licensure; or

(b) who was not licensed on March 1 of the year to which the CPD Requirements apply.

12.5 The Registrar may exempt an individual Licensee or a class of Licensees from completing some or all of the CPD Requirements:

(a) on such terms and conditions as the Registrar directs; and

(b) consistent with any policy established by the Registrar.

Audit

12.6 The Registrar may audit a Licensee to verify the accuracy and truthfulness of a self-report provided by the Licensee under Bylaw 12.1(c).

12.7 If the Registrar has reasonable grounds to believe a Licensee has included a false or inaccurate statement, the Registrar may do one or more of the following:

(a) require the Licensee to submit a corrective action plan for approval respecting any incomplete CPD Requirements;

(b) recommend a Quality Assurance Assessment of the Licensee; and

(c) make a Regulatory Complaint about the Licensee pursuant to section 119 of the Act.

13.0 Public Protection

Requirements for Regulatory Report

13.1 A Regulatory Report must be in writing and delivered to the Registrar.

13.2 In addition to the applicable requirements set out in sections 84-87 of the Act [*statutory duty to report*], a Regulatory Report must include:

(a) the name and contact information of the Person making the report;

(b) if the report is made on behalf of another Person, a public body, or an organization, the name of that Person, public body, or organization;

(c) the Respondent's name, if available, or information by which the College may identify the Respondent;

(d) the concerns that triggered the report;

(e) any supporting materials or documentation available to the Person making the report; and

(f) any other information required by the Registrar.

Requirements for Regulatory Complaint

13.3 A Regulatory Complaint under section 120 of the Act must include:

(a) the Complainant's name and contact information;

(b) the Respondent's name, if available, or information by which the College may identify the Respondent;

(c) the specific matters of concern, including where they took place; and

(d) any supporting materials or documentation available to the Complainant.

13.4 The Registrar must offer all reasonable assistance to a Person who wishes to make a Regulatory Complaint in writing but is not readily able to do so.

13.5 The Registrar may vary any requirement applicable to a Regulatory Complaint if the Registrar is satisfied that doing so:

(a) is appropriate to accommodate the Complainant's individual circumstances; and

(b) will not create procedural unfairness to the Respondent.

Application for Reconsideration of Notice of Intent or Termination Order

13.6 An application for Reconsideration under section 240(5) of the Act must be submitted in the form specified by the Registrar not later than 30 days following receipt of the Notice of Intent to take action or the Termination Order as applicable.

Registrar's Authority

13.7 The Registrar is authorized to make Disciplinary Orders under sections 270(1)(a), 270(1)(b), 270(2), or 271(1)(a) of the Act, when disposing of an Administrative Matter under section 109 of the Act.

13.8 With respect to a Regulatory Complaint or any other Investigation over which the Registrar has authority under these Bylaws or the Act, the Registrar may do any of the following:

(a) merge all or part of Investigation with another Investigation;

(b) divide an Investigation into parts; or

(c) suspend or terminate all or part of an Investigation.

Monetary Penalty for Administrative Matters

13.9 Subject a lesser amount prescribed by a regulation made under the Act, the maximum amount of a monetary penalty for an Administrative Matter under section 109(1)(d) of the Act is $100,000.00.

Review of Disciplinary Order

13.10 A Respondent may seek a review of a Disciplinary Order under sections 109(1)(b), (c), or (d) of the Act by providing a request for review in the form specified by the Registrar within 30 days following receipt of the Disciplinary Order.

13.11 The Registrar must provide a request for review of a Disciplinary Order submitted in accordance with Bylaw 13.10 to the Investigation Committee.

13.12 The hearing of a review of a Disciplinary Order under section 382(6)(a) of the Act will be a hearing based on written submissions unless the Investigation Committee determines there are exceptional circumstances requiring a different form of hearing.

Monitoring Regulatory Compliance

13.13 The Registrar is authorized to establish and administer a Monitoring Program of the College.

13.14 A Licensee must cooperate and comply with any request made as part of a Monitoring Program.

13.15 For the purposes of Bylaw 13.14, requirements for a Licensee's participation as part of a Monitoring Program may include, but are not limited to:

(a) completing and submitting a compliance report or self-assessment;

(b) responding to requests and answering all questions in a prompt and complete manner;

(c) providing access to all requested information, files, and records in the Licensee's possession or control, including but not limited to information, files, or records related to the Licensee's compliance with the applicable requirements for licensure, quality assurance requirements, and standards of practice and ethics;

(d) attending one or more interviews, either in person or by electronic means as directed, which interviews may be recorded by audio and/or video; and

(e) facilitating office and site visits, in person or by electronic means, including taking reasonable steps to arrange for office and site access.

Competence Assessments

13.16 In accordance with section 132(2)(b) of the Act, an Investigator is authorized to order a Competence Assessment to evaluate one or more of the following:

(a) the Respondent's knowledge and understanding of the regulatory requirements applicable to the practice of the Designated Health Profession, including Practice Standards, Ethical Standards, and Anti-Discrimination Measures; and

(b) any other aspect of the Respondent's practice which might assist in assessing whether the Respondent is competent to practise the Designated Health Profession.

Final Investigation Report

13.17 The Registrar must provide the final investigation report to the Respondent for response before the Investigation Committee determines whether there are

reasonable grounds to believe that the Respondent lacks Competence or has committed an act of Misconduct.

13.18 The Registrar may provide the final Investigation report, or a portion of it, to the Complainant, if any.

Registrar – Capacity Evaluations

13.19 The Registrar is authorized to exercise the powers and perform the duties of a Capacity Officer.

Notice to the Respondent

13.20 Where the Investigation Committee directs a Capacity Evaluation, the Registrar must promptly deliver a written order for the Capacity Evaluation to the Respondent.

Reconsideration of Continuing Practice Order or Revocation Order

13.21 A Respondent subject to a Revocation Order may apply for a Reconsideration by the Capacity Officer by providing a request for review in the form specified by the Registrar within 30 days following receipt of the order.

13.22 A Respondent subject to a Continuing Practice Order may apply for a Reconsideration by the Capacity Officer by providing a request for review in the form specified by the Registrar:

(a) within 30 days following receipt of the order; or

(b) in accordance with the directions of or a schedule set by, or as otherwise authorized by, the Capacity Officer.

13.23 The hearing of a Reconsideration of a Revocation Order or a Continuing Practice Order under section 382(6)(a) of the Act will be a hearing based on written submissions, unless the Capacity Officer determines there are exceptional circumstances requiring a different form of hearing.

Summary Protection Orders

13.24 The Investigation Committee may direct the Registrar to make a Summary Protection Order in any circumstances where it has reasonable grounds to believe that:

(a) a Respondent's practice of a Designated Health Profession may present a significant risk of harm to any Person or the public; or

(b) a Respondent is providing false or misleading information to Patients or the public and:

(i) a Person who acts on the information is at significant risk of harm; or

(ii) providing the information is an activity that is a health hazard within the meaning of the *Public Health Act,* S.B.C. 2008, c. 28.

13.25 A Summary Protection Order may contain one or more of the following limits or conditions on a Respondent's practice:

(a) a requirement that the Respondent practice under the supervision or direction of a Licensee approved by the Registrar;

(b) a requirement that the Respondent practice only in the presence of a Person approved by the Registrar;

(c) a requirement that the Respondent disclose certain information to Patients;

(d) a requirement that the Respondent posts certain signage in a location and form approved by the Registrar;

(e) a restriction on one or more types of Patients to whom the Respondent may provide professional Health Services;

(f) a restriction limiting the scope of professional Health Services the Respondent may provide;

(g) a requirement to comply with periodic and/or random practice audits on terms specified by the Registrar; and

(h) any other limits or conditions considered necessary and appropriate to protect the public from a significant risk of harm.

13.26 The Registrar must promptly deliver a copy of the Summary Protection Order with reasons to the Respondent and the Complainant, if any.

Reconsideration of Summary Protection Order

13.27 A Respondent may apply for Reconsideration of a Summary Protection Order by the Investigation Committee by providing a request for Reconsideration in the form specified by the Registrar:

(a) within 30 days following receipt of the Summary Protection Order; or

(b) in accordance with the directions of or a schedule set by, or as otherwise authorized by, the Investigation Committee.

13.28 Upon receipt of a request for Reconsideration under Bylaw 13.27, the Investigation Committee must conduct a Reconsideration as required by section 382 of the Act.

13.29 The hearing of a Reconsideration of a Summary Protection Order under section 382(6)(a) of the Act will be a hearing based on written submissions unless the Investigation Committee determines there are exceptional circumstances requiring a different form of hearing.

Summary Dismissal Order

13.30 Where the Registrar makes a Summary Dismissal Order under section 258 of the Act, the Registrar must:

(a) deliver to the Respondent, and the Complainant, if any, a copy of the order and the reasons for the order; and

(b) provide the Investigation Committee with a summary of the Regulatory Complaint, all information received or obtained with respect to the complaint, and a copy of the order within 30 days of making the order.

13.31 A Summary Dismissal Order must not be made under section 258(2)(b) of the Act unless reasonable attempts have been made to obtain the information or records necessary to fairly investigate the complaint from other sources, if applicable.

Summary Disposition Order

13.32 Prior to making an order under section 158 of the Act *[disposition with respondent's consent]*, the Respondent's consent must be provided in writing.

13.33 Where the Registrar makes an order under section 158 of the Act, the Registrar must:

(a) deliver to the Respondent, and the Complainant, if any, a copy of the order and the reasons for the order; and

(b) provide the Investigation Committee with a summary of the Regulatory Complaint, all information received or obtained with respect to the Regulatory Complaint, and a copy of the order within 30 days of making the order.

Dispositions With or Without Consent

13.34 Where the Investigation Committee acts under section 136(2)(a) of the Act by making one or more orders under section 157 *[restorative processes]* but

subsequently has reasonable grounds to conclude that the Respondent failed to comply in good faith with the order, the Investigation Committee may direct the Registrar to take further action under section 136(2) of the Act.

13.35 Where the Investigation Committee acts under section 136(2)(a) of the Act by proposing one or more orders under section 158 of the Act to which the Respondent fails to consent in whole or in part, the Investigation Committee may direct the Registrar to take further action under section 136(2) of the Act.

Licensee's Duties when Practice Authority Suspended

13.36 Where a Respondent's Practice Authority is suspended, subject to the terms of any order, a Respondent who is the primary owner or operator of a practice facility:

(a) may elect to either:

(i) arrange for another Licensee acceptable to the Registrar to:

A. manage and operate the practice facility during the suspension period;

B. receive all billings of the practice facility during the suspension period;

C. reimburse the Respondent, out of their billings for the practice facility, only for actual expenses incurred by the Respondent respecting the practice facility; and

D. if applicable, collect fixed income related to the practice facility for payment to the Respondent, including any rental or lease payments that are due regardless of the Respondent's suspension; or

(ii) close the practice facility during the suspension period.

13.37 During a period of suspension, the Respondent:

(a) must not provide the Health Services associated with any Designated Health Profession regulated by the College;

(b) must not use any titles that are associated with a Designated Health Profession regulated by the College under these Bylaws, the Act, or the Regulation, or hold themselves out as a person entitled to practise a Designated Health Profession regulated by the College;

(c) must not hold office as a Board Member;

(d) must not hold office as a Committee Member;

(e) must not serve as an Employee or Officer of the College;

(f) must not make appointments for Patients or prospective Patients;

(g) may not benefit or profit financially or otherwise, directly or indirectly, from the practice of any Designated Health Profession regulated by the College except in relation to the reimbursement and fixed income described in Bylaw 13.36(a);

(h) must inform the following Persons of the order for suspension, its duration, any measures taken to ensure continuity of care for Patients, and any other matters specified by the order, as applicable:

(i) if and to the extent required by the Investigation Committee or Registrar, each Patient with whom the Respondent maintains an ongoing professional relationship;

(ii) if and to the extent required by the Investigation Committee or Registrar, where the Respondent's practice does not involve an expectation of an ongoing professional relationship, each Patient to whom the Respondent is actively providing services;

(iii) owners of each practice facility in which the Respondent provides services;

(iv) administrators of any other facility in which the Respondent provides services, including but not limited to hospitals;

(v) all health professionals or administrative staff involvement in managing the Respondent's Patients; and

(vi) such other Persons specified in the order;

(i) must, in relation to the medical records of each Patient, arrange for:

(i) a transfer of the medical records to a Licensee approved by the Registrar; or

(ii) a means, and the information necessary, for each Patient to access a copy of their medical records during the Respondent's suspension; and

(j) must notify the Registrar of the location of the medical records the Respondent has retained, and the process by which Patients may access their medical records.

Investigation Expenses

13.38 Subject to any maximum prescribed amount and section 273(3) of the Act, an order for Investigation expenses must be determined in accordance with Schedule “9”.

Consideration for Requesting Citation

13.39 The Registrar, in consultation with the Investigation Committee, may propose the content of a Citation to the Director of Discipline.

13.40 For the purposes of a Discipline Hearing under Part 3, Division 16 of the Act, the Registrar is responsible for the College’s participation, including retaining and instructing legal counsel.

Administrative and Judicial Reviews

13.41 The Registrar is responsible for:

(a) determining whether to apply to the Director of Discipline for a review of an order made by a Discipline Panel;

(b) responding to an application from a Respondent or Complainant for a review of an order made by a Discipline Panel;

(c) determining whether to make an application for judicial review following a review by the Director of Discipline, or any related proceeding; and

(d) responding to an application for judicial review.

Enforcement of Disciplinary Orders

13.42 The Registrar is responsible for establishing a process for the enforcement of orders made under the Act.

Unauthorized Practice Monitoring Program

13.43 The Board authorizes the Registrar to establish and administer an Unauthorized Practice Monitoring Program of the College.

13.44 The Unauthorized Practice Monitoring Program under Bylaw 13.43 must monitor for and receive reports relating to:

(a) Unauthorized Practice contrary to section 29 of the Act with respect to the Designated Health Professions for which the College is responsible; and

(b) Unauthorized Title Use contrary to section 30 of the Act.

Preliminary Report and Other Information to the Investigation Committee

13.45 The Registrar may investigate and dispose of reports of:

(a) Unauthorized Practice;

(b) Unauthorized Title Use;

(c) the provision of false or misleading information to the public, contrary to section 34 of the Act; and

(d) unauthorized acts of Corporations, contrary to section 35 of the Act.

13.46 In exercising the powers in Bylaw 13.45, the Registrar may report to the Investigation Committee or seek advice or direction from the Investigation Committee as the Registrar deems appropriate.

13.47 The Registrar must not dismiss a matter on the basis of section 376(1)(b) or 376(1)(c) of the Act, if the Registrar is of the opinion that the matter may present a risk to the public, including a risk that the public may be mislead.

13.48 If the Registrar acts under section 377 of the Act:

(a) the Registrar must, if the matter concerns a Person who is a Licensee or a Regulated Health Service Provider accountable to another Regulator under the Act, report the matter to that other Regulator; and

(b) the Registrar may take steps to alert the public or other public bodies of the matter as the Registrar deems appropriate.

14.0 Support Programs

Policies and Procedures

14.1 The Registrar is authorized to establish policies and procedures for the establishment and administration of Support Programs, including the terms, prohibitions, requirements, limits and conditions that apply to Support Programs, consistent with the Act, the regulations made under the Act, and these Bylaws.

14.2 The policies and procedures established by the Registrar under Bylaw 14.1 may address, without limitation, one or more of the matters set out in section 277(1) of the Act.

Support Programs

14.3 Subject to Bylaw 14.4, the Registrar must establish and administer the following Support Programs on behalf of the College:

(a) an Information Services Program;

(b) a Support Services Program; and

(c) a Support Worker Program.

14.4 The Registrar may direct the College to participate in Support Programs required under Bylaw 14.3 that are established and co-administered with other Regulatory Colleges.

14.5 In the event of any conflict between these Bylaws and the Program Parameters of a Support Program in which the College participates with other Regulatory Colleges in accordance with Bylaw 14.4, the Program Parameters of that Support Program prevail.

Shared Funding Agreements

14.6 The Registrar is authorized to enter into Shared Funding Agreements for the purposes of funding and/or administering Support Programs, in whole or in part, in collaboration with other Regulatory Colleges or with the Minister and other Regulatory Colleges.

Appointment of Administrators

14.7 The Registrar must:

(a) appoint an Administrator for each Support Program administered by the College; and

(b) ensure that an Administrator has been appointed for each Support Program established and co-administered with other Regulatory Colleges.

14.8 A Person may be appointed as an Administrator for one or more Support Programs.

14.9 The Registrar may appoint themselves as an Administrator for one or more Support Programs.

Administrator May Not Exercise Power of Support Officer

14.10 An Administrator may not exercise the power of a Support Officer.

Appointment of Support Officers

14.11 The Registrar must:

(a) designate at least one Support Officer for the College; and

(b) ensure that at least one Support Officer has been designated for each Support Program established and co-administered with other Regulatory Colleges.

Application for Support

14.12 A Person seeking Support must submit a Support Application in the form required by an Administrator together with all information and records:

(a) required in accordance with any applicable policy established under Bylaw 14.1; and

(b) as otherwise requested by the Administrator for the purpose of evaluating the Support Application.

14.13 A Person who submits a Support Application on behalf of another Person must provide proof, satisfactory to an Administrator, of authorization to submit the application on behalf of the other Person.

14.14 After receiving a completed Support Application, an Administrator must promptly give the Support Application and supporting information and records to a Support Officer unless the Administrator transfers the Support

Application to another Administrator in accordance with section 280(2) of the Act.

Support Officer's Eligibility Decision

14.15 A Support Officer must determine whether to provide Information Services to a Support Applicant based on:

(a) the criteria set out in any applicable policy established under Bylaw 14.1; and

(b) any other criteria that the Administrator reasonably believes are relevant to the objectives of the Support Programs in the context of the Support Applicant's circumstances.

14.16 A Support Officer must determine whether a Support Applicant is eligible for Support Services and/or the assistance of a Support Worker based on the eligibility requirements set out in section 283 of the Act and these Bylaws, and if so, determine the form of Support and any limits or conditions on that Support.

14.17 A Support Officer must promptly provide the eligibility decision with reasons to:

(a) the Support Applicant;

(b) the Administrator; and

(c) if the Support Applicant provides authorization, the Person who submitted the Support Application on their behalf, if applicable.

Reconsideration of Eligibility Decision

14.18 A Support Applicant may seek Reconsideration on an eligibility decision by providing a request for Reconsideration in the form required by the Registrar within 30 days following receipt of the eligibility decision.

14.19 The Registrar must provide the request for Reconsideration to the Support Officer who made the eligibility decision.

14.20 The hearing of a Reconsideration will be a hearing based on written submissions unless the Support Officer determines there are exceptional circumstances requiring a different form of hearing.

Administrator's Support Determination

14.21 If a Support Officer determines that a Support Applicant is eligible for Support Services, the Administrator must, in addition to considering the matters enumerated in section 286 of the Act, determine the matters required under any applicable policy established under Bylaw 14.1.

14.22 If a Support Officer determines that a Support Applicant is entitled to the assistance of a Support Worker, the Administrator must, in addition to considering the matters enumerated in section 287(1)(a) of the Act, determine the matters required under any applicable policy established under Bylaw 14.1.

14.23 An Administrator may defer making a Support determination pending the outcome of an application for Reconsideration of an eligibility decision.

Notice of Support Determination

14.24 An Administrator must promptly provide written notice of a Support determination with respect to Support Services or the assistance of a Support Worker to:

(a) the Support Applicant;

(b) the Support Officer who made the eligibility decision; and

(c) if the Support Applicant provides authorization, the Person who submitted the Support Application on their behalf, if applicable.

Reconsideration of Support Determination

14.25 A Support Applicant may seek Reconsideration of a Support determination by providing a request for Reconsideration in the form required by the Registrar within 30 days following receipt of the Support determination.

14.26 The Registrar must provide the request for Reconsideration to the Administrator who made the Support determination.

14.27 The hearing of a Reconsideration will be a hearing based on written submissions unless the Administrator determines there are exceptional circumstances requiring a different form of hearing.

Application to Change Support Determination

14.28 A Recipient may apply to change a Support determination by providing an application in the form required by the Registrar at any time during the period in which the Recipient receives Support.

Appointment of Support Workers

14.29 The Registrar may establish a policy setting out the qualifications for Support Workers and the process for assigning, reassessing, suspending, and terminating the assignment of Support Workers.

14.30 When assigning a Support Worker to a Recipient, an Administrator must be satisfied that the Support Worker's education, training, experience, and other qualifications meet the individual needs of the Recipient.

14.31 Support Workers are entitled to receive reimbursement for reasonable expenses necessarily incurred in assisting Recipients with Support Services in accordance with the applicable policy established under Bylaw 14.1.

Additional Powers and Duty to Ensure Compliance

14.32 An Administrator or Support Officer may request any information or records relevant to their exercise of a power or performance of a duty, including decisions relating to eligibility for Support, provision of Support, and changes to a determination from any of the following:

(a) a Support Applicant;

(b) a Recipient; or

(c) a Support Worker.

14.33 An Administrator or Support Officer must take reasonable steps to ensure any Person providing Support Services or providing assistance as a Support Worker complies with the Act, the regulations made under the Act, and any applicable policy established under Bylaw 14.1.

Information Services

14.34 Subject to the eligibility requirements set out in any applicable policy established under Bylaw 14.1, the following Persons may receive Information Services:

(a) a Person who has made a Regulatory Complaint or a Regulatory Report;

(b) a Person who received, or may have received, Health Services from a Licensee who is not, or may not have been Fit to Practise;

(c) a Person who experienced a Licensee's conduct that may be an act of Misconduct; or

(d) a Person who assists a Person who is exercising a power or performing a duty under the Act.

14.35 In determining the eligibility of a Person to receive Information Services, a Support Officer may consider the following factors:

(a) the extent to which the Person might not be able to meaningfully participate in the processes provided for in the Act and these Bylaws without receiving Information Services; and

(b) any factors identified in any applicable policy established under Bylaw 14.1.

14.36 For the purpose of section 285(3) of the Act, the Administrator may authorize any Person who, in the Administrator's opinion, has sufficient knowledge of the Act and these Bylaws to assist a Recipient with the processes and options available to them to provide Information Services.

14.37 Provision of Information Services is subject to the following terms, prohibitions, requirements, limits, and conditions:

(a) the Administrator may decline, suspend or terminate Information Services if satisfied that an inquiry, or set of inquiries, is frivolous, vexatious, or an abuse of process;

(b) a Person receiving Information Services is not entitled to information that is privileged, confidential, or not otherwise available to a Person who is not receiving Information Services; and

(c) any terms, prohibitions, requirements, limits, or conditions set out in any applicable policy established under Bylaw 14.1.

Selecting a Service Provider for Support Services

14.38 A Recipient who is eligible for funding for Support Services may request one or more of the following as Service Providers:

(a) a Regulated Health Practitioner accepted by the Administrator as qualified to provide Support Services;

(b) an unregulated counselling professional accepted by the Administrator as qualified to provide Support Services;

(c) Persons or organizations accepted by the Administrator as qualified to provide trauma-informed care, or culturally-competent trauma support; and

(d) any other Person who the Administrator reasonably believes has competences and experience, including lived experience, that will allow them to effectively provide Support Services.

Information to Support Funding for Support Services

14.39 At any time before or after providing funding for Support Services under Bylaw 14.38, the Administrator may require any of the following information from a Service Provider in a form satisfactory to the Administrator:

(a) confirmation that the Service Provider, if a Regulated Health Practitioner, is licensed in good standing with their Regulator and information concerning their regulatory or discipline history;

(b) a Criminal Record Check Authorization;

(c) confirmation of the Service Provider's identity, education, training, experience, and other relevant qualifications;

(d) a written statement from each of the Service Provider and the Recipient of Support Services confirming that:

(i) there is no disqualifying relationship between them; and

(ii) the funds received from the College will only be used, or have only been used, to reimburse the provision of Support Services to the Recipient;

(e) a description from the Servicer Provider of the dates, duration, and nature of the Support Service to be provided, or that was provided, to the Recipient; and

(f) any other information required by an Administrator to satisfy themselves that the Service Provider is a fit and suitable Person to provide Support Services.

Support Services Program Parameters

14.40 An application for Support Services may only be made:

(a) in conjunction with or after a Regulatory Complaint that relates to the conduct with respect to which Support Services are being sought has been submitted to the Registrar; and

(b) not later than six months after the date on which the Regulatory Complaint referred to in Bylaw 14.40(a), or its subject matter, is subject to any of the following actions or outcomes:

(i) a disposition of the Registrar;

(ii) a disposition of the Investigation Committee;

(iii) the issuance of a Disciplinary Order where no Citation has been issued; or

(iv) the issuance of a Citation.

14.41 In determining the eligibility of a Person to receive Support Services, a Support Officer may consider the following factors:

(a) the nature and severity of the allegations in the Regulatory Complaint; and

(b) any factors set out in any applicable policy established under Bylaw 14.1.

14.42 The Administrator may decline, suspend, or terminate Support Services:

(a) in accordance with a determination respecting Support Services under section 286 of the Act;

(b) in accordance with the provisions of sections 298 or 299 of the Act;

(c) in accordance with any applicable policy established under Bylaw 14.1;

(d) where the Administrator is satisfied a Recipient has obtained Support Services through or as a result of omission, misrepresentation, or fraud; or

(e) where the Administrator is satisfied, on recommendation by a Service Provider, that Support Services are not necessary, no longer necessary, or should be suspended or terminated.

14.43 The provision of Support Services is subject to the following terms, prohibitions, requirements, limits, and conditions:

(a) funding for Support Services for a Recipient will not exceed $7,500.00;

(b) funding is subject to the maximum aggregate amount set out in Bylaw 14.50;

(c) funding for seeking redress for sexual Misconduct, sexual abuse or Discrimination is limited to redress which is available under the Act, and does not include seeking redress through a court or tribunal governed under another enactment;

(d) funding for Support Services will terminate two years from the date the determination of eligibility for Support Services was made, unless:

(i) the underlying Regulatory Complaint has not been the subject of any of the actions or outcomes in Bylaw 14.40(b);

(ii) the maximum amount of funding has not been expended; and

(iii) the Administrator determines to extend the period of funding; and

(e) any additional terms, prohibitions, requirements, limits, or conditions set out in any applicable policy established under Bylaw 14.1.

14.44 The Registrar must establish a policy setting out the process and criteria for a funding extension under Bylaw 14.43(d)(iii).

Support Worker Program Parameters

14.45 An application for the assistance of a Support Worker may only be made:

(a) in conjunction with or after a Regulatory Complaint that relates to the conduct with respect to which the assistance of a Support Worker is being sought has been submitted to the Registrar; and

(b) before the Regulatory Complaint referred to in Bylaw 14.45(a), or its subject matter, is subject to any of the following actions or outcomes:

(i) a disposition of the Registrar;

(ii) a disposition of the Investigation Committee;

(iii) the issuance of a Disciplinary Order where no Citation has been issued; or

(iv) the conclusion of a Discipline Hearing.

14.46 In determining the eligibility of a Person to receive the assistance of a Support Worker, a Support Officer may consider the following factors:

(a) the nature and severity of the allegations in the Regulatory Complaint; and

(b) any factors set out in any applicable policy established under Bylaw 14.1.

14.47 The Administrator may decline, suspend, or terminate assistance of a Support Worker:

(a) in accordance with the provisions of sections 298 or 299 of the Act;

(b) in accordance with any applicable policy established under Bylaw 14.1;

(c) where the Administrator is satisfied a Support Applicant has obtained assistance through or as a result of omission, misrepresentation, or fraud; and

(d) where the Administrator is satisfied, on recommendation by a Support Worker, that assistance of a Support Worker is not necessary, no longer necessary, or should be suspended or terminated.

14.48 The provision of assistance of a Support Worker is subject to the following terms, prohibitions, requirements, limits, and conditions:

(a) funding for the assistance of a Support Worker will not exceed $7,500.00;

(b) funding is subject to the aggregate maximum amount set out in Bylaw 14.50;

(c) subject to a Support Worker completing an oversight complaint process under section 296(2)(b) of the Act, assistance of a Support Worker will terminate on or before the following date as applicable:

(i) on the date which the Regulatory Complaint is subject to a Termination Order;

(ii) three months from the date on which the deadline for filing an application for review with the Health Professions Review Board expires in relation to a Regulatory Complaint which is dismissed or, in the event of an application for review to the Health Professions Review Board, the date on which the Health Professions Review Board confirms the dismissal of the Regulatory Complaint;

(iii) three months from the date on which the deadline for filing an application for review with the Health Professions Review Board expires in relation to a Regulatory Complaint disposed of by Disciplinary Order, Continuing Practice Order, or Termination Order or, in the event of an application for review to the Health Professions Review Board, the date on which the Health Professions Review Board confirms or varies the disposition; or

(iv) three months from the date on which the Citation issued in relation to the Regulatory Complaint is dismissed or resolved by Disciplinary Order; and

(d) any additional terms, prohibitions, requirements, limits and conditions set out in any applicable policy established under Bylaw 14.1.

14.49 A Support Worker, in making a recommendation under section 296 of the Act, must not disclose a Recipient's Personal Information without the Recipient's written consent.

Maximum Aggregate Funding

14.50 The maximum aggregate funding available to a Recipient under all Support Programs is $10,000.00.

15.0 General

Special Fees

15.1 The Board may by Special Resolution impose a special Fee in accordance with Schedule "2" if the Board determines that doing so is necessary having regard to:

(a) the proper exercise of the College's powers and responsibilities under the Act, the regulations made under the Act, and these Bylaws; and

(b) the overall financial condition and sustainability of the College.

15.2 If the Board acts under Bylaw 15.1, a special Fee may be imposed on:

(a) all Licensees equally or proportionately;

(b) all Licensees in one or more Designated Health Professions; or

(c) all Licensees in one or more classes of licensure.

Rate of Interest

15.3 A monetary penalty, hearing costs, Investigation expenses, or a refund is subject to interest at the rate of 12% per annum, calculated monthly.

15.4 Unless a separate late payment Fee is specified elsewhere in these Bylaws, the late payment of any Fee is subject to interest at the rate of 12% per annum, calculated monthly.

Manner of Payment

15.5 All Fees of any type or any other amounts that are payable to the College must be paid in one of the following manners:

(a) certified cheque; or

(b) credit card.

Fees for Corporate Registry Letter

15.6 A Person, including a Licensee, who requests a letter of consent for the BC Corporate Registry must pay the Fee set out in Schedule "2".

Fees for Other Services

15.7 The Fees payable for other services provided by the College are set out in Schedule "2".

Schedule 1: Definitions

“Act” means the *Health Professions and Occupations Act*, S.B.C. 2022, c. 43;

"Administrative Matter" means a matter referred to in section 107 of the Act *[what are administrative matters]*;

"Administrator" means a Person who administers a Support Program on behalf of one or more Regulators;

"Adverse Application Decision", with respect to an Application, means a decision to do one of the following:

(a) refuse to issue, Vary, renew or reinstate a Licence or HPC Permit;

(b) impose or Vary limits or conditions on a Licence or HPC Permit, other than as requested under the Application;

(c) issue a Provisional Licence, unless a Provisional Licence is requested under the Application;

"Anti-Discrimination Measures" means measures taken, including implementing processes, for the purposes of conducting regulatory processes or providing Health Services in a manner that is consistent with one or more of the objectives referred to in section 15 of the Act *[anti-discrimination measures]*;

"Application" means a Licence Application or an application made with respect to a Health Profession Corporation under Part 8 of these Bylaws;

"Aspect of Practice" means an activity, other than a Restricted Activity, that

(a) is part of providing a Health Service that is within the scope of practice of a Designated Health Profession; and

(b) requires professional knowledge, skills, ability and judgement;

“Board” means the Persons appointed to the Board of the College under section 346 of the Act;

“Board Chair” means the chair of the Board elected under Bylaw 2.2 *[board chair and board vice chair];*

“Board Meeting” means a business meeting of the Board, but does not include a planning session where no decisions are made;

“Board Member” means a Person appointed to the Board of the College by the Minister under section 346 of the Act;

“Board Vice Chair” means the vice chair of the Board elected under Bylaw 2.2 *[board chair and board vice-chair]*;

“Business Contact Information” means information to enable a Person to be contacted at their place of business and includes the name, position-name or title, business telephone number, business address, and the business email of the Person;

“Bylaw” means a bylaw of the College;

"Capacity Evaluation" means an evaluation of a Respondent's Capacity, conducted as part of an Investigation and further to an order made under section 140 of the Act *[initiating capacity evaluation]*;

"Capacity Officer" means a Person retained or employed under section 363 of the Act *[officers]* to exercise the powers and perform the duties of a Capacity Officer;

"Citation" means a Citation for a Discipline Hearing, issued by the Director of Discipline;

“Closed Meeting” means a Board Meeting, or part of a Board Meeting, in which the Board permits College staff or invited guests to attend, but not Licensees or members of the public;

“College” means the College of Health and Care Professionals of British Columbia;

“Committee" means the Licence Committee, the Permit Committee, the Investigation Committee, the Professional Practice and Standards Advisory Committee, the Finance and Audit Committee, or the Governance and Human Resources Committee;

“Committee Member” means any Person appointed to a Committee under Bylaw 3.11;

"Company" has the same meaning as in the *Business Corporations Act*;

"Competence" means competence to be Fit to Practise a Designated Health Profession, as described in section 39(2) of the Act;

"Competence Assessment" means an assessment of a Respondent's competence, conducted as part of an Investigation and further to an order made under section 132 of the Act *[competence assessments]*;

“Complainant” means a Person who submits a Regulatory Complaint;

"Conflict of Interest" includes actual, potential and perceived conflicts of interest;

“Consensus Decision Policy” means the policy established by the Board in accordance with Bylaw 2.29;

"Continuing Practice Order" means an order made under section 146 of the Act *[continuing practice order]*;

"Continuing Professional Development" or “**CPD**” means an activity or program undertaken for the purpose of ensuring that professional knowledge, skills and abilities remain current;

"Corporation" has the same meaning as in the *Business Corporations Act,* S.B.C. 2002, c. 57;

“CPD Requirements” means a Licensee’s obligations under Bylaw 12.1;

"Criminal Record Check" has the same meaning as "criminal record check" or "criminal record check verification", as applicable in the context, in the *Criminal Records Review Act,* R.S.B.C. 1996, c. 86;

"Criminal Record Check Authorization" has the same meaning as in the *Criminal Records Review Act,* R.S.B.C. 1996, c. 86;

“Delegate" means to delegate the performance of an Aspect of Practice or a Restricted Activity, if the delegation is made by a Licensee in the course of practising a Designated Health Profession to a Person who is not authorized to practise the Designated Health Profession;

“Delegated Activity” means an Aspect of Practice or Restricted Activity that has been delegated by a Licensee to a Delegatee;

“Delegatee” means a Person to whom an Aspect of Practice or a Restricted Activity is delegated, and unless otherwise indicated, includes a Student;

“Deputy Registrar” means a Person appointed as a Deputy Registrar by the Registrar under section 360 of the Act *[deputy registrar and employees]*;

"Designated Health Profession" means a health profession that is designated under Part 2 of the Act as a designated health profession;

“Designated Licensee” means the individual who is primarily responsible for a Health Profession Corporation’s communications with the College and compliance with the administrative requirements applicable to a Health Profession Corporation, and has been identified as such in accordance with Bylaw 8.23.

"Director of Discipline" means the Person appointed under section 444 of the Act *[director of discipline]* as the Person responsible for the management of the discipline tribunal;

"Disciplinary Order" means the following:

(a) an order that:

(i) is or may be made against a Respondent for the purpose of disposing of an Administrative Matter, Regulatory Complaint or Citation; and

(ii) is described in section 268 *[restorative processes]*, 269 *[orders not affecting practice authority]*, 270 *[orders affecting practice authority]* or 271 of the Act *[monetary penalties and refunds]*; or

(b) an order made against a Respondent by a Discipline Panel in the course of a Discipline Hearing;

"Discipline Hearing" means a hearing before a Discipline Panel of the discipline tribunal;

"Discipline Panel" means a discipline panel appointed under section 169 of the Act *[appointing discipline panels]* to conduct a Discipline Hearing;

“Discrimination" means conduct that is prohibited under the *Human Rights Code,* R.S.B.C 1996, c. 210, and that is undertaken in relation to the matters set out in section 9 of the Act;

“Education Evaluation Organization” means an organization that is:

(a) specified in Schedule “4”; or

(b) recognized by the Licence Committee for the purposes set out in Bylaw 6.25;

"Eligibility Standards" means standards respecting eligibility for the following, as applicable:

(a) to hold, Vary, renew or have reinstated a Licence or HPC Permit; and

(b) to be a member of a class of Regulated Health Practitioners;

"Employee" means the following:

(a) an employee, agent or volunteer;

(b) a Person acting under contract; and

(c) a Person holding hospital privileges;

"Equivalency Determination" means a determination of whether an Applicant has knowledge, skills, ability and judgement that are substantially equivalent to that required under the applicable Eligibility Standards;

"Ethics Standards" means standards respecting the practice of a Designated Health Profession in a manner that is ethical;

“Examination” means a theoretical, knowledge-based, or practical examination or assessment for the purposes of assessing applicant’s or Licensee’s qualifications for licensure, renewal, or reinstatement, and includes a combination of examinations or assessments;

“Exclusive Title” means a title that is for the exclusive use of a Licensee of the College under the Regulation and includes:

(a) an abbreviation of a title; and

(b) an equivalent, in another language, of an Exclusive Title or an abbreviation of an Exclusive Title;

"Extrajurisdictional Regulator" means a body that is responsible, under an enactment of a jurisdiction other than British Columbia, for governing the practice of a health profession or health occupation in that jurisdiction;

“Fee” or “Fees” means and includes any fees, special fees, fines, debts, or levies payable or owed to the College;

“Finance and Audit Committee” means the Committee established under Bylaw 3.1;

"Fit to Practise" has the meaning given to it in section 39 of the Act *[fit to practise];*

“FOIPPA” means the *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165;

"Former Act" means the *Health Professions Act*, R.S.B.C. 1996, c. 183;

“Former Licensee” means a Person who was previously, but is not presently, a Licensee;

"Former Regulatory College" means a Regulatory College that is amalgamating, or has amalgamated, with another Regulatory College;

“Full Licence” means a Licence issued in the class of Licence established in Bylaw 6.1;

“Full School Psychology Licence” means a Licence issued in the class of Licence established in Bylaw 6.2;

“Good Standing” means:

(a) in respect of a Licensee, that:

(i) the Licensee’s Licence in any class is not suspended under the Act; and

(ii) the Licensee’s practice authority is not subject to any limits or conditions; and

(b) in respect of a Health Profession Corporation, that the Health Profession Corporation is current in filing its annual reports required under the *Business Corporations Act*.

“Governance and Human Resources Committee” means the Committee established under Bylaw 3.1;

"Health Care Facility" means a hospital, clinic, institution or other type of facility at or through which Health Services are provided;

"Health Profession Corporation" means a Corporation that holds a Health Profession Corporation Permit;

“Health Profession Corporation Permit” or “HPC Permit” means a permit that has been issued or renewed in accordance with these Bylaws.

“Health Professions Review Board” means the Health Professions Review Board continued under section 308 of the Act;

"Health Service" means anything that is done to a Patient for a therapeutic, preventive, palliative, assessment, diagnostic, cosmetic or other purpose related to health;

"Indigenous Governing Body" has the same meaning as in the *Declaration on the Rights of Indigenous Peoples Act*, S.B.C. 2019, c. 44;

"Indigenous Peoples" has the same meaning as in the *Declaration on the Rights of Indigenous Peoples Act*, S.B.C. 2019, c. 44;

Indigenous Practices" means the following:

(a) Indigenous cultural practices, traditions, values and beliefs;

(b) contemporary Indigenous practices that are based on, or originate in, traditional Indigenous practices;

(c) a combination of traditional and contemporary Indigenous practices;

“In-Force Date means April 1, 2026;

"Information Services" means communications with a Person for the purposes of receiving one or more types of information as described in section 285(2) of the Act;

"Information Services Program" means a program to provide Information Services;

"Investigation" means an investigation of the following, as applicable in the context:

(a) whether a Licensee is Fit to Practise or has committed an act of Misconduct;

(b) or whether a Person other than a Regulated Health Practitioner has contravened the Act or the regulations made under the Act, or these Bylaws;

"Investigation Committee" means the Committee established under Bylaws 3.1;

"Investigator" means a Person retained or employed to exercise the powers and perform the duties of an investigator under section 363 of the Act;

"Licence" means a licence issued or renewed in accordance with Divisions 2 and 3 *[Licences]*, as applicable, of Part 3 of the Act;

"Licence Application" means an application to issue, vary, renew or reinstate a Licence;

“Licensee Board Member” means a Board Member who is a Licensee;

"Licence Committee" means the Committee established under Bylaws 3.1;

"Licensee" means a Person who holds a Licence;

“Minister” means the Minister of Health or such other member of the Executive Council charged by order of the Lieutenant Governor in Council with the administration of the Act;

"Misconduct" has the meaning given to it in section 11 of the Act;

“Monitoring Program” means a program to monitor, generally, for contraventions by Licensees of the Act, the regulations made under the Act, and these Bylaws;

"Notice of Intent" means a notice given under section 238 of the Act *[notice before decision is made];*

"Officer" means a Person who is a Registrar, Deputy Registrar, Quality Assurance Assessor, Investigator or Capacity Officer;

“Panel” means a panel of a Committee established under Bylaw 3.28;

“Panel Member” means a Person appointed to a Panel by a Committee chair under Bylaw 3.30**;**

"Patient" means a Person to whom Health Services are provided;

“Permit Applicant” means a Corporation that makes an application for a Health Profession Corporation Permit under Bylaw 8.3;

"Permit Committee" means the Committee established under Bylaws 3.1;

“Person” means an individual;

"Personal Information" has the same meaning as in the *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165;

"Practice Authority" means the Licensee's Licence;

"Practice Standards" means standards respecting the practice of a Designated Heath Profession*;*

“Professional Practice and Standards Advisory Committee” means the Committee established under Bylaw 3.1;

"Program Parameters" means the terms, prohibitions, requirements, limits and conditions that apply to a Support Program under any of the following:

(a) the Act, the regulations made under the Act, or these Bylaws;

(b) a shared funding agreement;

“Provisional Licence” means a Licence issued in the class of Licence established under Bylaw 6.1;

“Provisional School Psychology Licence” means a Licence issued in the class of Licence established under Bylaw 6.2;

“Public Board Member” means a Board Member who is not a Licensee;

“Public Committee Member” means a member of a Committee who is not a Licensee or Former Licensee;

“Publish” means the posting of the most recent version of a document, notice, or other information specified in these Bylaws on the College website, and may include any additional distribution of such material to Licensees and Licensees and the public as the Registrar sees fit;

"Quality Assurance Assessment" means an assessment of a Licensee conducted for a purpose referred to in section 98(1) of the Act *[purposes of quality assurance program]*;

"Quality Assurance Assessor" means a Person retained or employed under section 363 of the Act to exercise the powers and perform the duties of a quality assurance assessor;

“Quality Assurance Group” means the advisory working group permitted under Bylaw 11.5;

“Quality Assurance Program” means the quality assurance program established under Bylaw 11.1;

"Recipient" means a Person who receives one or more forms of Support;

“Recognized Education Program” means a program recognized in Schedule “5”;

"Reconsideration" means a reconsideration for which a Person may make an application under Part 3, 4 or 5 of the Act and these Bylaws;

"Registrar" means a Person appointed under section 359(1)(a) of the Act *[registrar and other persons]* as the Registrar of the College;

"Registry" means the registry of Regulated Health Practitioners who practise a Designated Health Profession established or continued under section 395 *[keeping a registry]* of the Act for the College;

"Regulated Health Practitioner" means a Person who is a Licensee or Regulated Health Service Provider;

"Regulated Health Service Provider" means a Person who is authorized in accordance with a designation regulation to practise a designated health occupation;

“Regulation” means the *Health and Care Professionals Regulation*, B.C. Reg. 131/2025;

"Regulator" means the following, as applicable in the context:

(a) a Regulatory College; or

(b) a health occupation director who is administering a regulatory program;

"Regulatory College" has the meaning given to it in section 342 of the Act *[regulatory colleges]*;

"Regulatory Complaint" means an allegation that a Licensee is not Fit to Practise or has committed an act of Misconduct, made under section 119 *[regulatory complaints by registrar]* or 120 of the Act *[regulatory complaints by others]*;

"Regulatory Report" means a report made under Division 6 *[duties to report licensees]* of Part 3 of the Act;

“Representative of the Public” means a Person:

(a) who, at the time of the Person’s appointment as a Board member:

  (i) did not exercise powers or perform duties for the College; or

  (ii) was not an Employee of, and did not otherwise provide services to, the College; and

(b) who does not practise any of the Designated Health Professions that are regulated by the College;

"Respondent" means

(a) a Licensee who is the subject of an assessment under section 108 of the Act *[assessment and action]*; or

(b) a Licensee who is the subject of a Regulatory Complaint or an investigation began under section 124 of the Act *[initiating investigation without regulatory complaint]*;

"Restricted Activity" means an activity that

(a) is performed in the course of providing a Health Service; and

(b) is prescribed by the Minister as a restricted activity;

"Revocation Order" means an order made under section 147 of the Act *[revocation order]*;

“Service Provider” means a Person who provides, directly or indirectly, Support Services to a Recipient;

"Shared Funding Agreement" means an agreement:

(a) made for the purposes of sharing obligations under the Act with respect to funding or administering all or part of one or more Support Programs; and

(b) made between two or more Regulatory Colleges or between the Minister and one or more Regulatory Colleges;

"Shares" means the shares of a Corporation;

“Special Resolution” means a resolution requiring a two-thirds vote of those Persons present and eligible to vote on the resolution;

“Student” means a Person who is enrolled as a student in a Recognized Education Program;

"Summary Dismissal Order" means an order described in section 258 of the Act *[summary dismissal orders]*;

"Summary Protection Order" means an order described in section 259 of the Act *[summary protection orders]*;

"Superintendent" means the Person appointed under section 436(2) of the Act *[members of superintendent's office]* as the superintendent;

“**Supervision**” means the situation where the Licensee who has responsibility for the care of Patients receiving services performed by a Delegatee is available at all times while the Delegated Activity is taking place, by physical attendance or by such electronic means sufficient to allow the Licensee to effectively supervise the Delegatee;

Support" means Information Services, funding for Support Services or the assistance of a Support Worker, or a combination of these;

“Support Applicant” means a Person making a Support Application;

"Support Application" means an application made under section 279 of the Act *[application for support]*;

"Support Officer" means a Person who:

(a) is designated in accordance with the Program Parameters as a Support Officer for the purposes of one or more Support Programs; and

(b) is not an Administrator;

"Support Program" means an Information Services Program, Support Services Program or Support Worker Program;

"Support Services" means counselling services and, subject to the regulations made under the Act, services that:

(a) are intended to support a Person to recover from or seek redress for sexual misconduct, sexual abuse or Discrimination; and

(b) are required under the regulations made under the Act or authorized under Program Parameters to be funded under this Division 5 of Part 5 of the Act;

"Support Services Program" means a program to provide funding for Support Services;

"Support Worker" means a Person assigned under section 287 of the Act to assist a Recipient;

"Support Worker Program" means a program to provide the assistance of Support Workers;

“Temporary Licence” means a Licence issued in the class of Licence established under Bylaw 6.1;

“Temporary School Psychology Licence” means a Licence issued in the class of Licence established under Bylaw 6.2;

"Termination Order" means an order described in section 263(2) of the Act;

“Unauthorized Practice” means conduct contravening section 29 of the Act *[unauthorized practice]*;

“Unauthorized Practice Monitoring Program” means the program established under Bylaw 13.43;

“Unauthorized Title Use” means conduct contravening section 30 of the Act *[unauthorized use of title]*;

"Vary" includes all of the following:

(a) to vary the limits or conditions imposed on, or to change the class of, a Licence;

(b) to vary the limits or conditions imposed on a Health Profession Corporation Permit; and

(c) to vary the limits or conditions imposed under an order.

Schedule 2: Fees

FEE TYPE	Audiology	Dietetics	Hearing Instrument Dispensing	Occupational Therapy	Opticianry	Optometry	Physical Therapy	Psychology	Speech-Language Pathology
APPLICATION FEES									
For full or provisional class	$380.00	$380.00	$380.00	$380.00	$380.00	$380.00	$380.00	$380.00	$380.00
Fee to extend application expiry date by 4 months								$310.00	
Reinstatement (to full class)	$265.00	$265.00	$265.00	$265.00	$265.00	$265.00	$265.00	$265.00	$265.00
ASSESSMENT FEES									
Substantial equivalence assessment (Knowledge assessment)		$600.00							
Practical assessment		$455.00							
International Education Assessment	$600.00		$600.00						$600.00

FEE TYPE	Audiology	Dietetics	Hearing Instrument Dispensing	Occupational Therapy	Opticianry	Optometry	Physical Therapy	Psychology	Speech-Language Pathology
Psychology education assessment (applicants with incomplete accreditation)								$600.00	
School psychology application assessment								$600.00	
LICENCE FEES									
Full or Provisional class									
(a) Full year	$770.00	$745.00	$1,165.00	$720.00	$1,005.00	$1,195.00	$875.00	$1,630.00	$1,000.00
(b) Half-year (on or after October 1)	$501.00	$484.00	$757.00	$468.00	$653.00	$777.00	$569.00	$1,060.00	$650.00
Temporary class	$200.00	$200.00	$200.00	$200.00	$200.00	$200.00	$200.00	$200.00	$200.00
Temporary class for continuity of care								$518.00	

FEE TYPE	Audiology	Dietetics	Hearing Instrument Dispensing	Occupational Therapy	Opticianry	Optometry	Physical Therapy	Psychology	Speech-Language Pathology
LICENCE RENEWAL FEES									
Full or provisional class	$770.00	$745.00	$1,165.00	$720.00	$1,005.00	$1,195.00	$875.00	$1,630.00	$1,000.00
Late renewal fee (between April 1 - 30 after failing to renew)	$350.00	$350.00	$350.00	$350.00	$350.00	$350.00	$350.00	$350.00	$350.00
EXAMINATION FEES									
Canadian Dietetic Registration Examination (CDRE)		$750.00							
Hearing Instrument Dispensing Practical Examination Fee			$1,650.00						
Examination for Professional Practice in Psychology (EPPP) (administrative Fee)								$150.00	

FEE TYPE	Audiology	Dietetics	Hearing Instrument Dispensing	Occupational Therapy	Opticianry	Optometry	Physical Therapy	Psychology	Speech-Language Pathology
Oral Examination - Psychology								$930.00	
Readiness for Practice Examination (RPE) - Psychology								$350.00	
Fee to appeal exam result		$75.00	$300.00						
HEALTH PROFESSION CORPORATION FEES									
Application Fee for Health Profession Corporation						$300.00	$300.00		
Health Profession Corporation Permit and renewal Fee						$120.00	$120.00		
Late renewal fee (between April 1 - 30 after failing to renew)						$120.00	$120.00		

FEE TYPE	Audiology	Dietetics	Hearing Instrument Dispensing	Occupational Therapy	Opticianry	Optometry	Physical Therapy	Psychology	Speech-Language Pathology
Corporate registry letter fee	$125.00	$125.00	$125.00	$125.00	$125.00	n/a	n/a	$125.00	$125.00
CERTIFICATION FEES									
Application Fee	$250.00	$250.00	$250.00		$80.00		$250.00		$250.00
Renewal Fee	$50.00	$50.00	$50.00		$80.00		$50.00		$50.00
Reinstatement Fee	$100.00	$100.00	$100.00		$80.00		$100.00		$100.00
CONTINUING PROFESSIONAL DEVELOPMENT FEE									
Late completion fee	$150.00	$150.00	$150.00	$150.00	$150.00	$150.00	$150.00	$150.00	$150.00

Schedule 3: Board Remuneration and Expenses

1. Board remuneration rates:

Time (Meetings)	Rate
Daily maximum	$800
Half day	$400
Hourly	$100/hr (<3 hrs)
Preparation work	$50/hr
Board Chair Stipend	$1000 per month

Time (Email Discussions)	Rate
Hourly	$50/hr (max 3 hrs without approval)
Preparation work	$50/hr

2. Board reimbursement for travel and business expenses:

Expense	Rate
Accommodation	Government rate, arranged by CHCPBC
Meals	$115 per diem
Air travel	Economy class, can be arranged by CHCPBC
Mileage	Equivalent to CRA per km rate
Taxis/Ferry/Bus	With receipts

Schedule 4: Education Evaluation Organizations and Verification Organizations

Part 1: Education Evaluation Organizations

For the purposes of Bylaw 6.25(a), the Education Evaluation Organizations for each of the indicated Designated Health Professions are:

1. **Occupational Therapy**

   Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) – Substantial Equivalency Assessment System (SEAS)

2. **Opticianry**

   National Alliance of Canadian Optician Regulators (NACOR) – Prior Learning Assessment and Recognition (PLAR)

3. **Optometry**

   Federation of Optometry Regulatory Authorities of Canada (FORAC)

4. **Physical Therapy**

   Canadian Alliance of Physiotherapy Regulators (CAPR)

Part 2: Verification Organizations

For the purposes of Bylaw 6.25(b), the Licence Committee recognizes any one of the organizations designated by Immigration, Refugees and Citizenship Canada for the purpose of conducting education credential assessments, including:

- Comparative Education Service – University of Toronto School of Continuing Studies
- International Credential Assessment Service of Canada (ICAS)
- International Credential Evaluation Service – BCIT (ICES)
- International Qualifications Assessment Service (IQAS)
- World Education Services (WES)

Schedule 5: Recognized Education Programs

The tables[1] in this Schedule list the Recognized Education Programs for the Designated Health Professions of audiology, dietetics, hearing instrument dispensing, occupational therapy, opticianry, optometry, physical therapy, psychology, and speech-language pathology.

Audiology

For the purposes of Bylaws 6.6(a) and 6.8(a)(ii), the Recognized Education Programs in audiology are:

Program Provider	Degree
Dalhousie University	MSc Audiology
Université de Montréal	Maîtrise Professionnelle en audiologie
University of British Columbia	MSc Audiology
University of Ottawa	MHSc Audiology
Western University	MCISc Audiology

Dietetics

For the purposes of Bylaw 6.7(a) and (b), the Recognized Education Programs and programs of practical training in dietetics are:

Education Programs that include practical training:

Program Provider	Degree
Acadia University	BSc Nutrition
McGill University	BSc Nutrition (Dietetics Major); MSc Applied Human Nutrition (Dietetics Credentialing)
St. Francis Xavier University	BSc Human Nutrition
Toronto Metropolitan University	Master of Nutrition Communication
Université de Moncton	BSc Nutrition (Baccalauréat en sciences (nutrition) avec internat)

[1] The following abbreviations are used in the tables in this Schedule:

MSc	Master of Science	BSc	Bachelor of Science
MHSc.	Master of Health Sciences	BHSc	Bachelor of Health Sciences
PM	Professional Master	BMR	Bachelor of Medical Rehabilitation
MClSc	Master of Clinical Science	BASc	Bachelor of Applied Science

Université de Montréal	BSc Nutrition (Baccalauréat ès sciences en nutrition)
Université d'Ottawa	BSc (Baccalauréat en sciences spécialisé en nutrition et diététique)
Université Laval	BSc Nutrition (Baccalauréat ès sciences en nutrition)
University of Alberta	BSc Nutrition and Food Science, Dietetics Specialization
University of British Columbia	BSc Food, Nutrition and Health, Dietetics Major; Master of Nutrition and Dietetics
University of Guelph	Master Applied Nutrition
University of Manitoba	Master of Applied Human Nutrition
University of Prince Edward Island	BSc Foods and Nutrition
University of Saskatchewan	BSc Nutrition
University of Toronto	Master of Public Health Nutrition and Dietetics
Western University, Brescia School of Food and Nutritional Sciences	MSc Foods and Nutrition

Education Programs that do not include practical training:

Mount St. Vincent University	BSc Applied Human Nutrition
Toronto Metropolitan University	BSc Nutrition and Food
University of Guelph	BASc Applied Human Nutrition
University of Manitoba	BSc Human Nutritional Sciences
Western University, Brescia School of Food and Nutritional Sciences	BSc Foods and Nutrition – Specialization in Nutrition and Dietetics;

Practical training programs (Post degree internship programs):

Horizon Health Network, The Moncton Hospital, Post-dietetic Internship, Moncton, NB
Mount St. Vincent University, Internship Education Program, Halifax, NS
Newfoundland and Labrador Health Services Dietetic Internship, St. John's, NL
Northern Ontario School of Medicine University, Dietetic Practicum Program, Thunder Bay, ON
Nova Scotia Health Authority, Central Zone Dietetic Internship Program, Halifax, NS
Toronto Metropolitan University, Professional Masters Diploma in Dietetics (PMDip), Toronto, ON
Western University, Brescia School of Food and Nutritional Sciences, Diploma in Dietetic Education and Practical Training, London, ON

Hearing Instrument Dispensing

For the purposes of Bylaw 6.8(a)(i), the Recognized Education Programs in hearing instrument dispensing are:

Program Provider	Diploma
Cégep de La Pocatière	Audioprothèse
Cégep de Rosemont	Audioprothèse
Conestoga College	Hearing Instrument Specialist
Douglas College	Hearing Instrument Practitioner
George Brown Polytechnic	Hearing Instrument Specialist
Grant MacEwan University	Hearing Aid Practitioner
Humber Polytechnic	Hearing Instrument Specialist

Occupational Therapy

For the purposes of Bylaw 6.10(a), the Recognized Education Programs and programs of practical training in occupational therapy are:

Program Provider	Degree
Dalhousie University	BSc Occupational Therapy (1986-2008) MSc Occupational Therapy
McGill University	BSc Occupational Therapy, (1975-2009) MSc Applied in Occupational Therapy
McMaster University	BSc Occupational Therapy (1992-2001) MSc Occupational Therapy
Queen's University	BSc Occupational Therapy (1973-2006) MSc Occupational Therapy
Université de Montréal	BSc en ergothérapie (1972-2010) MSc en ergothérapie
Université de Sherbrooke	Maîtrise en ergothérapie
Université du Québec à Trois-Rivières	MSc en ergothérapie
Université Laval	BHSc en ergothérapie (1973-2010) Maîtrise en ergothérapie
University of Alberta	BSc Occupational Therapy (1978-2008) MSc Occupational Therapy
University of British Columbia	BSc Occupational Therapy (1986-2008) Master of Occupational Therapy
University of Manitoba	BMR Occupational Therapy (1979-2004) Master of Occupational Therapy
University of Ottawa	BSc Occupational Therapy (1991-2009) BHSc Occupational Therapy

University of Toronto	BSc Occupational Therapy (1974-2002) MSc Occupational Therapy
Western University	BSc Occupational Therapy (1974-1998) MCISc Occupational Therapy (1998-2003) MSc Occupational Therapy

Opticianry

For the purposes of Bylaw 6.11(a), the Recognized Education Programs in opticianry are:

Program Provider	Diploma/Certificate
Collège La Cité	Opticien (Diplôme d'études collégiales)
Douglas College	Diploma in Opticianry
Georgian College	Diploma in Opticianry
Northern Alberta Institute of Technology	Optical Sciences 1 - Eyeglasses Diploma Optical Sciences 2 - Contact Lenses Certificate
Seneca Polytechnic	Diploma in Opticianry
Southern Alberta Institute of Technology	Diploma in Opticianry
Stenberg College	Licensed Optician Diploma Program
Vancouver Community College	Diploma in Opticianry

Optometry

For the purposes of Bylaw 6.12(a), the Recognized Education Programs in optometry are:

Program Provider	Degree
École d'Optométrie, Université de Montréal	Doctor of Optometry
Ferris State University Michigan College of Optometry	Doctor of Optometry
Illinois College of Optometry	Doctor of Optometry
Indiana University School of Optometry	Doctor of Optometry
Inter American University of Puerto Rico School of Optometry	Doctor of Optometry

Massachusetts College of Pharmacy and Health Science, School of Optometry	Doctor of Optometry
Midwestern University Arizona College of Optometry	Doctor of Optometry
Midwestern University Chicago College of Optometry	Doctor of Optometry
New England College of Optometry	Doctor of Optometry
Northeastern State University Oklahoma College of Optometry	Doctor of Optometry
Nova Southeastern University College of Optometry	Doctor of Optometry
Ohio State University College of Optometry	Doctor of Optometry
Pacific University, College of Optometry	Doctor of Optometry
Pennsylvania College of Optometry at Salus University	Doctor of Optometry
Southern California College of Optometry at Marshall B. Ketchum University	Doctor of Optometry
Southern College of Optometry	Doctor of Optometry
State University of New York State College of Optometry	Doctor of Optometry
University of Alabama at Birmingham, School of Optometry	Doctor of Optometry
University of California, Berkeley, School of Optometry	Doctor of Optometry
University of Houston, College of Optometry	Doctor of Optometry
University of Missouri - St. Louis, College of Optometry	Doctor of Optometry
University of Pikeville Kentucky College of Optometry	Doctor of Optometry
University of the Incarnate Word Rosenberg School of Optometry	Doctor of Optometry
University of Waterloo, School of Optometry and Vision Science	Doctor of Optometry
Western University of Health Sciences College of Optometry	Doctor of Optometry

Physical Therapy

For the purposes of Bylaw 6.13(a), the Recognized Education Programs in physical therapy are:

Program Provider	Degree
Dalhousie University	MSc Physiotherapy
McGill University	MSc Physical Therapy (Applied)
McMaster University	MSc Physical Therapy
Queen's University	MSc Physical Therapy
Université de Montréal	Continuum baccalauréat-maîtrise en physiothérapie
Université de Sherbrooke	Maîtrise en physiothérapie
Université du Québec à Chicoutimi	MSc appliquées en physiothérapie
Université Laval	Continuum baccalauréat-maîtrise en physiothérapie
University of Alberta	MSc Physical Therapy
University of British Columbia	Master of Physical Therapy
University of Manitoba	Master of Physical Therapy
University of Ottawa	MHSc physiothérapie
University of Saskatchewan	Master of Physical Therapy
University of Toronto	MSc Physical Therapy
Western University	Master of Physical Therapy

Psychology

For the purposes of Bylaw 6.14(a), the Recognized Education Programs in psychology are:

Program Provider	Degree
All education programs accredited by the Canadian Psychological Association	Doctorate in psychology
All education programs accredited by the American Psychological Association	Doctorate in psychology

For the purposes of Bylaw 6.14(b), the recognized programs of practical training in psychology are pre-doctoral internship programs accredited by either the Canadian Psychological Association or the American Psychological Association.

Speech-Language Pathology

For the purposes of Bylaw 6.16(a), the Recognized Education Programs in speech-language pathology are:

Program Provider	Degree
Dalhousie University	MSc Speech-Language Pathology
McGill University	MSc (A) Communication Sciences and Disorders - Speech-Language Pathology
McMaster University	MSc Speech-Language Pathology
Université de Montréal	Maîtrise Professionelle en orthophonie
Université du Québec à Trois-Rivières	MSc orthophonie
Université Laurentienne	MSc orthophonie
Université Laval	MSc orthophonie
University of Alberta	MSc Speech-Language Pathology
University of British Columbia	MSc Speech-Language Pathology
University of Ottawa	MHSc Speech-Language Pathology
University of Toronto	MHSc Speech-Language Pathology
Western University	MClSc Speech-Language Pathology

Schedule 6: Licensure Examinations

The Examinations for licensure for each Designated Health Profession are as follows:

Audiology

For the purposes of Bylaw 6.6(b), the Examination for licensure for audiology is one of:

(a) The Praxis Examination for audiology (Praxis exam 5343), administered by Educational Testing Service (ETS); or

(b) The Canadian Entry-to-Practice (CETP) Examination for audiology, administered by Speech-language & Audiology Canada (SAC).

Dietetics

For the purposes of Bylaw 6.7(c), the Examination for licensure for dietetics is:

(a) Canadian Dietetic Registration Examination (CDRE), administered by the Alliance of Canadian Dietetic Regulatory Bodies.

Hearing Instrument Dispensing

For the purposes of Bylaw 6.8(c), the Examinations for licensure for hearing instrument dispensing are both of:

(a) International Licensing Examination (ILE) written Examination, administered by International Hearing Society (IHS); and

(b) Hearing instrument Dispensing (HID) Practical Examination, administered by the College.

Occupational Therapy

For the purposes of Bylaw 6.10(b), the Examination for licensure for occupational therapy is:

(a) National Occupational Therapy Certification Exam (NOTCE), administered by the Canadian Association of Occupational Therapists (CAOT).

Opticianry

For the purposes of Bylaw 6.11(b), the Examinations for licensure for opticianry are:

(a) The National Examinations for Canadian Opticians – Eyeglasses; and

(b) The National Examinations for Canadian Opticians – Contact Lenses.

Optometry

For the purposes of Bylaw 6.12(b), the Examination for licensure for optometry is:

(a) National Qualifying Examination, administered by the Optometry Examining Board of Canada (OEBC).

Physical Therapy

For the purposes of Bylaw 6.13(b), the Examinations for licensure for physical therapy are:

(a) Canadian Physiotherapy Examination (CPTE), administered by the Canadian Alliance for Physiotherapy Regulators (CAPR);

(b) Part A Qualifying Examination and a clinical evaluation, administered by the University of British Columbia that assesses entry-level competence when, Part B, the Physiotherapy National Examination, is unavailable; and

(c) CAPR Applicants who complete one of the Recognized Education Programs in physical therapy from Quebec listed in Schedule 5 will be deemed to meet this Examination for licensure requirement if they satisfy Article 1.14 of Section 1 of the Quebec's Code des Professions. (chapitre C-26, a. 184, 1er al.)[3]

Psychology

For the purposes of Bylaw 6.14(c), the Examinations for licensure for psychology are both of, and in the following order:

(a) Examination for Professional Practice in Psychology (EPPP), administered by the Association of State and Provincial Psychology Boards; and

(b) Oral Examination, administered by the College.

School Psychology

For the purposes of Bylaw 6.15(c), the Examinations for licensure for school psychology are both of, and in the following order:

(a) Praxis School Psychologist Examination, administered by the Educational Testing Service (ETS); and

(b) Readiness for Practice (RPE) written Examination, administered by the College.

Speech-Language Pathology

For the purposes of Bylaw 6.16(b), the Examination for licensure for speech-language pathology is one of:

(a) Praxis Examination for speech-language pathology (Praxis exam 5331) administered by the Educational Testing Service (ETS); or

(b) Canadian Entry-to-Practice (CETP) Examination for speech-language pathology, administered by Speech-language and Audiology Canada (SAC).

Schedule 7: Practical Training Programs

Hearing Instrument Dispensing

For the purposes of Bylaw 6.8(b), the program of practical training is as follows:

Hearing Instrument Dispensing Practicum

1. An applicant for a full hearing instrument dispensing Licence must complete a hearing instrument dispensing practicum consisting of 660 hours of clinical practice under the supervision of a practicum supervisor.

2. A practicum supervisor must:
   (a) have a full hearing instrument dispensing Licence; and
   (b) be approved as a practicum supervisor by the Licence Committee;

3. An applicant must complete the 660 hours of clinical practice in hearing instrument dispensing practicum according to a graduated progression from constant supervision to close supervision to general supervision, with:
   (a) the first 330 hours being clinical practice under constant supervision;
   (b) constant supervision requiring the practicum supervisor to:
      (i) be in physical attendance when the applicant is engaged in clinical practice; and
      (ii) co-sign reports, audiograms and verification measures;
   (c) the next 230 hours being clinical practice under close supervision;
   (d) close supervision requiring the practicum supervisor to:
      (i) be practising in the same facility when the applicant is practising;
      (ii) be immediately available to supervise, or consult with, the applicant;
      (iii) co-sign reports, audiograms and verification measures; and
      (iv) be available for case discussions and to review case files with the applicant at least once weekly;
   (e) the final 100 hours being clinical practice under general supervision; and
   (f) general supervision requiring the practicum supervisor to:
      (i) be available to the applicant when the applicant is practising, even if the practicum supervisor is not practising in the same facility; and
      (ii) be available for case discussions and to review case files with the applicant at least once weekly;

4. An applicant who is completing a hearing instrument dispensing practicum must give written notice to the Registrar, in advance, of any proposed change in supervisor or work location during their practicum period.

5. Despite paragraph 1, an applicant for a full hearing instrument dispensing Licence

   (a) does not have to complete a hearing instrument dispensing practicum if the Licence Committee is satisfied that the applicant has experience in the practice of hearing instrument dispensing that is substantially equivalent to completion of a practicum; and

   (b) at the time of submitting an Application for a full hearing instrument dispensing Licence, may submit to the Registrar

      (i) a request in writing for the Licence Committee to conduct an Equivalency Determination for the purposes of subparagraph (a); and

      (ii) any information or records the applicant wants the Licence Committee to consider further to that request.

6. An applicant who submits an Equivalency Determination request under paragraph 5(b), must submit to the Registrar any additional information or records the Registrar requests or orders the applicant to provide.

Schedule 8: Equivalency Determination Process and Criteria

The process and criteria for an Equivalency Determination in respect of each of the indicated Designated Health Profession are as follows.

Audiology

The criteria the Licence Committee must consider under Bylaws 6.26(a) and 6.29(a) for an Equivalency Determination in respect of audiology are as follows:

1. An audiology education program must be provided by a degree-granting university and must include the following:
    (a) 135 hours of course work in basic knowledge specific to audiology, with at least:
        (i) one course in the area of anatomical, physiological and neurological basis of speech, language and hearing functioning; and
        (ii) two courses in the area of the physical basis and perceptual processes of hearing;
    (b) 180 hours in basic knowledge specific to other health professions, with at least:
        (i) two courses in the area of basic principles and methods involved in conducting research in human behaviour;
        (ii) one course in the area of professional practices and issues or administrative organization of audiology or speech-language pathology programs; and
        (iii) one course in the area of psychological and social aspects of human development, which must provide information from related fields such as psychology or education pertinent to communication disorders, including at least one of:
            (A) theories of learning and behaviour that have application to communication disorders;
            (B) personality development or abnormal behaviour;
            (C) development and education of special populations, psychometric evaluation or school psychology; or
            (D) counselling and interviewing;
    (c) 405 hours in professional competency, which must include:

(i) hearing measurement;

(ii) audiological assessment;

(iii) electrophysiological and other diagnostic measurements;

(iv) basic and advanced concepts in amplification (systems, selection, fitting, verification and validation);

(v) implantable hearing devices;

(vi) calibration and maintenance of instruments;

(vii) auditory and vestibular disorders involving both peripheral and central pathways of hearing;

(viii) assessment and management of tinnitus, including hyperacusis;

(ix) paediatric audiology;

(x) habilitation and rehabilitation procedures applied to children, adults, the elderly and specific populations, such as developmental delay and occupational hearing loss; and

(xi) professional practice issues specific to audiology;

(d) 45 hours in professional competency in relation to all communication disorders, which must include speech and language development, delays and disorders, such as screening or identification programs and procedures for speech, language and hearing problems throughout the lifespan, and potential impact of hearing loss on speech and language acquisition;

(e) 350 hours of supervised clinical practicum components, which must include a minimum of 300 hours of direct Patient contact or simulation, involving

(i) a minimum of 50 hours with children;

(ii) a minimum of 50 hours with adults;

(iii) a minimum of 100 hours of assessment;

(iv) a minimum of 50 hours of intervention;

(v) 20 hours of direct Patient contact or simulation, which must include exposure to speech-language pathology assessment, intervention and/or prevention activities; and

(vi) one or more of the following clinical practicum components on the topics of:

(A) hearing measurement:

(B) audiological assessment;

(C) electrophysiological and other diagnostic measurements;

(D) amplification (systems, selection, fitting, verification and validation);

(E) implantable hearing devices.

2. No more than 50 hours of the 350 hours of supervised clinical practicum required under paragraph 1(e) may be completed in simulation.

Dietetics

The criteria the Licence Committee must consider under Bylaw 6.26(a) and 6.29(a) for an Equivalency Determination in respect of dietetics are successful completion of the following:

1. at least a bachelor's level degree with a focus in dietetics and that includes the coursework common to the Recognized Education Programs in dietetics listed in Schedule "5";

2. a program of practical training or internship program in dietetics of at least 1480 hours with at least:

   (a) 840 hours addressing clinical nutrition in Hospital;

   (b) 160 hours addressing population and public health in the community;

   (c) 320 hours addressing management of food systems administration; and

   (d) 160 hours of electives and research.

Hearing Instrument Dispensing

The criteria the Licence Committee must consider under Bylaws 6.26(a) and 6.29(a) for an Equivalency Determination in respect of hearing instrument dispensing are as follows:

1. An academic program must be provided by a degree or diploma granting post-secondary institution and must include in-class and in-lab learning as well as a clinical practicum component with at least 150 contact hours.

2. The topics that must be covered in each of these components are:

   (a) theoretical knowledge (in-class instruction):

   <u>fundamental knowledge</u>

   (i) anatomy and physiology of the ear;

   (ii) physics of sound and acoustics;

(iii) speech perception and psychoacoustics;

(iv) hearing disorders;

assessment

(v) hearing assessment and interpretation;

treatment

(vi) amplification device knowledge, hearing aid verification and validation

Patient management

(vii) psycho-social impact of hearing loss;

(viii) counselling assessment and treatment information;

(ix) consent, privacy, and confidentiality;

(x) aural rehabilitation;

(xi) tenets of Patient-centered care;

(xii) selling and offering to sell hearing instruments;

(b) related knowledge (in-class instruction):

(i) scope of practice and knowledge of related professions;

(ii) ethics and professionalism;

(iii) infection control;

(iv) hearing loss in the aging population;

(c) professional competencies (performed in a simulated lab):

(i) assessment, including:

(A) case history;

(B) questionnaires;

(C) otoscopy;

(D) audiometry (air conduction, bone conduction, speech, masking, LDL, MCL, UCL);

(E) tympanometry;

(F) interpretation;

(G) recommendations; and

(H) referral;

(ii) report writing and documentation including consent;

(iii) counselling information to Patient and families;

(iv) treatment, including:

(A) hearing aid selection;

(B) earmold and earmold impressions;

(C) verification including Real Ear Measurement;

(D) hearing aid and accessories orientation;

(E) follow-up;

(F) validation of hearing aid benefit;

(G) communication strategies;

(H) referral;

(v) hearing aid troubleshooting;

(vi) calibration and equipment maintenance;

(vii) hearing aid maintenance;

(viii) infection control;

(ix) knowing when/how to refer out;

(x) tinnitus management for uncomplicated tinnitus;

(d) clinical practicum (performed onsite and under supervision).

Psychology

The criteria the Licence Committee must consider under Bylaws 6.26(a) and 6.29(a) for an Equivalency Determination in respect of psychology are as follows:

1. Doctoral degree in clinical, counselling, or school psychology, or another area of psychology practice acceptable to the Licence Committee, from an education program, which at the time of the applicant's graduation, was a government-approved or government-authorized degree-granting institution of higher education.

2. Coursework completed in education program provides foundational knowledge and training in core competencies for the practice of psychology, including in the areas of:

(a) biological bases of behaviour;

(b) cognitive/ affective bases of behaviour;

(c) social bases for behaviour;

(d) individual differences;

(e) ethics and standards in professional psychology;

(f) research design and methodology;

(g) statistics;

(h) psychometrics;

(i) professional practice of assessment;

(j) professional practice of intervention; and

(k) any other coursework required by Licence Committee policies;

3. Education program content:

(a) provides broad training in the practice of psychology including a range of assessment and intervention procedures and is not restricted to a single type;

(b) covers core competencies; and

(c) requires completion of a research-based dissertation;

4. Education program includes a minimum of 600 hours of pre-degree practical experience in the delivery of psychological services that:

(a) was completed under the direct supervision of a psychologist registered in the jurisdiction in which the supervision takes place; and

(b) satisfies the following criteria:

(i) at least half of the supervised practicum training is devoted to direct, face-to-face Patient contact (defined as time students spend interviewing, assessing, or intervening with Patients directly);

(ii) students must receive a minimum of one hour of supervision for every four hours of Patient contact;

(iii) in addition to direct service and supervision, students participate in clinically relevant activities in support of the direct service; such as

(A) writing progress and process notes;

(B) report writing;

(C) case treatment planning;

(D) consultation;

(E) session review;

(F) case presentations;

(G) case-relevant literature reviews;

(H) rounds;

(I) case conferences;

(J) psychometric test scoring and interpretation;

(K) learning new psychological measures, interventions and treatments; and

(L) professional development or continuing education that supports specific Patient care;

(iv) the balance between direct service, supervision and support hours required by the student evolves with developing competence;

(v) 75% of the required supervision provided to a student during practicum training is individual supervision, while the remaining 25% can be either individual or group supervision.

5. A program of practical training for psychology:

Pre-Doctoral Internship

(a) A pre-doctoral internship in psychology is an organized training program consisting of a planned, programmed sequence of training experiences and activities, providing exposure to a variety of problems and populations.

(b) A staff psychologist designated as the "Director of Training" is responsible for the integrity and quality of the training program and present at the training facility for a minimum of 20 hours a week.

(c) The internship agency has at least two interns completing the internship at the same time.

(d) The internship agency training staff consists of at least two full time equivalent psychologists who serve as primary supervisors, who are doctoral prepared, and have been a psychology Licensee or equivalent and in good standing with the psychology regulatory body in the jurisdiction in which the program is located for a minimum of two years immediately prior to the time the intern starts the pre-doctoral internship.

(e) Structure of supervision:

(i) provided by staff members or qualified affiliates of the internship agency who are accountable to the internship director regarding their supervision;

(ii) supervisors carry clinical responsibility for the cases being supervised;

(iii) a minimum of one hour of supervision for each four hours of Patient contact per week;

(iv) at least three hours per week of regularly scheduled face-to-face individual supervision are provided by psychologists who are doctoral prepared, and have been a psychology Licensee or equivalent and in good standing with the psychology regulatory body in the jurisdiction in which the program is located for a minimum of two years immediately prior to the time the intern starts the pre-doctoral internship.

(f) Supervision is provided with the specific intent of dealing with psychological services rendered directly by the intern. Administrative supervision and personal growth experiences are not included as part of the required supervision.

(g) Range of experience:

(i) a range of psychological assessment and intervention activities, not restricted to a single type;

(ii) a variety of problems and Patient populations, including exposure to different theoretical models and treatment modalities as well as different age groups and levels of severity;

(iii) various settings including Hospitals, private practice, outpatient clinics and other private and public institutions; and

(iv) conducted directly with recipients of psychological services.

(h) A written training plan detailing general and individualized training goals and objectives is completed at the beginning of the training year.

(i) At least 30% of the intern's time is in providing direct psychological services to Patients, seeing a sufficient number to ensure that the intern reaches a level of competent clinical service in the area in which they plan to practice.

(j) The internship must provide at least two hours per week in didactic activities such as case conferences, seminars, in-service training, or grand rounds, and excluding supervision.

(k) Internship training is subsequent to required clerkships, practica and externships. For psychologists, it must be obtained while enrolled in a doctoral program or post-doctorate.

(l) The internship is full-time over one calendar year or half-time over two consecutive calendar years. The full-time and half-time experiences each provide, at a minimum, 1600 hours of supervised experience. A half-time

experience over two years must take place at the same internship program.

(m) Formal written evaluations of each intern's performance are conducted at least twice per year.

School Psychology

The criteria the Licence Committee must consider under Bylaws 6.26(a) and 6.29(a) for an Equivalency Determination in respect of school psychology are as follows:

1. Degree in psychology that meets the following requirements:
   (a) master's degree in psychology from an education program, which, at the time of the applicant's graduation; was either
      (i) a government-approved or government-authorized degree-granting institution of higher education in Canada; or
      (ii) a regionally-accredited institution of higher education in the United States;

2. Coursework completed in degree program providing foundational knowledge and training in core competencies for the practice of school psychology, including in the areas of:
   (a) psychoeducational assessment;
   (b) psychometrics;
   (c) consultation;
   (d) ethics in professional practice; and
   (e) any other coursework required by Licence Committee policies;

3. Program content:
   (a) provides broad training within the area of practice of school psychology; and
   (b) covers core competencies;

4. Supervised experience:
   (a) incorporates a minimum of 300 hours of pre-degree practical experience in the delivery of psychological services in one or both of a school setting or a training clinic affiliated with the school psychology program;

(b) is completed under the direct supervision of a psychologist or school psychologist registered in the jurisdiction in which the supervision takes place; and

(c) satisfies the following criteria:

(i) at least half of the supervised practicum training is devoted to direct, face-to-face Patient contact, including time spent interviewing, assessing, or intervening with Patients;

(ii) students must receive a minimum of one hour of supervision for every 4 hours of Patient contact;

(iii) in addition to direct service and supervision, students participate in activities in support of direct service to Patients; such as

(A) writing progress and process notes;

(B) writing reports of assessments;

(C) planning interventions;

(D) consulting with Patients or school staff;

(E) reviewing interactions with Patients;

(F) presenting cases to peers;

(G) conducting case-relevant literature reviews;

(H) participating in rounds;

(I) participating in interdisciplinary case conferences;

(J) scoring and interpreting tests;

(K) learning new assessment measures and interventions; and

(L) professional development/continuing education that supports specific Patient care;

(iv) the balance between direct service, supervision and support hours required by the student evolves with developing competence;

(v) 75% of the required supervision provided to a student during practicum training is individual supervision, while the remaining 25% can be either individual or group supervision.

5. Program of practical training that meets the following requirements:

<u>School Psychology Internship</u>

(a) A school psychology internship is an organized training program which, in contrast to supervised experience or on-the-job training, is designed to

provide the intern with a planned, programmed sequence of training experiences and activities, providing exposure to a variety of problems and populations within the context of a school setting.

(b) Each intern is supervised by a psychologist or school psychologist who serves as a primary supervisor.

(c) The supervisor carries professional responsibility for the cases being supervised and is identified as such. At least two hours per week of regularly scheduled face-to-face individual supervision is provided.

(d) Supervision is provided with the specific intent of dealing with psychological services rendered directly by the intern. Administrative supervision and/or personal growth experiences are not included as part of the required supervision.

(e) The internship provides experiences in a wide range of school psychology services including assessment, intervention and consultation at both the individual and systems level. Interns work with Patients of varying ages, ethnicities and socioeconomic backgrounds, and with varying abilities, disabilities and needs. The training is conducted directly with recipients of psychological services.

(f) A written training plan detailing general and individualized training goals and objectives is completed at the beginning of the training year.

(g) At least 30% of the intern's time is in providing direct psychological services to Patients, seeing a sufficient number of Patients to ensure that the intern reaches a level of competent practice in the area of school psychology.

(h) In addition to supervised experience, the internship must include didactic activities such as case conferences, seminars, or in-service training.

(i) Internship training is subsequent to satisfactory completion of required coursework, practica and externships. It must be obtained while enrolled in a master's program.

(j) The internship is full-time over one school year, or half-time over two consecutive school years. The full-time and half-time experiences each provide, at a minimum, 1200 hours of supervised experience in a school setting. A half-time experience over two years must take place at the same internship agency.

(k) Formal written evaluations of each intern's performance are conducted at least twice per year.

Alberta-Registered Applicants

The criteria the Licence Committee must consider under Bylaw 6.5.2 in respect of an Equivalency Determination for applicants registered with the College of Alberta Psychologists are as follows:

1. Obtaining a minimum of 400 hours of supervised practice hours in the competencies of psychometric testing, psychological assessment, and provision of psychological diagnosis.

2. Submission of a supervision plan to the Registrar, in the form and manner required, for pre-approval by the Licence Committee prior to commencement of the required supervised hours.

3. Confirmation that at all times the supervising psychologist holds a Full Licence: Psychology with the College, has been in Good Standing with the College for at least two years prior to commencing supervision, and remains in Good Standing throughout the supervision period.

4. The structure of supervision must consist of:
   (a) minimum of one supervision hour for each four hours of Patient contact;
   (b) supervision must be regularly-scheduled and at least weekly, face-to-face and individual; and
   (c) at least 120 hours must consist of direct psychological services to Patients.

5. The supervising psychologist must submit one or more reports to the Registrar for review by the Licence Committee, in the form required, at the end of the period of supervision or at any other time requested by the Registrar. The supervising psychologist's evaluation of the performance of the supervised hours as confirmed in the report(s) must be made against competency-based criteria established by the Licence Committee. The Licence Committee may request additional information and re-submission of the supervising psychologist report(s) to allow the committee to properly evaluate the supervised practice hours requirement.

Speech-Language Pathology

The criteria the Licence Committee must consider under Bylaws 6.26(a) and 6.29(a), for an Equivalency Determination in respect of speech-language pathology are as follows:

1. A speech-language pathology education program must be provided by a degree-granting university and must include the following:

(a) 135 hours of course work in basic knowledge specific to speech-language pathology, with at least:

(i) one course in the area of anatomical, physiological and neurological basis of speech, language and hearing functioning; and

(ii) two courses in the area of fundamental information pertaining to the use of speech and language processes;

(b) 180 hours in basic knowledge specific to other health professions; with at least:

(i) two courses in the area of basic principles and methods involved in conducting research in human behaviour;

(ii) one course in the area of professional practices and issues or administrative organization of audiology or speech-language pathology programs; and

(iii) one course in the area of psychological and social aspects of human development, which must provide information from related fields such as psychology or education pertinent to communication disorders, including at least one of:

(A) theories of learning and behaviour that have application to communication disorders;

(B) personality development or abnormal behaviour;

(C) development and education of special populations, psychometric evaluation or school psychology; or

(D) counselling and interviewing;

(c) 405 hours in professional competency, which must include:

(i) articulation or phonological disorders;

(ii) preschool or school-aged language development and literacy;

(iii) developmental language disorders;

(iv) acquired language disorders;

(v) cognitive communication disorders;

(vi) voice disorders;

(vii) resonance disorders or structurally related disorders, such as cleft lip and palate;

(viii) fluency disorders;

(ix) neurologically based speech disorders;

(x) augmentative and alternative communication;

(xi) dysphagia; and

(xii) professional practice issues specific to speech-language pathology;

(d) 45 hours in professional competency in relation to all communication disorders, which must include:

(i) development of normal hearing;

(ii) hearing disorders and related speech-language disorders, such as symptoms of hearing disorders, including associated speech, language and voice profiles;

(iii) screening procedures and basic audiometric testing;

(iv) application of audiometric information to the speech- language assessment;

(v) modification in speech and language procedures to accommodate varying degrees of hearing loss;

(vi) approaches to habilitation and rehabilitation of speech and language of the hearing impaired; and

(vii) use, care and maintenance of hearing aids, assistive listening devices, and amplification systems;

(e) 350 hours of supervised clinical practicum components, which must include a minimum of 300 hours of direct Patient contact or simulation, involving:

(i) a minimum of 50 hours with children;

(ii) a minimum of 50 hours with adults;

(iii) a minimum of 50 hours of assessment;

(iv) a minimum of 100 hours of intervention;

(v) one or more of the following clinical practicum components on the topics of:

(A) articulation or phonological disorders:

(B) preschool or school-aged language development and literacy;

(C) developmental language disorders; acquired language disorders;

(D) cognitive communication disorders;

(E) voice disorders;

(F) resonance disorders or structurally related disorders, such as cleft lip and palate;

(G) fluency disorders;

(H) neurologically based speech disorders;

(I) augmentative and alternative communication; and

(J) dysphagia; and prevention and identification activities, and

2. 20 hours of direct Patient contact or simulation, which must include exposure to audiology assessment, intervention, and prevention activities.

Schedule 9: Investigation Expenses

Order for Investigation Expenses

1.0 An order for Investigation expenses under section 273 of the Act consists of:

(a) all applicable recoverable expenditures at their actual cost, as set out in paragraph 2

(b) the assessable costs as provided for in the tariff at paragraph 6; and

(c) any photocopying costs incurred at the rate of $0.35 per page.

Recoverable Expenditures

2.0 Recoverable expenditures include:

(a) costs (including wages, salary, or other payments) incurred with respect to Persons who are engaged in an Investigation, including but not limited to individuals engaged as Investigators;

(b) any expenditures incurred by an Investigator;

(c) fees charged and expenses incurred by legal counsel retained by the College;

(d) fees charged and expenses incurred by any subject matter experts retained to provide advice on any issue arising during an Investigation;

(e) costs associated with conducting interviews, including:

(i) recording;

(ii) the attendance of a court reporter;

(iii) the preparation of a transcript;

(iv) the attendance of a translator;

(v) preparation of a translation; and

(f) all other reasonable costs, fees, or expenses paid or payable by the College, or an Investigator or other person on behalf of the College, in conducting an Investigation.

Units Under this Tariff

3.0 The value of a unit under this tariff is $150.00.

4.0 The amount of assessable costs required by paragraph 1(a) of this Schedule is obtained by multiplying the total number of units applicable by $150.00.

5.0 Where this tariff provides for a range of allowable units for an item, a Person who may make an order under section 273 of the Act may assess any number within that range, and, in deciding on the appropriate number of units to assess:

(a) must take into account the concept that the minimum number of units is meant for matters that are quicker and less complex, and the maximum number of units is meant for lengthier and more complex matters; and

(b) may consider any impact that the Respondent's level of cooperation had on the length and complexity of the Investigation.

6.0 The number of units allowable under this tariff is set out in the chart below:

Item	Event	Units allowable
1	Investigations, correspondence, conferences, or instructions relating to an Investigation for which provision is not made elsewhere in this tariff	1 – 20
2	All processes for obtaining and reviewing documents for which provision is not made elsewhere in this tariff	1 – 20
3	Gathering information and records under section 121 of the Act	1 – 5
4	Preparation of information and report to the Investigation Committee under section 123 of the Act	1 - 10
5	All processes for contacting and interviewing witnesses, per witness	1 – 10
6	Making of an information and production order under section 131 of the Act	1 - 5
7	All processes related to the making of a Summary Protection Order	1 - 30
8	All processes related to a Competence Assessment	1 – 10
9	All processes related to the making and enforcement of an order under section 133 of the Act	1 - 10
10	Correspondence relating to the making of an order under section 158 of the Act	1 - 5

11	Making of an order under section 158 of the Act	1 - 5
12	Making of an order under section 159 of the Act	1 - 5
13	Preparation of a final report under section 134 of the Act	1 - 20
14	All processes related to the preparation and provision of information to the Director of Discipline under section 137 of the Act	1 - 10
15	All processes related to the correspondence, negotiation, and approval of a Disciplinary Order under section 139 of the Act	1 - 20
16	All processes related to the provision of information under section 245 or 246 of the Act	1 – 10
17	All processes related to making public notice or publication under section 255 or 256 of the Act	1 – 10
18	All processes related to an Investigation under Part 8, Division 3 of the Act	1 – 50
19	All processes related to a disposition under section 377(1) of the Act	1 - 10