ACCOMMODATION REQUEST FOR TEMPORARY CONDITION TO BE COMPLETED BY REGISTRATION APPLICANT

Applicant Information:

Last Name | First Name | Second Name | Mr ☐ Mrs ☐ Ms ☐ Dr ☐

Street No and Name | City/Town/Village

Province/State | Postal/Zip Code | Country | Area Code | Telephone (home)

Email address | Birthdate (yyyy/mm/dd) | Area Code | Telephone (work)

CCHPBC Application/Number | Gender

Nature of the temporary condition:

(Please include supporting documentation , so that CCHPBC may evaluate your request for accommodation.)

Submit Information to:

Please submit this form directly to the College of Complementary Health Professionals of BC at:

Address
CCHPBC
900 - 200 Granville
Vancouver,
BC Canada | V6C 1S4

Email applications@cchpbc.ca
Fax (604) 608-9726