

Professional Executor Designation Declaration Form

Please carefully review each declaration below and select (check) one or more, as appropriate.

1. Private Practice (ownership of records)

A: I am or was in private practice in BC, and have ownership of records pertaining to my work in BC. I have named a professional executor who is a registrant of this College.

Name of Executor: CPBC Registration Number:

B: I was, but am no longer, in private practice in BC. I declare that I have followed the Code standards with regard to retention and destruction of records and no longer have ownership over any records pertaining to my work in BC. I request an exemption from the requirement to name a professional executor with respect to my work in British Columbia.

2. Institutional Practice (no ownership of records)

C: I have or was in an institutional practice in BC, and I have or had responsibility for records, but not ownership. I declare that I have informed my institutional contact of my obligations in this regard and have informed them that, in the event of my incapacity or death, they may be contacted in this regard.

*****Do NOT use abbreviations. Spell out the name of the institution, in full.*****

Name of Institution:

Address of Institution:

Name of Contact at Institution:

Contact's position: Contact's telephone number:

Name of Institution:

Address of Institution:

Name of Contact at Institution:

Contact's position: Contact's telephone number:

3. Other Practice (no ownership or responsibility for records) [if neither of the above apply]

D: I declare that I have no records over which I have responsibility or ownership, and therefore request an exemption from the requirement to name a professional executor with respect to my work in British Columbia.

Position:

Name of Employer or Institution

AFTER CHECKING AT LEAST ONE OF THE ABOVE BOXES PLEASE SIGN BELOW:

I give permission for the College of Psychologists of BC to contact my Professional Executor should the need arise in the context of the College carrying out its regulatory duties under the HPA.

SIGNATURE

DATE

PRINT NAME