

FORM 2A

APPLICATION FOR REGISTRATION

(CPodSBC Bylaws Part 4, s. 41 - 44)

- A summary of the requirements for full, educational, non-practicing and temporary registration is provided in the attached "Application for Registration Information Form".
- **All required documentation must be received before your application will be processed.**
- Please type or print clearly: The name and address stated below will be used to advise you on all matters related to this application including notification of exam results.

1. PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Surname) (First) (Middle)

Maiden / Previous / Alias Name(s): \_\_\_\_\_

Birth date: (mm/dd/yyyy) \_\_\_\_\_

Address:

\_\_\_\_\_  
(Number & Street) (City)  
\_\_\_\_\_  
(Province/State) (Country) (Postal/Zip code)

Phone: (Daytime) \_\_\_\_\_ Phone: (Evening) \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. REGISTRATION CATEGORY

Indicate the registration class in which you are applying to be registered : (choose one only)

- (a) Full  (b) Educational   
(c) Non-Practising  (d) Temporary

3. EDUCATIONAL INFORMATION

(a) College(s) of Podiatric Medicine:

Name: \_\_\_\_\_ attended from: \_\_\_\_\_ to: \_\_\_\_\_

Name: \_\_\_\_\_ attended from: \_\_\_\_\_ to: \_\_\_\_\_

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(b) **Post-graduate podiatric residency program:**

Name: \_\_\_\_\_ attended from: \_\_\_\_\_ to: \_\_\_\_\_

(c) **Other post-secondary podiatric or health care-related education:**

Name: \_\_\_\_\_ attended from: \_\_\_\_\_ to: \_\_\_\_\_

Degree or standing attained: \_\_\_\_\_

Name: \_\_\_\_\_ attended from: \_\_\_\_\_ to: \_\_\_\_\_

Degree or standing attained: \_\_\_\_\_

**4. DECLARATIONS**

(a) Have you ever been expelled or suspended from a post-secondary institution?

yes  no

*(If yes, please provide details on a separate page and attach.)*

(b) Have you ever applied to write the CPodSBC jurisprudence examination before?

yes  no

If yes, when? \_\_\_\_\_

(c) Have you ever been registered or licensed to practice podiatric medicine or any other health profession in any other jurisdiction(s)?

yes  no

*(If yes, please list all dates and locations on separate page and attach.)*

(d) Have you ever been refused a license in another jurisdiction?

yes  no

*(If yes, please provide details, including dates, on a separate page and attach.)*

(e) Have you ever been the subject of a complaint to a body responsible for the regulation of podiatric medicine or other health profession?

yes  no

*(If yes, please provide the details of the complaint and its disposition by the governing body on a separate page and attach.)*

(f) Have you ever been sued for damages resulting from or related to your practice of podiatric medicine or another health profession?

yes  no

*(If yes, please provide details on a separate page and attach.)*

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(g) Are you presently aware of any potential liability claims that may be brought against you?

yes  no

*(If yes, please provide details on a separate page and attach.)*

(h) Have you ever been charged with an offence under the *Criminal Code*, or under any statute governing a health profession?

yes  no

*(If yes, please provide details on a separate page and attach.)*

(i) Are you aware of any current investigations or situations that may result in such charges?

yes  no

*(If yes, please provide details on a separate page and attach.)*

**\*\*\* If there are any other facts or special circumstances of which the CPodSBC should be made aware in considering your application for registration, provide details on a separate page and attach. \*\*\***

**5. SOLEMN DECLARATION**

I, \_\_\_\_\_ of \_\_\_\_\_,  
*(applicant's name) (address)*

in the City of \_\_\_\_\_ and Province/State of \_\_\_\_\_,

solemnly declare that to the best of my knowledge and belief, the answers I have provided and statements I have made in this application form are correct and true, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same legal force and effect as if made under oath.

Signature of Applicant: \_\_\_\_\_

Declared before me at: \_\_\_\_\_, in the City of: \_\_\_\_\_,

and Province/State of: \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_,  
*(month) (year)*

Signature and Seal: \_\_\_\_\_  
(Judge, Notary Public, Justice of the Peace or Commissioner authorized to take Oaths and Affirmations)