



College of
**COMPLEMENTARY HEALTH
PROFESSIONALS OF BC**

College Bylaws

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1.0 Definitions and Interpretation

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 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 Complementary Health 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 or the Act 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, by acclamation; and
 - (c) if there is more than one nominee, by 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 A Board Chair and Board Vice Chair hold office for two-year terms, renewable as long as the Person remains a Board Member.
- 2.5 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 majority vote of Board Members.

Powers and Duties of Board Chair and Board Vice Chair

- 2.6 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.
- 2.7 The Board Chair:
- (a) must preside at all Board Meetings unless one of Bylaws 2.8 or 2.9 applies;
 - (b) must fulfill duties required under the Act, the regulations made under the Act, and these Bylaws; and
 - (c) may exercise powers and must perform duties delegated by the Board.
- 2.8 If the Board Chair is absent or unable or unwilling to act for any reason, the Board Vice Chair may preside at Board Meetings, and may exercise the powers and must perform the duties of the Board Chair.
- 2.9 If the Board Chair and Board Vice Chair are absent or unable or unwilling to act for any reason, the Board must appoint an acting Board Chair 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

- 2.10 Board Members are entitled to receive:
- (a) remuneration in accordance with Schedule “3”; and
 - (b) reimbursement for reasonable travel and other expenses necessarily incurred in performing College business.

Frequency of Board Meetings

- 2.11 The Board must meet at least three times in each calendar year.

Format of Board Meetings

- 2.12 The Board may meet and conduct business in person, by telephone, by video conference, or by any other method of telecommunication, or by any combination of these methods.

Calling Board Meetings

- 2.13 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.
- 2.14 A written request under Bylaw 2.13(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

- 2.15 The Registrar must provide reasonable notice of a Board Meeting to Board Members and the public.
- 2.16 The Registrar may provide notice under Bylaw 2.15:
- (a) to Board Members, by emailing notice to the address for delivery provided by the Board Member for such purpose; and
 - (b) to the public by posting a notice on the College website.
- 2.17 Despite Bylaw 2.15, notice of a Board Meeting to 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.
- 2.18 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 Board Meetings

- 2.19 Subject to Bylaws 2.20 through 2.23, a Board Meeting is open to the public.
- 2.20 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.

- 2.21 Despite Bylaw 2.20, 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.
- 2.22 The Board may convene a Closed Meeting, or move from an open to Closed Meeting, to discuss any of the following:
- (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.

2.23 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 decisions.

Board Meeting Decision-Making Procedures

2.24 A majority of the Board Members constitutes a quorum.

2.25 Any Board Member may move or propose a resolution.

2.26 No resolution need be seconded.

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

2.28 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

2.29 Board resolutions made in writing, by email or other means:

- (a) must be passed by Special Resolution; and
- (b) have the same binding effect as if passed at a Board Meeting.

Minutes of Board Meetings

2.30 The Registrar must ensure that minutes are taken at each Board Meeting and retained.

2.31 The Board Chair must ensure minutes are taken and retained for any part of a Closed Meeting from which the Registrar is excluded.

2.32 Subject to Bylaw 2.33, resolutions approved in writing under Bylaw 2.29 must be included in the minutes of the following Board Meeting.

2.33 The Registrar must Publish the minutes of each Board Meeting, 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.

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

Conflict of Interest – Board Members

2.35 The Board must establish a code of conduct for the Board and Committees, including a Conflict of Interest policy for Board Members.

2.36 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) as soon as reasonably practicable disclose the general nature of the Conflict of Interest to the other Board Members; and
- (b) follow the directions issued by the Board, which may include a requirement to provide additional information relevant to the Conflict of Interest.

2.37 When a Board Member discloses a Conflict of Interest, the remaining Board Members must make a record of the disclosure and provide a copy to the Registrar to maintain with the College records.

2.38 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, which may include issuing directions to the disclosing Board Member to:

- (a) refrain from discussing, voting on, or taking any action with respect to any matter in which they may have a Conflict of Interest;
- (b) removing themselves from portions of Board Meetings that are scheduled to address the matter on which they may have a Conflict of Interest; and
- (c) refrain from attempting to exert any influence with respect to the matter on which they may have a Conflict of Interest.

2.39 The Board must not presume any Conflict of Interest for any Board Member:

- (a) based solely on the 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; or
- (b) 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

2.40 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 or the public respecting any matter for which the Board may or must exercise powers or perform duties.

2.41 The Registrar must Publish any policies and procedures the Board establishes or adopts under Bylaw 2.40.

2.42 The Board must establish a Consensus Decision Policy.

Bylaw Making Powers

2.43 When making or amending Bylaws, the Board must undertake consultation as follows during a consultation period directed by the Board:

- (a) for consultation with the public and Persons affected by a proposed bylaw, the Board must direct the Registrar to Publish proposed bylaws together with a brief description of the proposed bylaws and invite written comments;
- (b) for consultation with other Regulators, the Board must direct the Registrar to deliver the proposed bylaws to specified Regulators and invite written comments; and
- (c) for purposes of consultation and cooperation with Indigenous Peoples of British Columbia with respect to the types of bylaws set out in section 384(2)(c) of the Act, the Registrar must deliver the proposed bylaws to the Persons nominated for this purpose by the Indigenous Governing Bodies or other entities representing Indigenous Peoples and invite comments.

Recommendations to the Superintendent

2.44 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

Committee Established

- 3.1 The following Committees are established:
- (a) the Licence Committee;
 - (b) the Permit Committee;
 - (c) the Investigation Committee;
 - (d) the Finance and Audit Committee; and
 - (e) 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 at least seven Persons appointed by the Board, and must include:
- (a) at least one Licensee 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 at least six Persons appointed by the Board, and must include:
- (a) at least one Licensee from each of the Designated Health Professions of Chiropractic, Massage Therapy, and Naturopathic Medicine; and
 - (b) at least three Public Committee Members.

Investigation Committee Composition

- 3.5 The Investigation Committee consists of at least 11 Persons appointed by the Board, and must include:
- (a) at least two Licensees from each Designated Health Profession regulated by the College; and
 - (b) at least three Public Committee Members.

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

- 3.6 The Finance and Audit Committee and the Governance and Human Resources Committee each consist of at least three and no more than six Persons appointed by the Board.
- 3.7 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.
- 3.8 Subject to the regulations made under the Act, the Board may appoint any Person, including a Board Member or a Committee Member, as a member of either or both of the Finance and Audit Committee and the Governance and Human Resources Committee.

Advisory Working Groups

- 3.9 The Registrar may appoint advisory working groups for such purposes, and on such terms, as the Registrar considers necessary or appropriate.
- 3.10 Subject to the regulations made under the Act, the Registrar may appoint any Person other than a Board Member to an advisory working group.

Committee Membership

- 3.11 Subject to section 359(4) of the Act [*ineligible appointments*], the Board may appoint any Person to a Committee.
- 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 appointment 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 by the Board by majority vote.

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 knowledge and experience of an Indigenous Committee Member, or a Committee Member from another community.

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

Committee Chair and Committee Vice Chair

3.17 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.

3.18 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.

3.19 If a Committee chair of a Committee 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.

Powers and Duties of Committee Chair and Committee Vice Chair

3.20 A Committee chair:

- (a) must preside at all meetings of the Committee;
- (b) must fulfill duties under 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.

3.21 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.

3.22 If the Committee chair and Committee vice chair are absent or unwilling to act for any reason, the Committee must appoint an acting chair by majority vote to preside at the meeting and to exercise powers and perform 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

3.23 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

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

Committee Panels

3.25 The Licence Committee, the Permit Committee, and the Investigation Committee may establish and meet in Panels, with Panel Members and a chair of the Panel appointed by the Committee chair.

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

- 3.27 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 efforts to ensure the selection of Panel Members provides for the perspectives of Indigenous Persons.
- 3.28 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 connected with or affected by the matter at issue.
- 3.29 A Committee Member may be appointed concurrently to more than one Panel of the Committee.
- 3.30 A Panel may exercise any power, duty, or function of the Committee, except the power to appoint a Committee chair or vice chair.
- 3.31 If a Panel consists of three members, all members of the Panel constitute a quorum.
- 3.32 If a Panel consists of more than three members, quorum consists of a majority of the Panel, including at least one Public Committee Member.

Committee and Panel Meetings

- 3.33 A Committee or Panel may meet and conduct business in person, by telephone, by video conference, or by any other method of telecommunication.
- 3.34 Subject to the Act, the regulations made under the Act, and these Bylaws, Committee and Panel meetings are not open to the public.
- 3.35 Bylaws 2.35 - to 2.39 [*conflicts of interest*] apply to each Committee and each Panel as if it were the Board.
- 3.36 If directed by the Board, 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, regulations made under the Act, and these Bylaws.
- 4.2 The Registrar may appoint an Employee whose role is to assist with reconciliation and Indigenous anti-discrimination initiatives by the College, including initiatives relating to:
- (a) enhancing cultural safety for Indigenous Licensees and Indigenous Patients; and
 - (b) preventing and addressing systemic challenges and advancing anti-racism, anti-discrimination, and anti-colonialism measures.
- 4.3 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.
- 4.4 Without limiting the scope of Bylaw 4.6, the Registrar may designate any Employee of the College to exercise any power or duty of the Registrar as assigned by the Registrar.
- 4.5 An Employee of the College designated by the Registrar under Bylaw 4.4 has the same authority as the Registrar when acting on behalf of the Registrar.

Deputy Registrars

- 4.6 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.

Legal Counsel

- 4.7 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.
- 4.8 The Board may, by resolution, retain legal counsel to assist the Board on any College matter.

Fiscal Year

- 4.9 The fiscal year of the College commences on April 1 of each calendar year and ends on March 31 of the following year.
- 4.10 The Board must, for each fiscal year:
- (a) approve an operating budget and a capital budget and corresponding fees for the fiscal year;
 - (b) 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
 - (c) establish or maintain contingency reserve funds and limits and conditions for the permissible uses of such funds.

Banking, Borrowing, and Investments

- 4.11 The Registrar must establish and maintain accounts, in the name of the College, with one or more chartered bank, trust company, or credit union.
- 4.12 Subject to any policy approved by the Board, the Registrar may raise money or guarantee or secure the payment of money, in the name of the College, to carry out the purposes of the College.
- 4.13 The Registrar may invest funds of the College, in the name of the College, in a manner consistent with any investment policy approved by the Board.

Auditor

- 4.14 The Board must appoint a chartered professional accountant as the auditor for the College.
- 4.15 The Board must, for each fiscal year, direct the auditor to conduct an audit of the College's financial statements.

- 4.16 The Registrar must submit the College's financial statements to the auditor not later than 60 days after the end of each fiscal year.
- 4.17 A copy of the auditor's report must be included in the College's annual report made by the Board under section 398 of the Act.
- 4.18 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) provide written notice to the predecessor auditor of the removal.

Conflict of Interest – Employees and Officers

- 4.19 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.
- 4.20 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.
- 4.21 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.
- 4.22 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.

Notice by the College

4.23 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 former Health Profession Corporation that no longer holds 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 of the head 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, and other applicable statutes and regulations.
- 5.4 The Registrar must take reasonable steps to ensure that service providers and third parties who have access to College information are subject to requirements regarding information handling that comply with FOIPPA and any College information, confidentiality, and privacy policies relevant to the service.

Disposal or Transfer of Records Containing Personal Information

- 5.5 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

- 5.6 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

- 5.7 The Registrar must establish a policy that includes procedures 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.
- 5.8 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 5.7.

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 procedures or policies related to the Registry.
- 5.11 In addition to information permitted or required to be disclosed on the Registry under the Act, these Bylaws and regulations under the Act, the Registrar may include the following information in the Registry:
- (a) 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
 - (b) 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.

6.0 Licensure

Classes of Licences

- 6.1 The following classes of Licences are established:
- (a) Chiropractic: Full;
 - (b) Chiropractic: Non-Practising;
 - (c) Massage Therapy: Full;
 - (d) Massage Therapy: Non-Practising;
 - (e) Naturopathic Medicine: Full;
 - (f) Naturopathic Medicine: Non-Practising;
 - (g) Traditional Chinese Medicine and Acupuncture: Full; and
 - (h) Traditional Chinese Medicine and Acupuncture: Non-Practising.
- 6.2 The following sub-classes of Licences for Traditional Chinese Medicine and Acupuncture: Full are created:
- (a) Traditional Chinese Medicine Practitioner: Full;
 - (b) Doctor of Traditional Chinese Medicine: Full;
 - (c) Acupuncturist: Full; and
 - (d) Traditional Chinese Medicine Herbalist: Full.

Non-Practising (Legacy) Class Closure and Expiration

- 6.3 The non-practising classes of Licence for all Designated Health Professions are closed as of the In-Force Date, such that as of that date:
- (a) no new Licences in these classes will be issued;
 - (b) no transfer from a full Licence to a non-practising Licence is permitted; and
 - (c) only renewals of existing Licences, subject to Bylaw 6.4, will be issued.
- 6.4 A non-practising Licensee may transition to full licensure on or before March 31, 2027, by satisfying all eligibility requirements for the applicable Designated Health Profession.
- 6.5 Any remaining non-practising class Licences expire at midnight on March 31, 2027, and may not be renewed.

Publication of Licence and Permit Requirements

- 6.6 The Registrar must maintain and Publish information related to Applications for licensure and permits for each Designated Health Profession, which may include policies and procedures, setting out:
- (a) the forms and information required under these Bylaws, including eligibility information, to be completed or included with registration, renewal, or reinstatement Application;
 - (b) the Fees for Application, Examination, registration, renewal, or reinstatement payable under these Bylaws;
 - (c) the manner of delivery of Applications to the Registrar for registration, renewal, or reinstatement as required in Bylaws 6.7, 6.58 and 6.59;
 - (d) the consequences of failing to satisfy any of the licensure, renewal, or reinstatement requirements;
 - (e) typical Application processing periods for types of Applications; and
 - (f) any known factors deemed by the Registrar likely to delay Application processing.

Licence Applications

- 6.7 A Licence Applicant must provide a completed Application to the Registrar for the class of Licence for which the Application is made in the specified form.

General Eligibility Standards

- 6.8 A Licence Applicant must provide to the College:
- (a) information confirming the Licence Applicant's identity and legal name;
 - (b) Business Contact Information including a telephone number and email address;
 - (c) information required to demonstrate that the Licence Applicant meets the Eligibility Standards for the class of Licence applied for, including conditions and requirements found in Schedule 4: Specific Eligibility Standards by Designated Health Profession;
 - (d) at request of the Registrar, a declaration or other information demonstrating that the Licence Applicant is of good character and will

practise the Designated Health Profession for which the Licence Applicant is seeking a Licence in an ethical manner;

- (e) confirmation of compliance, in a form acceptable to the Registrar, with the requirement to have professional liability protection or liability insurance coverage in an amount of at least \$5,000,000.00 per claim or occurrence;
- (f) a Criminal Record Check Authorization in the form required under the *Criminal Records Review Act*, R.S.B.C. 1996, c. 86, and, in the case of a Licence Applicant who has practised a health profession in another jurisdiction, an authorization for a Criminal Record Check in that jurisdiction and/or a criminal record report in a form satisfactory to the College;
- (g) current first aid certification as may be required for the class of Licence applied for in accordance with Schedule 4: Specific Eligibility Standards by Designated Health Profession;
- (h) except for Applications for a Provisional Licence, original documentation, notarized copy, or other evidence satisfactory to the Registrar of graduation from a Recognized Education Program for the Licence applied for as specified in Schedule 4: Specific Eligibility Standards by Designated Health Profession confirming graduation no more than three years prior to the date of Application;
- (i) proof of successful completion of the jurisprudence Examination and any other Examinations required and approved by the Licence Committee;
- (j) information, in a form satisfactory to the Registrar, dated within 60 days from the date of the Application, from the Extrajurisdictional Regulator in each jurisdiction in which the Licence Applicant is or was, at any time, registered or licensed for the practice of a health profession, confirming that:
 - (i) the Licence 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 Licence 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 (j)(ii) was initiated or completed because the Licence Applicant voluntarily relinquished their authority to practice a health profession;
- (k) information confirming the Licence Applicant's English language proficiency in a form satisfactory to, or in accordance with, a policy established by the Registrar;
- (l) information confirming the Licence Applicant is a Canadian citizen, permanent resident of Canada, or is otherwise authorized to work in Canada;
- (m) payment of any outstanding amount owed or owing by the Licence Applicant to the College, including without limitation any amount accrued or accruing to a Former Regulatory College prior to its amalgamation with the College;
- (n) the applicable Fees set out in Schedule "2";
- (o) information confirming the Licence Applicant's mandatory vaccinations against transmissible illnesses required by or under an act or regulation other than these Bylaws; and
- (p) additional information or records that the Licence Applicant is ordered to provide.

6.9 Despite Bylaw 6.8, a Licence Applicant who is authorized to practice the profession for which the Licence Applicant is seeking licensure in another Canadian jurisdiction is eligible for a Licence if the Licence Applicant:

- (a) holds registration or licensure as the equivalent of a Licensee in good standing in the other jurisdiction;
- (b) is not subject to any practice limitations, restrictions, or conditions in the other jurisdiction; and
- (c) provides the information required in:
 - (i) Bylaw 6.8(a) to (b), (d) to (g), and (i) to (j);
 - (ii) Bylaw 6.8(k) if the Licence Applicant's Extrajurisdictional Regulator did not require English language proficiency; and
 - (iii) Bylaw 6.8(l) to (p).

6.10 Despite Bylaw 6.8, a Licence Applicant who is authorized by an Extrajurisdictional Regulator in a country other than Canada to practice a Health Profession equivalent to the Designated Health Profession for which the

Licence Applicant is seeking licensure, is eligible for Licence if the Licence Applicant:

- (a) holds registration or licensure as the equivalent of a Licensee in good standing with that Extrajurisdictional Regulator, and the Extrajurisdictional Regulator has, in the opinion of the Licence Committee, Eligibility Standards substantially equivalent to the Eligibility Standards of the College;
- (b) is not subject to any practice limitations, restrictions, or conditions in the other country; and
- (c) provides the information required in:
 - (i) Bylaw 6.8(a) to (b), (d) to (g), and (i) to (j);
 - (ii) Bylaw 6.8(k) if the Licence Applicant's Extrajurisdictional Regulator did not require English language proficiency; and
 - (iii) Bylaw 6.8(l) to (p).

Assessment of Non-Current Education Credentials [Non-Current Graduation]

6.11 A Licence Applicant who has graduated from a Recognized Education Program more than three years prior to the date of Application must provide any additional records and information requested by the Registrar to enable the Licence Committee to make an education assessment of the program from which the Licence Applicant graduated and any relevant additional education undertaken by the Licence Applicant.

6.12 Prior to making an assessment of education under Bylaw 6.11, the Licence Committee may:

- (a) engage and instruct a third party to undertake an assessment and report to the College; and
- (b) consider any relevant information about the educational program from which the Licence Applicant graduated and any relevant additional education undertaken by the Licence Applicant.

6.13 The Licence Committee may require a Licence Applicant under Bylaw 6.11 to take additional steps, including but not limited to one or more of the following:

- (a) complete testing to assess the Licence Applicant's knowledge and clinical skills;
- (b) complete one or more courses or programs of study; and

- (c) undergo an assessment of the Licence Applicant's knowledge and clinical skills.

Specific Eligibility Standards by Designated Health Profession

- 6.14 The specific Eligibility Standards for all classes of Licences in the Designated Health Professions of Chiropractic, Massage Therapy, Naturopathic Medicine, and Traditional Chinese Medicine and Acupuncture are prescribed in Schedule 4: Specific Eligibility Standards by Designated Health Profession.
- 6.15 A Licence Applicant must meet the specific Eligibility Standards for the Designated Health Profession Licence applied for found in Schedule 4: Specific Eligibility Standards by Designated Health Profession.

Waiver and Refund of Fees

- 6.16 Upon submission and review of the form and supporting documentation specified by the Registrar, the Registrar may waive, reduce, or refund any Fee payable under this Part due to undue hardship or other circumstances that the Registrar deems appropriate.
- 6.17 The Registrar may waive, reduce, or refund any Fee or part of a Fee payable under this Part consistent with a Published policy.

Recognized Credentials

- 6.18 The British Columbia credentials recognized by the College as satisfying class-specific Eligibility Standards for licensure in the applicable class are set out in Schedule 4: Specific Eligibility Standards by Designated Health Profession.
- 6.19 The Canadian credentials outside British Columbia recognized by the College as satisfying class-specific Eligibility Standards for licensure in the applicable class are set out in Schedule 4: Specific Eligibility Standards by Designated Health Profession.
- 6.20 The non-Canadian Extrajurisdictional Credentials recognized by the College as satisfying class-specific Eligibility Standards for licensure in the applicable class are set out in Schedule 4: Specific Eligibility Standards by Designated Health Profession.

Equivalency Determination of Extrajurisdictional Credentials – General

- 6.21 If a Licence Applicant lacks one or more credentials recognized by the College as demonstrating sufficient qualifications with respect to one or more matters required by the Applicable Eligibility Standards, and is not Licensed or registered in Canada to practise the profession, the Registrar may order or request the Licence Applicant to provide additional information and records to enable the Licence Committee to undertake an Equivalency Determination of the Licence Applicant's Extrajurisdictional Credentials.
- 6.22 A Licence Applicant whose Application requires an Equivalency Determination under Bylaws 6.21 must pay any applicable Fees set out in Schedule "2".

Equivalency Determination of Extrajurisdictional Credentials – Recognized Education Programs

- 6.23 If a Licence Applicant has not graduated from a Recognized Education Program recognized under Bylaw 6.18 to 6.20, and is not Licensed or registered in Canada to practise the profession, the Licence Applicant must satisfy the following requirements:
- (a) where the College recognizes by Publication, in relation to the applicable class of Licence, one or more educational accreditation organizations for the purposes of this section, the Licence Applicant must provide a report from one of the recognized organizations which:
 - (i) verifies the Licence Applicant's identity and educational credentials; and
 - (ii) evaluates the substantial equivalence of the License Applicant's educational attainment in reference to Canadian standards and based on a comparison with current Canadian requirements for licensure to practise the profession; or
 - (b) where the College does not recognize, in relation to the applicable class, an educational accreditation organization for the purposes of this section, the Licence Applicant must provide the information and records requested or ordered by the Registrar to enable the College to undertake an assessment of the Applicant's education in reference to Canadian standards and based on a comparison with current Canadian requirements for licensure to practise the profession.

- 6.24 For the purpose of undertaking the assessment of a Licence Applicant's education in Bylaw 6.23(b), the College may engage and instruct a third party to undertake an assessment and report to the College.
- 6.25 In making an Equivalency Determination relating to an educational program, the Licence Committee may consider any relevant information, including but not limited to:
- (a) any determination made by an accreditation or certification organization acceptable to the College that has assessed the substantial equivalence of the Licence Applicant's educational credentials in whole or in part;
 - (b) whether the Licence Applicant received a degree, diploma, certificate from a government-approved or government authorized educational institution;
 - (c) whether the educational program provides publicly-available criteria for admission and outcome data describing key information about program graduates;
 - (d) whether the faculty teaching the educational program primarily consists of professionals licensed or registered to practise the profession;
 - (e) whether the expressed purpose of the educational program is to educate and train students in the profession;
 - (f) whether the educational program provides broad training in the practice of the profession; and
 - (g) whether the educational program includes clinical experience with supervision.

Process for Equivalency Determination

- 6.26 When making an Equivalency Determination of an Applicant's Extrajurisdictional Credentials, the Licence Committee must determine whether the Licence Applicant's credentials are collectively substantially equivalent to the Applicable Eligibility Standards.
- 6.27 When making an Equivalency Determination of a Licence Applicant's knowledge, skills, ability, and judgment, the Licence Committee must determine if they are substantially equivalent to the knowledge, skills, ability, and judgment required under the Applicable Eligibility Standards.
- 6.28 For purposes of Bylaw 6.26 and 6.27, the Licence Committee may rely on an assessment by an accreditation or certification organization acceptable to it to

assess the substantial equivalency of an Applicant's Extrajurisdictional Credentials, or an Applicant's knowledge, skills, ability and judgment, in whole or in part.

- 6.29 Prior to making an Equivalency Determination, the Licence Committee may require the Licence Applicant to take additional steps, including but not limited to one or more of the following:
- (a) complete testing to assess the Licence Applicant's knowledge and clinical skills; and
 - (b) undergo an assessment of the Licence Applicant's knowledge and clinical skills.
- 6.30 In making an Equivalency Determination, the Licence Committee may consider:
- (a) the information and documents provided by the Licence Applicant;
 - (b) the information obtained under Bylaws 6.28 and 6.29;
 - (c) any determination made by an accreditation or certification organization acceptable to the College that has assessed the substantial equivalency of the Applicant's Extrajurisdictional Credentials, training, and/or practice experience in whole or in part;
 - (d) whether the Licence Applicant is registered or licensed to practise the profession in a non-Canadian jurisdiction;
 - (e) whether the Licence Applicant received formal training and/or credentials from a government-approved or government-authorized educational or credentialing institution in a non-Canadian jurisdiction or unregulated Canadian jurisdiction to practise the profession;
 - (f) the nature, scope, and currency of the Licence Applicant's practice experience in a non-Canadian jurisdiction or unregulated Canadian jurisdiction, and any limitations or conditions on the Licence Applicant's ability to practise in that jurisdiction;
 - (g) the extent and nature of the Licence Applicant's teaching experience, if any, in relation to the profession in a non-Canadian jurisdiction or unregulated Canadian jurisdiction; and
 - (h) the differences, if any, between the practice of the profession in the non-Canadian jurisdiction or unregulated Canadian jurisdiction in which the Applicant practised, and the practice of the profession in Canada,

including current Canadian requirements for licensure to practise the profession.

Periodic Review of Measures Imposed on Extrajurisdictional Applicants

- 6.31 The Licence Committee must periodically review Eligibility Standards, policies, and procedures, to identify any prohibitions, requirements, limits, and conditions imposed on Extrajurisdictional Applicants that do not substantially lower the risk of harm to the public.
- 6.32 With approval of the Registrar, the Licence Committee may retain assistance from appropriate Persons or organizations and engage in consultation with stakeholders in conducting its review.
- 6.33 In conducting its review, 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; and
 - (b) are proportionate to the objective of protecting the public from harm.
- 6.34 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 6.33, the chair of the Licence Committee must notify the Registrar and the Board in writing as soon as practicable after the review.

Examinations and Assessments

- 6.35 Examinations, re-Examinations, and assessments administered by the College must be:
- (a) prepared by or under the direction of the Registrar; and
 - (b) conducted pursuant to any applicable Examination policy approved by the Licence Committee.
- 6.36 For Examinations, re-Examinations, and assessments conducted in whole or in part by the College, the Registrar must:
- (a) determine the time and place for the holding of an Examination, re-Examination, or assessment, designate examiners, and determine the

procedures for the conduct of the Examination, re-Examination, or assessment;

- (b) review the results of the Examination, re-Examination, or assessment for each Exam Candidate and make a determination as to the candidate's qualifications for licensure; and
 - (c) notify the Exam Candidate of the results of the Examination, re-Examination, or assessment in writing as soon as practicable.
- 6.37 Despite Bylaw 6.36, Eligibility Standards for a class of Licence of a Designated Health Profession may provide for one or more specific Examinations or assessments conducted or administered by an external organization, in whole or in part, in addition to or in the place of Examinations or assessments conducted by the College.
- 6.38 Where a Person acting as an examiner, invigilator, or administrator of an Examination, re-Examination, or assessment conducted by the College has reason to believe that an Exam Candidate has engaged in improper conduct during an Examination, re-Examination, or assessment, the Person acting as an examiner, invigilator, or administrator must make a report to the Registrar, and the Registrar may, after providing the Exam Candidate an opportunity to be heard, in writing, take one or more of the following actions:
- (a) pass the Exam Candidate;
 - (b) fail the Exam Candidate;
 - (c) require the Exam Candidate to re-write the Examination or retake the assessment; and
 - (d) disqualify the Exam Candidate from participating in a future Examination or assessment for a specified period.
- 6.39 If the Registrar takes action under Bylaw 6.38(b) to (d), they must provide written reasons for the decision to the Exam Candidate.
- 6.40 A decision by the Registrar in Bylaw 6.38(c) to require an Exam Candidate a re-write or retake an Examination does not count as a failure or an attempt to take an Examination for the purposes of entitlement to make additional attempts to pass Examinations specified in Schedule 4: Specific Eligibility Standards by Designated Health Profession.

Professional Liability Protection or Insurance

- 6.41 All Licensees must obtain and at all times maintain professional liability protection or professional liability insurance against liability in British Columbia for negligence in the provision of Health Services that constitute the practice of their Designated Health Profession(s) in an amount of not less than \$5,000,000.00 per claim or per occurrence.
- 6.42 A Licensee who ceases to maintain professional liability insurance protection or professional liability insurance in compliance with Bylaw 6.41 must comply with the requirements in Bylaw 9.13 [*Professional Responsibilities*].

Duty to Report Charges and Disciplinary Proceedings

- 6.43 A Licence Applicant who is charged with an offence under federal or provincial law, or an equivalent offence in a foreign jurisdiction, must immediately provide written notice to the Registrar specifying the particulars of the charge.
- 6.44 A Licence Applicant who becomes the subject of a regulatory proceeding, including any investigation, inquiry, prosecution, review or appeal, in Canada or a foreign jurisdiction that could result in their entitlement to practice a Health Profession being revoked, suspended, limited, restricted, or made subject to conditions, must immediately upon becoming aware of the proceeding provide written notice to the Registrar specifying the particulars of the proceeding and provide such other information that the Registrar may request or order.

Eligibility Standards for Provisional Licence

- 6.45 The Licence Committee may issue a Provisional Licence to an Applicant under section 50(d) of the Act [*applicants under the Labour Mobility Act*] where:
- (a) the Applicant meets the requirements in Bylaw 6.8 other than subparagraph (c); and
 - (b) the Applicant has provided to the College information and documents relating to the requirements under Bylaw 6.8(c) and the Licence Committee is satisfied the Applicant is Fit to Practise the Designated Health Profession for which the Applicant is seeking licensure when subject to such limits or conditions the Licence Committee may impose under Bylaw 6.46.
- 6.46 The Licence Committee may issue a Provisional Licence to an Applicant under section 50(c) of the Act [*extrajurisdictional practitioners undergoing*]

equivalency determination] where the purpose of the provisional licensure Application is to enable:

- (a) the Licence Committee to conduct Equivalency Determination of the Licence Applicant's education or knowledge, skills, abilities or judgement; or
- (b) the Applicant to complete any Examinations, education, or upgrading of knowledge, skills, and abilities to meet the Applicable Eligibility Standards; or
- (c) both subparagraphs (a) and (b) above.

6.47 The Applicant may be issued a Provisional Licence for a period of up to three months to enable the Applicant to complete the applicable jurisprudence Examination by Designated Health Profession and any other Examinations and requirements permitted by the *Labour Mobility Act*, S.B.C. 2009, c. 20.

6.48 The Licence Committee may specify the limits or conditions on a provisional Licensee, including but not limited to one or more of the following:

- (a) restricting the Reserved Title that may be used by the provisional Licensee;
- (b) restricting the scope of Health Services that may be provided by the provisional Licensee;
- (c) requiring the provisional Licensee to be supervised by, or practise under the direction of, a practising licensee approved by the College;
- (d) requiring the provisional Licensee to complete education, clinical training and/or other remediation steps to continue to be eligible;
- (e) for a provisional Licensee to become eligible for a practising full Licence;
- (f) limiting the types of locations and/or practice settings in which the provisional Licensee may practise; and
- (g) limiting the ability to teach, supervise, or Delegate an Aspect of Practice or a Restricted Activity.

6.49 A Provisional Licence holder may apply to the Registrar, prior to expiry of the three-month term of the Licence, for a one-time extension of up to two additional months.

Limitations on Provisional Licence

6.50 A provisional Licensee may only practise in accordance with any limits or conditions on their Licence.

Voluntary Limits and Conditions

6.51 A Licensee may request the voluntary imposition of limits and conditions on their Licence by providing the following to the Registrar:

- (a) a completed application form specified by the Registrar, including any information required in relation to the reasons for the request; and
- (b) the applicable Fee set out in Schedule “2”.

6.52 Upon receipt and review of the required form and Fee in Bylaw 6.51, the Registrar may do one or more of the following:

- (a) impose appropriate limits and conditions on the Licence;
- (b) determine the duration of any limits and conditions;
- (c) waive or refund the Licence Fees, in whole or in part, that are otherwise owed or paid by the Licensee; and
- (d) deny the request.

Transfer from Non-Practising (Legacy) to Full Licensure

6.53 On or before March 1, 2027, a Licensee may apply for a transfer from a non-practising class of Licence to a full Licence within the same Designated Health Profession by:

- (a) meeting all requirements in Bylaw 6.59 for reinstatement of Former Licensees, if the Licensee has ceased to have a practising Licence for fewer than three years; or
- (b) meeting all requirements in Bylaw 6.61 if the Licensee has ceased to have a practising Licence for three years or more; and
- (c) paying all applicable Fees set out in Schedule “2”.

6.54 For the purpose of determining the duration that a Person has been non-practising under Bylaw 6.53, the time calculation includes both any period of time the Person was a non-practising registrant and any period of time the Person was not registered under the Former Act immediately prior to the In-Force Date.

Licence Renewal Dates and Late Renewal

- 6.55 Except as provided in Bylaw 6.56, annual Licence renewal Fees are due on or before March 15 of each calendar year.
- 6.56 The annual renewal Fee for Licensees of the Designated Health Profession of Chiropractic for 2026 is due on or before July 31, 2026, for a Licence period to March 31, 2027, and thereafter on or before March 15 of each calendar year.

Expiration of Licences

- 6.57 A Licence that is not renewed expires at midnight:
- (a) on July 31, 2026, for Licences in the Designated Health Profession of Chiropractic for that renewal period; and
 - (b) on March 31 each calendar year for all other Licences as of 2026, and for Chiropractic Licences as of 2027.

Renewal Requirements for Licences

- 6.58 A Licensee applying for renewal of a Licence must provide to the College:
- (a) a completed renewal Application in the form specified by the Registrar;
 - (b) a completed declaration in the form specified by the Registrar relating to the Licensee's compliance with the Act, the regulations made under the Act, and these Bylaws, and any limits, conditions or terms imposed on their Licence;
 - (c) confirmation of current first aid certification as may be required for the class of Licence in accordance with Schedule 4: Specific Eligibility Standards by Designated Health Profession;
 - (d) documents confirming compliance with applicable requirements for professional liability protection or professional liability insurance;
 - (e) the annual renewal Fee specified in Schedule "2";
 - (f) any outstanding amount owed or owing by the Licensee to the College;
 - (g) information relating to legal proceedings, including any criminal charges or complaints against the Licensee in other jurisdictions or health colleges, of the kind and in the form specified by the Registrar, since Licence issuance or last renewal;
 - (h) documents or completion of a declaration confirming compliance with currency of practice hours requirements as applicable to a Designated

Health Profession in Schedule 4: Specific Eligibility Standards by Designated Health Profession;

- (i) confirmation of compliance with the annual Quality Assurance Program requirements set out in Bylaw 11.12; and
- (j) additional information or records that the Licensee is requested by the Registrar to provide.

Reinstatement – General

6.59 Subject to Bylaws 6.60 and 6.61, a Former Licensee whose Licence is not suspended or cancelled under the Act seeking reinstatement of Licence must, provide to the Registrar:

- (a) a completed Application for reinstatement in the form specified by the Registrar;
- (b) at request of the Registrar, a declaration or other information demonstrating that the Former Licensee is of good character and will practise the Designated Health Profession for which the Former Licensee is seeking a Licence in an ethical manner;
- (c) confirmation of compliance, in a form acceptable to the Registrar, with the requirement to have professional liability protection or liability insurance coverage in an amount of at least \$5,000,000.00 per claim or occurrence;
- (d) current first aid certification as may be required for the class of Licence applied for in accordance with Schedule 4: Specific Eligibility Standards by Designated Health Profession;
- (e) information, in a form satisfactory to the College, dated within 60 days from the date of the reinstatement Application, from any Extrajurisdictional Regulator in each jurisdiction in which the Former Licensee is or was, since the time the Licence expired, registered or licensed for the practice of a health profession, confirming that:
 - (i) the Former Licensee's authority to practise 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 Former Licensee is not the subject of a current proceeding, including any Investigation, inquiry, review or appeal, that could result in the Applicant's authority to practise 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 Bylaw 6.59(e)(ii) was not initiated or completed because the Former Licensee voluntarily relinquished their authority to practise a Health Profession;
- (f) payment of any outstanding amount owed or owing by the Former Licensee to the College, including without limitation any amount accrued or accruing to a Former Regulatory College prior to its amalgamation with the College;
- (g) the applicable Fees set out in Schedule “2”;
- (h) information relating to legal proceedings, including any criminal charges or complaints against the Former Licensee in other jurisdictions or health colleges, of the kind and in the form specified by the Registrar, since the Former Licensee’s Licence expired;
- (i) a Criminal Record Check Authorization in the form required under the *Criminal Records Review Act*, and, in the case of a Former Licensee who has practised a Health Profession in another jurisdiction, an authorization for a Criminal Record Check in that jurisdiction and/or a criminal record report in a form satisfactory to the College;
- (j) documents or completion of a declaration confirming compliance with currency of practice hours requirements as applicable to a Designated Health Profession in Schedule 4: Specific Eligibility Standards by Designated Health Profession;
- (k) additional information or records that the Former Licensee is requested by the Registrar ordered to provide; and
- (l) evidence of completion of all applicable Continuing Professional Development requirements that would have applied to the Former Licensee immediately prior to the In-Force Date had they had not ceased to be Licensed.

Reinstatement Within Three Months of Licence Expiry

6.60 Subject to Bylaw 6.61, a Former Licensee whose licensure is not suspended or cancelled under the Act seeking reinstatement of Licence that expired on March 31 may apply for reinstatement on or before June 30 of the same calendar year by submitting to the Registrar:

- (a) a completed Application for reinstatement in the form specified by the Registrar;
- (b) at request of the Registrar, a declaration or other information demonstrating that the Former Licensee is of good character and will practise the Designated Health Profession for which the Licence Applicant is seeking a Licence in an ethical manner;
- (c) confirmation of compliance, in a form acceptable to the Registrar, with the requirement to have professional liability protection or liability insurance coverage in an amount of at least \$5,000,000.00 per claim or occurrence;
- (d) current first aid certification as may be required for the class of Licence applied for in accordance with Schedule 4: Specific Eligibility Standards by Designated Health Profession;
- (e) evidence of completion of all applicable Continuing Professional Development requirements that would have applied to the Licensee immediately prior to the In-Force Date had they not ceased to be Licensed; and
- (f) a Criminal Record Check Authorization in the form required under the *Criminal Records Review Act*, and, in the case of a Former Licence who has practised a Health Profession in another jurisdiction, an authorization for a Criminal Record Check in that jurisdiction and/or a criminal record report in a form satisfactory to the College.

Reinstatement After Three Years of Non-Licensure

6.61 An Application for reinstatement made three or more years after the Applicant:

- (a) ceased to have a practising Licence; or
- (b) ceased to be registered under the Former Act,

must be made to the Licence Committee in the form specified by the Registrar and in compliance with Bylaw 6.62.

6.62 The Licence Committee considering an Application under Bylaw 6.61 may require the Applicant to comply with one or more of the following reinstatement requirements:

- (a) compliance with some or all of the general Eligibility Standards in Bylaw 6.8, including some or all of the specific Eligibility Standards by Designated Health Profession applicable to the Licence sought;

- (b) successful completion of a competency assessment as determined by assessment policy established by the Licence Committee; and
 - (c) completion of any additional requirements the Licence Committee deems appropriate in the circumstances of the Application.
- 6.63 Except as permitted under Bylaw 6.53, an Applicant for reinstatement is only eligible for reinstatement of a Licence in the same Designated Health Profession and class that the Applicant previously held.
- 6.64 An Applicant for reinstatement will be subject to any limits or conditions which were imposed on their previous Licence and may be subject to additional limits or conditions in accordance with Bylaw 6.70.

Reinstatement Following Revocation by a Capacity Officer

- 6.65 A Person applying for reinstatement of a Licence revoked under a Revocation Order by a Capacity Officer within three years of revocation must, in addition to the meeting the requirements in Bylaw 6.58, provide to the Licence Committee:
- (a) a completed declaration in the form specified by the Registrar attesting to the Applicant's compliance with the Act, the regulations made under the Act, and these Bylaws;
 - (b) information satisfactory to the Licence Committee that the Person's fitness to practise has been restored, which may include but is not limited to successful completion of a competency and capacity assessment or other Examination at the discretion of, and in accordance with, assessment policy established by the Licence Committee;
 - (c) information confirming the Person's reinstatement will not:
 - (i) pose an undue risk to public health or safety; or
 - (ii) otherwise be contrary to the public interest; and
 - (d) completion of any additional requirements the Licence Committee deems reasonable and appropriate in the circumstances of the Application.
- 6.66 An Application for reinstatement under Bylaw 6.65 can only be made after the later of:
- (a) the expiry of the deadline for the Applicant to apply for Reconsideration of the Revocation Order; and

- (b) the dismissal of any application for Reconsideration of the Revocation Order.

6.67 A Person applying under Bylaw 6.65 is only eligible for reinstatement of the same Licence previously held.

6.68 An Applicant under Bylaw 6.65 will be subject to any limits or conditions that were imposed on their previous Licence and may be subject to additional limits or conditions in accordance with Bylaw 6.70.

Registrar Authorized to Issue, Vary, Renew and Reinstatement Licences

6.69 Subject to section 43(2) of the Act, the Registrar is authorized to act under section 43(1) of the Act.

Imposition of Limits or Conditions by Registrar or Licence Committee

6.70 Subject to these Bylaws and the terms of a Disciplinary Order, if any, the Registrar or Licence Committee may impose limits or conditions on a Licence for any reason, including lack of currency in practice, when issuing, Varying, renewing, or reinstating a Licence, including but not limited to one or more of the following:

- (a) a requirement to practise under Direct Supervision, Supervision, or under the direction of a Licensee approved by the College;
- (b) a limitation restricting the Health Services that the Licensee may provide;
- (c) a requirement to refrain from practice until the Licence Applicant has successfully completed Examinations, education, or training or such other measures satisfactory to the College;
- (d) a requirement to complete Examinations, education, professional service and/or practice hours and/or training respecting any matters and which may include cultural safety and humility, or Indigenous-specific and other anti-racism approaches, or such other measures satisfactory to the College; and
- (e) a requirement for periodic or random practice audits on terms specified by the College and to take further remedial steps if the practice audit results are not satisfactory to the College.

6.71 The Registrar or Licence Committee must deliver written notice of proposed limits or conditions to the Licence Applicant or Licensee and afford an

opportunity to be heard, in writing, before exercising their discretion to impose limits or conditions under Bylaw 6.70.

6.72 Every Licence is deemed to include a condition that, if the Licence Committee is satisfied that a Licensee made a material misrepresentation or omission in an Application material to the Committee deciding to issue, Vary, renew, or reinstate the Licensee's Licence, the Licence Committee may Vary, suspend, or revoke the Licence, provided:

- (a) the Licence Committee affords the Licensee an opportunity to be heard; and
- (b) the Licence Committee considers:
 - (i) the nature of the information misrepresented or omitted, including the likely impact of the misrepresentation or omission on a previous decision of the committee;
 - (ii) whether or to what extent the Applicant knew or should have known they were misrepresenting or omitting a material fact, and the impact of that fact on the sufficiency of the Licensee's good character; and
 - (iii) such other circumstances the Licence Committee considers relevant.

Notice of Right to Apply for Reconsideration of Administrative Refusal by the Registrar

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

Request for Reconsideration by the Registrar

6.74 The Licence Applicant or Licensee may request the Registrar to reconsider an Adverse Application Decision by providing a request for Reconsideration in the form specified by the Registrar within 30 days of receipt of the Adverse Application Decision.

Reconsideration Hearing Process

6.75 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 circumstances requiring a different form of hearing.

6.76 The Registrar must deliver a written Reconsideration decision with reasons to the Licence Applicant or Licensee as soon as practicable.

Notice of Adverse Decision by the Licence Committee

6.77 Within 30 days of an Adverse Application Decision by the Licence Committee under section 53 or 54 of the Act, the Registrar must provide the Licence Applicant with written notice of:

- (a) the Licence Committee's decision, with reasons for the decision; and
- (b) the right of review, if available under section 53(4)(b) of the Act.

When the Registrar May Revoke Licence

6.78 The Registrar may revoke a Licence when:

- (a) the Licensee requests, or provides written consent to the revocation;
- (b) the Licensee fails to pay an amount owing to the College within the required time; or
- (c) the College receives notification of the Licensee's death, in a form satisfactory to the Registrar.

Authority to Investigate Before Decision

6.79 The Registrar, Licence Committee, and Permit Committee may investigate matters relevant to an Application before making a decision.

6.80 The Licence Applicant must demonstrate they meet all Applicable Eligibility Standards and requirements for licensure under the Act, the regulations made under the Act, and these Bylaws.

Hearing Process

6.81 Subject to the regulations made under the Act and unless otherwise specified in these Bylaws, a hearing under these Bylaws may be conducted, in whole or in part, in person, electronically, or in writing, and may require the formal examination of witnesses under oath or affirmation.

6.82 Both the Registrar and the Licence Committee may retain legal counsel for the purpose of carrying out their respective roles at a hearing.

7.0 Certified Practice

Naturopathic Medicine

- 7.1 A Licensee holding a Naturopathic Medicine: Full Licence may apply for a Prescriptive Authority certification authorizing the Licensee, under section 23 of the Regulation to prescribe, compound, dispense or administer drugs as scheduled by the Regulation.
- 7.2 A Licensee in the Designated Health Profession of Naturopathic Medicine who held a certification in Prescriptive Authority prior to the In-Force Date is deemed to continue to hold that certification as of the In-Force Date as if issued under these Bylaws.
- 7.3 Except as provided in Bylaw 7.2, any certification that a Licensee held as a registrant under the Former Act expires on the In-Force Date.
- 7.4 The Licence Committee must approve a certification program in Prescriptive Authority that must include:
- (a) the education, training, and Examination requirements required for application for the certification, including the length of time between completing such requirements and making a Prescriptive Authority certification application;
 - (b) any additional first aid or life support certifications; and
 - (c) any additional requirements required by the Licence Committee.

Certification Applications and Renewals

- 7.5 Applicants for Prescriptive Authority certification must submit to the Registrar:
- (a) a completed application in the form determined by the Registrar, including any documentation necessary to confirm the applicant has met all requirements of the certification program in Bylaw 7.4;
 - (b) the Fee specified for certification in Schedule “2”; and
 - (c) any additional information or records requested by the Registrar.
- 7.6 Licensees holding a Prescriptive Authority certification may renew the certification by making application in the form determined by the Registrar on or before the expiration date of the certification previously held.

7.7 All Prescriptive Authority certifications expire on March 31 of each calendar year.

Issuance of Certifications

7.8 The Licence Committee must direct the Registrar to issue a Prescriptive Authority certification, including a renewal, to applicants who have met the requirements in these Bylaws.

7.9 A Prescriptive Authority certification issued under Bylaw 7.8 must:

- (a) be in the form approved by the Licence Committee; and
- (b) identify:
 - (i) the name of the Licensee to whom it was issued;
 - (ii) the date the certification was issued; and
 - (iii) the March 31 expiry date.

Notation on Registry

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

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

- (a) fails to renew the certification;
- (b) fails to meet or maintain any of the requirements in Bylaw 7.4; or
- (c) ceases to hold a Naturopathic Medicine: Full Licence.

7.12 A Licensee's Prescriptive Authority certification is revoked if the Licensee ceases to maintain a Naturopathic Medicine: Full Licence for any reason.

8.0 Permits

Registrar authorized to Act

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

Application for Health Profession Corporation Permit

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 or beneficially owns voting Shares of the Permit Applicant or who, under section 59(1)(b) of the Act, legally or beneficially owns voting Shares of a Company that legally 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. 2002, c. 57;
- (d) documents confirming that the Permit Applicant is in good standing under the *Business Corporations Act*;

- (e) documents confirming that all directors of the Permit Applicant are Eligible Licensees under the Act and these Bylaws;
- (f) the articles of the Permit Applicant;
- (g) documents confirming that the Permit Applicant meets the eligibility standards for an HPC Permit under section 58 of the Act;
- (h) confirmation of compliance with the requirements for professional liability protection or liability insurance in accordance with Bylaw 8.13 or 8.14 once the HPC Permit is issued;
- (i) the applicable Fees set out in Schedule “2”;
- (j) payment of any outstanding amount owed to the College by the Permit Applicant 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
- (k) any other information or documents 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 (h), 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, all of 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:

- (a) Licensees in the following classes:
 - (i) Chiropractic: Full;
 - (ii) Massage Therapy: Full;
 - (iii) Naturopathic Medicine: Full; or
- (b) with the approval of the Permit Committee, Licensees in other classes.

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 HPC Permit issued by the College under the Act or the Former Act;
 - (b) that does not so nearly resemble the name of another Corporation holding a valid HPC Permit issued by the College 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 8.54(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 Bylaw 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 may 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 valid HPC Permit issued under the Former Act as of the In-Force Date is deemed to comply with the naming requirements of Bylaws 8.6 and 8.7, 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 of at least \$5,000,000.00; 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) a 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 \$5,000,000.00.

Consequences of Failing to Maintain Professional Liability Protection or Insurance

8.15 A Health Profession Corporation that 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 days after ceasing to be protected or insured.

Notification of Changes

8.16 A Health Profession Corporation must:

- (a) obtain 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 under the *Business Corporations Act*;
- (c) provide to the Registrar a new certificate of solicitor if requested to do so; 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 and/or registered and records office.

8.17 A Health Profession Corporation that ceases to meet any eligibility standard or other requirement under the Act or these Bylaws must notify the Registrar in writing immediately.

Amalgamation of Health Profession Corporations

8.18 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 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

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

- (a) obtain 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 under the *Business Corporations Act*; and
- (c) provide to the Registrar a new certificate of solicitor if requested to do so.

Prohibited Activities

8.20 A Health Profession Corporation or a Company owning Shares in a Health Profession Corporation must not engage or invest in any business activity that is contrary to the proper and ethical practice of a Designated Health Profession or that contravenes any provision of the Act or these Bylaws.

Designated Licensee

8.21 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.

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

- (a) a Licensee; and
- (b) a voting shareholder of the Health Profession Corporation.

Disposition of Shares

8.23 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.

- 8.24 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 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.
- 8.25 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 Bylaws 8.9 or 8.10 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

- 8.26 Unless the Permit Committee directs otherwise, a Health Profession Corporation's Permit expires on March 31 of each year.
- 8.27 A Corporation that held a health profession corporation 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.

8.28 A Corporation described in Bylaw 8.27 must notify the College of the name of its Designated Licensee within 30 days of the In-Force Date.

Annual Renewal Fee

8.29 The annual HPC Permit renewal Fee is payable on or before March 15 of each year.

Requirements for Renewal of Permit

8.30 Before March 15 of each year, a Health Profession Corporation applying for renewal of its HPC Permit must provide to the College:

- (a) a completed renewal Application in the specified form;
- (b) 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;
- (c) confirmation that the Health Profession Corporation is in good standing under the *Business Corporations Act*;
- (d) documents confirming compliance with applicable requirements for professional liability protection or professional liability insurance;
- (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.

8.31 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.

8.32 A Health Profession Corporation that delivers the items required under Bylaw 8.30 between March 16 and March 30 of each calendar year must pay a late Fee as set out in Schedule "2".

- 8.33 A Health Profession Corporation that fails to deliver the items required in Bylaw 8.30 before its HPC Permit expires but does so within 30 days after the expiry date, must, in addition to delivering those items:
- (a) include an attestation in a form approved by the Registrar that it has not provided the 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 within 30 days must re-apply for reinstatement under Bylaw 8.53.

Application to Vary Permit

- 8.35 A Health Profession Corporation applying to Vary an HPC 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 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.
- 8.38 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 circumstances requiring a different form of hearing.
- 8.39 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.

Permit Committee May Act under Section 114 of the Act

- 8.40 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.
- 8.41 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

- 8.42 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.
- 8.43 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.

8.44 The notice referred to in Bylaw 8.42 must be delivered to the Health Profession Corporation at least 14 days before:

- (a) in the case of an oral hearing, 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

8.45 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 oath, solemn affirmation, or on a culturally-appropriate form of affirmation or ceremony which confirms a witness's commitment to speak the truth; and
- (d) subject to Bylaw 8.46, the Health Profession Corporation and the College have the right to cross-examine witnesses who give evidence.

8.46 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.

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

- 8.48 Unless otherwise directed by the Permit Committee, any portion of a hearing that is an oral hearing must be in public.
- 8.49 The Permit Committee may order either the Health Profession Corporation or the College to pay hearing costs after making a decision at a hearing.
- 8.50 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 8.43.
- 8.51 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.
- 8.52 The Registrar must deliver written notice of the disciplinary action decision with reasons to the Health Profession Corporation as soon as practicable.

Reinstatement

- 8.53 A Corporation applying for reinstatement of a Health Profession Corporation Permit must, in addition to meeting the requirements in Bylaws 8.3 and 8.5 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

- 8.54 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.

Information to the Public

- 8.55 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;
- (c) the names of all directors; and
- (d) the name and Business Contact Information of the Health Profession Corporation's Designated Licensee.

Pending Board Approval

9.0 Professional Responsibilities

Practice Standards and Ethics Standards

- 9.1 All Licensees must comply with the following Practice Standards and Ethics Standards:
- (a) Professional Standards for CCHPBC Licensees.
- 9.2 All Licensees licensed in the Designated Health Profession of Naturopathic Medicine must comply with the following Practice Standards and Ethics Standards:
- (a) Prescribing, Dispensing and Compounding Drugs;
 - (b) Allergy Testing and Treatment; and
 - (c) Injectable Therapies.
- 9.3 All Licensees licensed in the Designated Health Profession of Chiropractic must comply with the following Practice Standards and Ethics Standards:
- (a) Chiropractic Diagnostic Imaging.
- 9.4 Where and to the extent a Practice Standard or an Ethics Standard references terms or processes that existed under the Former Act, those terms or processes must be read as including the equivalent terms or processes set out in the Act.
- 9.5 A Licensee must provide Health Services in a manner meeting the standard of skill and care expected of a reasonably competent Licensee in similar circumstances.
- 9.6 A Licensee must act in accordance with:
- (a) all relevant Practice Standards and Ethics Standards set out in Bylaws 9.1, 9.2, and/or 9.3; and
 - (b) uncodified expectations and requirements generally accepted within the relevant Designated Health Profession that have not been superseded by any Practice Standard or Ethics Standard.
- 9.7 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.

Duty to Respond

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

Permitted Uses of Reserved Titles

9.9 A Licensee may only use a Reserved Title in accordance with the Regulation and these Bylaws.

Use of Reserved Titles by Non-Practising Licensees

9.10 From the In-Force Date until March 31, 2027, a Licensee in a non-practising class of licensure may use a Reserved Title only if the Reserved Title is followed by the term “Non-Practising” in parentheses.

9.11 After April 1, 2027, only a Licensee in a practising class of licensure may use a Reserved Title.

Use of Reserved Titles by Licensees in the Designated Health Profession of Traditional Chinese Medicine and Acupuncture

9.12 A Licensee licensed in the Designated Health Profession of Traditional Chinese Medicine and Acupuncture may only use a Reserved Title as follows:

- (a) a Licensee holding a Traditional Chinese Medicine Practitioner: Full Licence may use the Reserved Title “traditional Chinese medicine practitioner”;
- (b) a Licensee holding a Doctor of Traditional Chinese Medicine Practitioner: Full Licence may use the following Reserved Titles:
 - (i) “doctor”; and
 - (ii) “doctor of traditional Chinese medicine”;
- (c) a Licensee holding an Acupuncturist: Full Licence may use the Reserved Title “acupuncturist”; and
- (d) a Licensee holding a Traditional Chinese Medicine Herbalist: Full Licence may use the Reserved Title “traditional Chinese medicine herbalist”.

Professional Liability Insurance

9.13 A Licensee who ceases to maintain professional liability protection or professional liability insurance as required under Bylaw 6.41 must:

- (a) immediately cease the practice of the profession;
- (b) notify the Registrar in writing not more than seven days after ceasing to be protected or insured; and
- (c) not more than seven days after ceasing to be protected or insured:
 - (i) provide consent for the immediate cancellation of their Licence; or
 - (ii) provide proof of compliance with professional liability protection or professional liability insurance as required under Bylaw 6.41.

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.

General Requirements for Delegation

- 10.3 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 their performance of the Delegated Activity;
 - (b) be satisfied that the Delegated Activity will be performed in accordance with the Practice Standards and Ethics Standards applicable to the Licensee;
 - (c) ensure that 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 Delegated Activity that was performed and the identity of the Delegatee who performed the it;
 - (e) personally review each clinical record documenting the Delegated Activity;

- (f) ensure that any indicated follow-up is provided to the Patient or that the Patient is notified of the requirement to seek follow-up; and
- (g) be satisfied that liability insurance or professional liability protection is in place for the Delegated Activity.

Revocation of Delegation

10.4 A Licensee may revoke a delegation at any time.

Responsibility for Delegated Services

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

10.6 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

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

- (a) the Delegatee must be an Employee of the Licensee or the legal entity through which the Licensee provides Health Services;
- (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) 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; and
- (d) the Delegated Activity must be among those set out in:
 - (i) Bylaw 10.8 for the Designated Health Profession of Chiropractic;
 - (ii) Bylaws 10.11 and 10.13 for the Designated Health Profession of Naturopathic Medicine; or
 - (iii) Bylaw 10.15 for the Designated Health Profession of Traditional Chinese Medicine and Acupuncture.

Aspects of Practice That May Be Delegated - Chiropractic

10.8 A Licensee in the class of Chiropractic: Full may Delegate the following Aspects of Practice:

- (a) supervising a Patient performing exercises;
- (b) dispensing a supplement that has been recommended by a Licensee;
- (c) capturing digital images or videos of posture and active range of motion;
- (d) taking and documenting vital signs;
- (e) taking body/physiological measurements such as grip strength measurements, surface electromyography, infrared thermography, and similar measurements;
- (f) the application of hot and cold therapy to a Patient;
- (g) preparation of equipment and/or Patients for an examination by a Licensee;
- (h) strapping a Patient to motorized traction equipment and initiating a session prescribed and pre-set by a Licensee;
- (i) the application of electrical muscle stimulation to a Patient;
- (j) the application of laser therapy to a Patient; and
- (k) the application of extracorporeal shockwave therapy to a Patient.

10.9 A Licensee who makes a delegation under Bylaw 10.8(a) to (i) must provide Supervision.

10.10 A Licensee who makes a delegation under Bylaw 10.8(j) or (k) must provide Direct Supervision.

Aspects of Practice That May Be Delegated – Naturopathic Medicine

10.11 A Licensee in the class of Naturopathic Medicine: Full may Delegate the following Aspects of Practice:

- (a) mixing, compounding, and dispensing of herbs and/or tinctures;
- (b) dispensing a supplement that has been recommended by a Licensee;
- (c) take and document vital signs;
- (d) the application of hot and cold therapy to a Patient;

- (e) explanation of how to apply diet recommendations that have been made by a Licensee; and
- (f) preparation of equipment and/or Patients for an examination by a Licensee.

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

Restricted Activities that May Be Delegated – Naturopathic Medicine

10.13 A Licensee in the class of Naturopathic Medicine: Full may Delegate the following Restricted Activities:

- (a) placement and removal of a nebulizer for purposes of administering a substance to a Patient.

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

Aspects of Practice That May Be Delegated – Traditional Chinese Medicine and Acupuncture

10.15 A Licensee in the class of Traditional Chinese Medicine and Acupuncture: Full may Delegate the following Aspects of Practice:

- (a) mixing, compounding, or dispensing of herbs and/or tinctures;
- (b) dispensing a supplement that has been recommended by a Licensee; and
- (c) explanation of how to apply diet recommendations that have been made by a Licensee.

10.16 A Licensee who makes a delegation under Bylaw 10.15 must provide Supervision.

Delegation to Students

10.17 A Licensee may Delegate any Aspect of Practice or Restricted Activity to a Student as part of a Recognized Education Program.

10.18 A Licensee may only Delegate an Aspect of Practice or Restricted Activity under Bylaw 10.17 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.

11.2 The Quality Assurance Program established under Bylaw 11.1 must include policies and procedures to be used during Quality Assurance Assessments to ensure minimal disruption to the ordinary course of a Licensee providing Health Services.

11.3 The Registrar must establish and maintain non-exhaustive lists, including profession-specific lists where appropriate, concerning:

- (a) types of clinical or other evaluations;
- (b) recognized education or training courses;
- (c) cultural safety, Indigenous cultural safety, anti-racism, and anti-discrimination courses, reference materials, or other resources related to such courses and materials; and
- (d) other resources, which may include consultants, for supporting and promoting awareness of reconciliation with Indigenous Peoples, the United Nations Declaration on the Rights of Indigenous Peoples, and the need to address racism and anti-racism issues that are specific to Indigenous peoples,

that a Quality Assurance Assessor may consult when 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 Assessors - Qualifications

11.5 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) previous or current licensure in a Designated Health Profession without limits or conditions on their Licence; and

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

Grounds for a Quality Assurance Assessment

11.6 In addition to assessment grounds in section 99(1)(a) to (c) of the Act, a Quality Assurance Assessor may conduct a Quality Assurance Assessment of a Licensee:

- (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; or
- (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

11.7 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) collect third-party documentation and records pertaining to the Licensee's professional performance;
- (b) review the Licensee's history of professional activities, including but not limited to the Licensee's patterns, if any, of assessment, diagnostic testing, prescribing, diagnosis, and treatment;
- (c) interview or engage in discussions with the Licensee pertaining to the Licensee's professional practice;
- (d) require that the Licensee undergo a specific clinical skills assessment process;
- (e) with the consent of a Patient or substitute decision-maker, contact the Patient and/or their family members, to gather information, including but not limited to their experiences with the Licensee pertaining to the Licensee's professional performance; and
- (f) review specified or random Patient records pertaining to the Licensee's professional performance.

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

Conduct of Quality Assurance Assessments

11.9 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.

11.10 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

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

Annual Quality Assurance Program Requirements

11.12 A Licensee must complete the following Quality Assurance Program 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) complete and submit any other requirements established by the Registrar in accordance with Bylaw 11.13.

11.13 If the Registrar establishes additional requirements for the purpose of Bylaw 11.12(c), the Registrar must Publish those requirements on the College website.

11.14 Subject to Bylaws 11.15 – 11.17, a Licensee who does not complete the Quality Assurance Program requirements set out in Bylaw 11.12 before November 30 is not eligible for renewal of their Licence as set out in Bylaw 6.58(i).

- 11.15 The Registrar may extend the deadline established in Bylaw 11.12 for an individual Licensee or a class of Licensees.
- 11.16 The Registrar may reduce or otherwise modify the Quality Assurance Program requirements for a Licensee:
- (a) in their first year of licensure; or
 - (b) who was not licensed on April 1 of the year to which the Quality Assurance Program requirements apply.
- 11.17 The Registrar may exempt an individual Licensee or a class of Licensees from completing some or all of the Quality Assurance Program requirements:
- (a) on such terms and conditions as the Registrar directs; and
 - (b) consistent with any policy established by the Registrar.

12.0 Public Protection

Requirements for Regulatory Report

- 12.1 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 basis for the concerns that triggered the report; and
 - (e) any other information required by the Registrar.

Requirements for Regulatory Complaint

- 12.2 A Regulatory Complaint under section 120 of the Act must be in writing and delivered to the Registrar.
- 12.3 A Regulatory Complaint 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; and
 - (c) the specific matters of concern.
- 12.4 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.
- 12.5 The Registrar may vary any requirement otherwise 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

- 12.6 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

12.7 The Registrar is authorized to make Disciplinary Orders under section 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.

Monetary Penalty for Administrative Matters

12.8 Subject to a lesser amount being prescribed by the regulations 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

12.9 A Respondent may seek a review of a Disciplinary Order under section 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.

12.10 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 circumstances requiring a different form of hearing.

Monitoring Regulatory Compliance

12.11 The Board authorizes the Registrar to establish and administer a Monitoring Program of the College.

12.12 A Licensee must cooperate and comply with any request made as part of a Monitoring Program.

12.13 For the purposes of Bylaw 12.12, 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

12.14 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 that might assist in assessing whether the Respondent is competent to practise the Designated Health Profession.

Registrar – Capacity Evaluations

12.15 The Registrar is authorized to exercise the powers and perform the duties of a Capacity Officer.

Notice to the Respondent

12.16 Where the Investigation Committee directs a Capacity Evaluation, the Registrar must promptly deliver a written order for the Capacity Evaluation to the Respondent as soon as practicable.

Reconsideration of Continuing Practice Order or Revocation Order

12.17 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.

12.18 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.

12.19 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 circumstances requiring a different form of hearing.

Summary Protection Orders

12.20 The Investigation Committee may 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.

12.21 In making a Summary Protection Order, the Investigation Committee may:

- (a) suspend a Respondent's Practice Authority; or
- (b) impose or Vary any limit or conditions on a Respondent's Practice Authority that the Investigation Committee considers appropriate to respond to the concerns giving rise to the Summary Protection Order.

Reconsideration of Summary Protection Order

12.22 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.

12.23 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 circumstances requiring a different form of hearing.

Summary Dismissal Order

12.24 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.

12.25 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

12.26 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.

12.27 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 complaint, and a copy of the order within 30 days of making the order.

Dispositions With or Without Consent

12.28 Where the Investigation Committee acts under section 136(2)(a) of the Act by making one or more orders under section 157 [*restorative processes*] of the Act 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.

12.29 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

12.30 A Licensee whose Practice Authority is suspended must, for the duration of the suspension:

- (a) not provide Health Services;
- (b) not use any Reserved Titles that are associated with a Designated Health Profession regulated by the College under the Act, the regulations made under the Act, or these Bylaws, or hold themselves out as a Person entitled to practise a Designated Health Profession;
- (c) not hold office as a Board Member;
- (d) not act as a member of a Committee established in these Bylaws;
- (e) not act as an officer of the College or on behalf of the College in any other capacity;
- (f) not make appointments for Patients, clients, or prospective Patients or clients;
- (g) not contact or communicate with Patients, clients, or prospective Patients or clients either directly or indirectly, including through a publication or communication on a website, except for the following purposes:
 - (i) to advise Patients, clients, or prospective Patients or clients of the fact and duration of the suspension; or
 - (ii) to advise a Patient, client, or prospective Patient or client that another Licensee will continue to operate in the suspended Licensee's place of practice, or to refer the Patient or client to another Licensee in Good Standing;
- (h) remove from the Licensee's premises and the building in which the premises are located, the Licensee's name and any sign relating to the Licensee's practice over which the Licensee has control;
- (i) prominently display, in any place over which the Licensee has control, a notice of suspension in a form and in an area approved by the Registrar, which states the duration and reasons for the suspension;
- (j) pay any Fee required by the College when due; and
- (k) not be given a refund of the annual Fee for the portion of the suspension or of any special assessment that the Licensee has paid.

- 12.31 A Licensee whose Practice Authority is suspended may, during the period of suspension, allow another Licensee to use the suspended Licensee's premises or facilities, provided that:
- (a) the suspended Licensee receives no income or other financial benefit from the arrangement unless:
 - (i) from rental of the premises or facilities if owned or leased by the suspended Licensee; and
 - (ii) the Registrar approves of the specific arrangement in writing in advance;
 - (b) evidence of the suspended Licensee's authorization to practice the applicable Designated Health Profession is removed from the premises or facilities over which the Licensee has control; and
 - (c) a notice of suspension, in a form approved by the Registrar, is prominently displayed in the reception area of the premises or facilities.

Investigation Expenses

12.32 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 "5".

Consideration for Requesting Citation

12.33 The Registrar, in consultation with the Investigation Committee, may propose the content of a Citation to the Director of Discipline.

12.34 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

12.35 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

12.36 The Registrar is responsible for establishing a process for the enforcement of orders made under the Act.

Unauthorized Practice Monitoring Program

12.37 The Board authorizes the Registrar to establish and administer an Unauthorized Practice monitoring program of the College.

12.38 The Unauthorized Practice monitoring program under Bylaw 12.37 must monitor for, and receive reports relating to Unauthorized Practice and Unauthorized Title Use.

Preliminary Report and Other Information to the Investigation Committee

12.39 The Registrar may investigate and dispose of reports of Unauthorized Practice or Unauthorized Title Use.

12.40 In exercising the powers in Bylaw 12.39, the Registrar may report to the Investigation Committee or seek advice or direction from the Investigation Committee as the Registrar deems appropriate.

12.41 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 misled.

12.42 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.

13.0 Support Programs

Policies and Procedures

- 13.1 The Registrar is authorized to establish policies and procedures for the establishment and administration of Support Programs consistent with the Act, the regulations made under the Act, and these Bylaws.
- 13.2 The policies and procedures established by the Registrar under Bylaw 13.1 may address, without limitation, one or more of the matters set out in section 277(1) of the Act.

Support Programs

- 13.3 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.

Appointment of Administrators

- 13.4 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.
- 13.5 A Person may be appointed as an Administrator for one or more Support Programs.
- 13.6 The Registrar may appoint themselves as an Administrator for one or more Support Programs.

Administrator May Exercise Power of Support Officer

- 13.7 An Administrator may exercise the power of a Support Officer for the purpose of determining eligibility for Information Services.

Appointment of Support Officers

13.8 The Registrar must:

- (a) designate at least one Support Officer for each Support Program administered by 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

13.9 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 13.1; and
- (b) as otherwise requested by the Administrator for the purpose of evaluating the Support Application.

13.10 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.

13.11 As soon as reasonably practicable after receiving a completed Support Application, an Administrator must give the Support Application and supporting information and records to a Support Officer unless the Administrator:

- (a) determines the Support Applicant is eligible to receive Information Services under section 282(1) of the Act, and exercises the power of a Support Officer under section 282(2) of the Act; or
- (b) transfers the Support Application to another Administrator in accordance with section 280(2) of the Act.

Support Officer's Eligibility Decision

13.12 A Support Officer, or an Administrator if the Administrator acts in accordance with section 282(2) of the Act, 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 13.1; and

- (b) any other criteria that the Support Officer or Administrator reasonably believes are relevant.

13.13 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, if so, determine the form of Support and any limits or conditions on that Support.

13.14 As soon as reasonably practicable, a Support Officer, or the Administrator if they have made an eligibility decision, must provide the eligibility decision with reasons to:

- (a) the Support Applicant;
- (b) if the Support Officer made the eligibility decision, 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

13.15 A Support Applicant may seek Reconsideration of an eligibility decision by providing a request for Reconsideration in the form required by the Registrar within 30 days following receipt of the adverse eligibility decision.

13.16 The Registrar must provide the request for Reconsideration to the Support Officer or Administrator who made the eligibility decision.

13.17 The hearing of a Reconsideration will be a hearing based on written submissions unless the Support Officer or Administrator determines there are circumstances requiring a different form of hearing.

Administrator's Support Determination

13.18 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 under Bylaw 13.1

13.19 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, consider

and determine the matters required under any applicable policy established under Bylaw 13.1.

13.20 An Administrator may defer making a Support determination pending the outcome of an application for Reconsideration of an eligibility decision.

Notice of Support Determination

13.21 As soon as reasonably practicable, the Administrator must provide written notice of 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

13.22 A Support Applicant may seek Reconsideration of a Support determination by providing a request for Reconsideration to the Registrar in the required form within 30 days following receipt of the Support determination.

13.23 The Registrar must provide the request for Reconsideration to the Administrator who made the Support determination.

13.24 The hearing of a Reconsideration will be a hearing based on written submissions unless the Administrator determines there are circumstances requiring a different form of hearing.

Application to Change Support Determination

13.25 A Recipient may apply to change a Support determination by providing an application in the required form to the Administrator at any time during the period in which the Recipient receives Support.

Appointment of Support Workers

13.26 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.

13.27 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.

13.28 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 13.1.

Additional Powers and Duty to Ensure Compliance

13.29 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.

13.30 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 13.1.

Information Services

13.31 Subject to the eligibility requirements under Program Parameters, the following Persons may receive Information Services:

- (a) a Person who has made a Regulatory Complaint or a Regulatory Report; or
- (b) a Person who experienced a Licensee's conduct that may be an act of Misconduct.

13.32 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 13.1.

13.33 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 to address an inquiry, to provide Information Services.

13.34 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; and
- (b) a Person receiving Information Services is not entitled to information that is not otherwise available to a Person who is not receiving Information Services.

Selecting a Service Provider for Support Services

13.35 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; and
- (b) Persons or organizations accepted by the Administrator as qualified to provide Support Services, including trauma-informed care or culturally-competent trauma support.

Information to Support funding for Support Services

13.36 At any time before or after providing funding for Support Services under Bylaw 13.35, 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 Providers and the Recipient of Support Services confirming that:
 - (i) there is no disqualifying familial 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 Service 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

13.37 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) before the Regulatory Complaint referred to in Bylaw 13.37 (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) a transfer to another Regulator;
 - (iv) a Summary Dismissal Order; or
 - (v) a Disciplinary Order.

13.38 In determining the eligibility of a Person to receive Support Services, a Support Officer may consider the following factors:

- (a) a failure of a Support Applicant to provide requested information or records without adequate reason;
- (b) any misrepresentation by a Support Applicant; and
- (c) the factors identified in any applicable policy established under Bylaw 13.1.

13.39 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 the criteria or process set out in any applicable policy established under Bylaw 13.1;
- (d) where the Administrator is satisfied an Applicant has obtained Support Services through or as a result of omission, misrepresentation, or fraud; or
- (e) on review and acceptance of a recommendation by a Service Provider that Support Services should be suspended or terminated.

13.40 The provision of Support Services is subject to the following terms, prohibitions, requirements, limits, and conditions:

- (a) funding for Support Services for a Person will not exceed the amount prescribed in Published College policy related to Support Services;
- (b) funding for Support Services will terminate two years from the date the determination of eligibility for Support Services was made, unless:
 - (i) the Regulatory Complaint has not been the subject of any of the actions or outcomes in Bylaw 13.37(b);
 - (ii) the maximum amount of funding has not been expended; and
 - (iii) the Administrator determines to extend the period of funding; and
- (c) any additional terms, prohibitions, requirements, limits or conditions set out in any applicable policy established under Bylaw 13.1.

13.41 The Registrar must establish a policy setting out the process and criteria for a funding extension under Bylaw 13.40(b)(iii).

Support Worker Program Parameters

13.42 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 13.42(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) a transfer to another Regulator;
 - (iv) a Summary Dismissal Order; or

(v) a Disciplinary Order.

13.43 In determining the eligibility of a Person to receive the assistance of a Support Worker, a Support Officer may consider the following factors:

- (a) a failure of a Support Applicant to provide requested information or records without adequate reason;
- (b) any misrepresentation by a Support Applicant; and
- (c) the factors identified in any applicable policy established under Bylaw 13.1.

13.44 The Administrator may decline, suspend, or terminate assistance of a Support Worker:

- (a) in accordance with the criteria or process set out in any applicable policy established under Bylaw 13.1;
- (b) where the Administrator is satisfied an Applicant has obtained assistance through or as a result of omission, misrepresentation, or fraud; or
- (c) where the Administrator is satisfied, on recommendation by a Support Worker, that assistance of a Support Worker should be suspended or terminated.

13.45 The provision of assistance of a Support Worker is subject to the following terms, prohibitions, requirements, limits, and conditions:

- (a) 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) 90 days 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) 90 days 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) 90 days from the date on which the Citation issued in relation to the Regulatory Complaint is dismissed or resolved by Disciplinary Order; and

(b) any additional terms, prohibitions, requirements, limits and conditions set out in any applicable policy established under Bylaw 13.1.

13.46 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.

14.0 General

Special Fees

- 14.1 The Board may by Special Resolution impose a special Fee payable by Licensees 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, including but not limited to the ability of the College to meet its financial obligations as they come due.
- 14.2 Unless the Board directs otherwise, a special Fee imposed under Bylaw 14.1:
- (a) is payable in an equal amount by all Licensees in each Designated Health Profession; and
 - (b) must be determined in proportion to the Licence Fees paid by each Designated Health Profession and, to the extent applicable, each class of licensure.
- 14.3 The amount payable by a Licensee as a special Fee imposed under Bylaw 14.1 must not exceed 35% of the maximum Licence renewal Fee payable by a full-time practising Licensee of the same Designated Health Profession, without regard to any discounts, certification fees, or special fee arrangements.
- 14.4 A Licensee who is licensed in more than one Designated Health Profession must only pay the special Fee payable by Licensees in one of the Designated Health Professions they are licensed in, and in that case, the highest special Fee is payable.

Rate of Interest

- 14.5 A monetary penalty, hearing costs, Investigation expenses, or a refund is subject to an interest rate of 12 per cent per annum, calculated monthly.
- 14.6 Unless a separate late payment Fee is specified elsewhere in these Bylaws, the late payment of any Fee is subject to an interest rate of 12 per cent per annum, calculated monthly.

Fees for Other Services

14.7 The Fees payable for other services provided by the College are set out in Schedule "2".

Pending Board Approval

Schedule 1: Definitions

“Act” means the *Health Professions and Occupations Act*, S.B.C. 2022, c. 43;

"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 Health Profession Corporation 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*];

"Applicable Eligibility Standards" means the Eligibility Standards that apply to the class of Licence that an Applicant has applied for;

"Applicant" means, as the context requires:

- (a) a Person who makes an Application; or
- (b) a Person who applies for a Reconsideration;

"Application" means a Licence application or permit application;

"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 judgment;

“Board” means the Persons appointed to the Board of the College under section 346 of the Act;

“Board Chair” means the board chair elected under Bylaw 2.2;

“Board Meeting” means a business meeting of the Board, but does not include a planning session where no decisions are made;

“Board Members” means a Person appointed to the Board of the College by the Minister under section 346 of the Act;

“Board Vice Chair” means the chair of the Board elected under Bylaw 2.2;

“Business Contact Information” means information to enable a Person at a place of business to be contacted 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 a Regulatory College, made by the Board;

“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 Complementary Health Professionals of British Columbia;

“Committee” means the Licence Committee, Permit Committee, Investigation 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*, S.B.C. 2002, c. 57;

"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 under Bylaw 2.42 to facilitate consensus decision-making;

"Continuing Practice Order" means an order made under section 146 of the Act [*continuing practice order*];

"Continuing Professional Development" 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*;

"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*;

"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.

"Designated Health Profession" means a health profession that is designated under Part 2 of the Act as a designated health profession – for the College this

includes Chiropractic, Massage Therapy, Naturopathic Medicine, and Traditional Chinese Medicine and Acupuncture;

"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;

"Direct Supervision" means the Licensee who delegates an Aspect of Practice or a Restricted Activity attends with the Delegatee and the Patient while the Delegatee is providing or performing the service, by physical attendance sufficient to allow the Licensee to effectively supervise the Delegatee;

"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* and that is undertaken in relation to the matters set out in section 9 of the Act;

"Eligible Licensee" means a Licensee who practises a Designated Health Profession governed by the College;

"Eligibility Standards" means standards respecting eligibility for the following, as applicable:

- (a) to hold, Vary, renew or have reinstated a Licence or HPC Permit;
- (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;
- (c) a Person holding hospital privileges;

"Equivalency Determination" means a determination of whether an Applicant has knowledge, skills, ability and judgment 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 for the purposes of assessing an Exam Candidate's, Licence Applicant's, or Licensee's qualifications for licensure, renewal, or reinstatement, and includes a combination of examinations or assessments;

"Exam Candidate" means a Person eligible to write an Examination, including a Person who is not yet a Licence Applicant;

"Extrajurisdictional Credentials" means credentials held by an Extrajurisdictional Practitioner that:

- (a) were issued by a Person or body outside British Columbia; and
- (b) are evidence of qualifications with respect to one or more of the matters referred to in the Applicable Eligibility Standards;

"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 Bylaws 3.1;

"Fit to Practise" has the meaning given to it in section 39 of the Act;

"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;

“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 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 Divisions 2 [*making licence or permit applications*] and 4 [*health profession corporation permits*], as applicable, of Part 3 of the Act;

“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*;

“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;

“Indigenous Committee Member” means a Committee Member who identifies as Indigenous;

“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; or
- (b) 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;

“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 3.25;

"Panel Member" means a Person appointed to a Panel by a Committee chair under Bylaw 3.25;

"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*;

"Practice Authority" means the Licensee's Licence;

"Practice Standards" means standards respecting the practice of a Designated Health Profession;

"Prescriptive Authority" means the certification allowing a Licensee holding a Naturopathic: Full Licence to prescribe, compound, dispense or administer drugs as scheduled by the Regulation and permitted under these Bylaws;

"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 under Bylaw 6.45;

"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” and **“Publication”** 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 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 Information" has the meaning given to it in section 102(1) of the Act [*protecting confidentiality*];

“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 an education program recognized by the Licence Committee as meeting the Eligibility Standards for the Designated Health Profession as specified in Schedule 4: Specific Eligibility Standards by Designated Health Profession;

"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 a Regulatory College;

"Registry" means a registry of Regulated Health Practitioners who practise a designated profession established or continued under section 395 [*keeping a registry*] of the Act for a Regulatory 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 *Complementary Health Professionals Regulation*, B.C. Reg 130/2025;

"Regulator" means the following, as applicable in the context:

- (a) a Regulatory College;
- (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;

“Reserved Title” means

- (a) a title reserved to Licensees under the Regulation;
- (b) an abbreviation of a title; and
- (c) an equivalent, in another language, of a title or an abbreviation of a title;

"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;

"Shares" means the shares of a Corporation that is the subject of a Permit Application;

"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 made a delegation is available at all times while the Delegated Activity is taking place, by physical attendance or by 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 who is seeking Support by way of 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;

"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 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;
- (c) to vary the limits or conditions imposed under an order.

Schedule 2: Fees

	Chiropractic	Massage Therapy	Naturopathic Medicine	Traditional Chinese Medicine & Acupuncture
APPLICATION FEE				
Application Fee for Full Licence	\$225.00	\$225.00	\$225.00	\$225.00
Application Fee for Reinstatement to Full Licence (after three (3) years or less)	\$225.00	\$225.00	\$225.00	\$225.00
Application for Reinstatement to Full Licence (after more than three (3) years)	\$300.00	\$300.00	\$300.00	\$300.00
Transfer from Non-Practising to Full Licensure on or before March 1, 2027	\$225.00	\$225.00	\$225.00	\$225.00
Equivalency Determination Fee	\$300.00	\$300.00	\$300.00	\$300.00
HEALTH PROFESSION CORPORATION PERMIT FEES				
Initial Permit Application Fee	\$150.00	\$150.00	\$150.00	n/a
Permit Renewal Fee	\$75.00	\$75.00	\$75.00	n/a
Late Renewal Fee	\$125.00	\$125.00	\$125.00	n/a
PRIOR LEARNING ASSESSMENT FEES				
Application and Online-Self Assessment	n/a	\$150.00	n/a	n/a
Clinical Competence Assessment (online theory portion)	n/a	\$550.00	n/a	n/a
Clinical Competence Assessment (practical)	n/a	\$1,050.00	n/a	n/a

	Chiropractic	Massage Therapy	Naturopathic Medicine	Traditional Chinese Medicine & Acupuncture
portion)				
Clinical Competence Assessment (online theory practice test)	n/a	\$50.00	n/a	n/a
Change Fee for Clinical Competence Assessment	n/a	\$200.00	n/a	n/a
QUALITY ASSURANCE FEES				
CCHPBC Offered Course	n/a	\$75.00	n/a	n/a
EXAMINATION FEES				
Jurisprudence Exam	\$172.00	\$372.00	\$138.00	\$197.00
Full registration Examination (each attempt)	n/a	\$1,970.00	n/a	n/a
Partial Registration Examination, online CKT portion (each attempt)	n/a	\$490.00	n/a	n/a
Partial Registration Examination, performance-based assessment (each attempt)	n/a	\$1,040.00	n/a	n/a
Registration Examination Cancellation - 15 days or more in advance	n/a	\$310.00	n/a	n/a
Oral/Practical Examination	n/a	n/a	\$1,500.00	n/a
Application Fee for Doctor of TCM, Acupuncturists, TCM Herbalists, or TCM	n/a	n/a	n/a	\$410.00

	Chiropractic	Massage Therapy	Naturopathic Medicine	Traditional Chinese Medicine & Acupuncture
Practitioner Examinations (One application Fee when applying for more than one (1) type of examination in the same administration)				
Examination Fee for Dr. TCM Examination - Written and Clinical (each exam)	n/a	n/a	n/a	\$1,110.00
Administrative Fee for Changing Examinations After Approval	n/a	n/a	n/a	\$140.00
				\$75.00 R.Ac – Modules 1, 2, 3
Safety Course for TCM and Acupuncturists	n/a	n/a	n/a	\$75.00 R.TCM.H – Modules 1, 2, 4
				\$120.00 R.TCM.P / Dr. TCM – Modules 1, 2, 3, 4
CERTIFICATION FEES				
Application for New Certification	n/a	n/a	\$75.00	n/a
REGISTRATION FEES				
Full or Provisional Class – full year registration* or	\$1,600.00	\$890.00	\$2,645.00	\$990.00

	Chiropractic	Massage Therapy	Naturopathic Medicine	Traditional Chinese Medicine & Acupuncture
renewal				
Non-Practising Licence	\$75.00	n/a	n/a	n/a
Late renewal Fee	\$350.00	\$350.00	\$350.00	\$350.00
ADMINISTRATIVE FEES				
Certificate of Standing Fee	\$50.00	\$50.00	\$50.00	\$50.00
EDUCATION PROGRAM REVIEW				
				\$2,000.00 per program
**Curriculum Review (Initial)	n/a	n/a	n/a	\$500.00 per additional program reviewed at the same submission
***Curriculum Change Review	n/a	n/a	n/a	\$1,000.00 per program change application
				\$3,000.00 per initial visit
****Student Clinical Activity Review (Initial and regular subsequent visit)	n/a	n/a	n/a	\$2,000.00 per regular subsequent visit
				\$500.00 per additional clinic site (located within one

	Chiropractic	Massage Therapy	Naturopathic Medicine	Traditional Chinese Medicine & Acupuncture
				(1) hour drive) reviewed during same on-site visit
****Clinical Site Visit (Special visit)	n/a	n/a	n/a	\$2,000.00 per review, including on-site visit
				\$100.00 / hr for curriculum review
Hourly Rate	n/a	n/a	n/a	\$200.00 / hr for clinical activity review

*Registration Fees for first time Licence Applicants will be prorated based on the number of months remaining until March 31 of the next year.

** Flat Fee for initial curriculum review of ONE program.

***If the change requires more than four (4) hours of review time, additional cost at an hourly rate of \$100/hr applies.

****Flat Fee for on-site visit for the school's training clinic. If schools have additional clinical locations, additional Fees apply.

*****Flat Fee for on-site visit for ONE clinic location.

Schedule 3: Board Member Remuneration

1.0 Board remuneration rates:

Time (Meetings)	Rate
Daily maximum	\$800.00
Half day	\$400.00
Hourly	\$100 / hr (< 3 hrs)
Preparation work	\$50.00 / hr
Board Chair stipend	\$1,000.00 per month

Schedule 4: Specific Eligibility Standards by Designated Health Profession

Part 1: Chiropractic

1.0 Eligibility to take Examination

1.1 The conditions and requirements for eligibility to take Examinations required by the Licence Committee are:

- (a) one of the following:
 - (i) graduation from a Recognized Education Program that, at the time the Licence Applicant graduated, was recognized by the College as a Recognized Education Program; or
 - (ii) registration for the practice of chiropractic as the equivalent of a Licensee in the Licence class of Chiropractic: Full by a governing body that regulates the practice of chiropractic in a recognized Canadian jurisdiction.
- (b) receipt by the Registrar of:
 - (i) the following information and/or records, in a format approved by the Registrar:
 - A. the Exam Candidate's personal contact information;
 - B. name of the Exam Candidate's educational institution(s) attended, degree or diploma earned, and year of graduation;
 - C. passport-quality photograph;
 - D. records confirming the Exam Candidate's legal name and identity; and
 - (ii) all applicable Fees specified in Schedule "2".

2.0 Chiropractic: Full – Conditions and Requirements for Licensure

- 2.1 Graduation from one of the Recognized Education Programs listed in Table 1 to this Schedule.
- 2.2 Successful completion of the Examinations specified by the Licence Committee less than three (3) years prior to the date of the Application for registration in the class of Chiropractic: Full submitted under Bylaw 6.7.

- 2.3 Current certification in Standard First Aid/CPR-C from the Canadian Red Cross, Canadian Ski Patrol, Heart and Stroke Foundation, Lifesaving Society, St. John Ambulance, or an equivalent certification specified by the Licence Committee.

3.0 Examinations

- 3.1 A Licence Applicant who fails an initial Examination conducted by the Licence Committee is entitled to two (2) opportunities to repeat the Examination.

Pending Board Approval

Part 2: Massage Therapy

4.0 Eligibility to take Examination

4.1 The conditions and requirements for eligibility to take all portions of the Examination required by the Licence Committee are:

- (a) one of the following:
 - (i) graduation from a Recognized Education Program that, at the time the Licence Applicant graduated, was recognized by the College as a Recognized Education Program; or
 - (ii) registration for the practice of massage therapy as the equivalent of a Licensee in the Licence class of Massage Therapy: Full by a governing body that regulates the practice of massage therapy in a recognized Canadian jurisdiction.
- (b) receipt by the Registrar of:
 - (i) the following information and/or records, in a format approved by the Registrar:
 - A. the Exam Candidate's personal contact information;
 - B. name of the Exam Candidate's educational institution(s) attended, degree or diploma earned, and year of graduation;
 - C. passport-quality photograph;
 - D. records confirming the Exam Candidate's legal name and identity; and
 - (ii) all applicable Fees specified in Schedule "2".

5.0 Massage Therapy: Full – Conditions and Requirements for Licensure

- 5.1 Successful completion of all portions of the Examination required by the Licence Committee.
- 5.2 Current certification in Standard First Aid/CPR-C from the Canadian Red Cross, Canadian Ski Patrol, Heart and Stroke Foundation, Lifesaving Society or St. John Ambulance, or an equivalent certification specified by the Licence Committee.

6.0 Examination

- 6.1 An Exam Candidate who fails an initial attempt at an Examination or a portion thereof is entitled to one further attempt at the Examination or portion thereof.
- 6.2 If an Exam Candidate fails a second attempt at an Examination or portion thereof, the Licence Committee may grant the Exam Candidate a third attempt at an Examination or a portion thereof if the Exam Candidate demonstrates to the Licence Committee that they have completed one or more courses or programs of study on the subjects addressed in those portions of the Examination that the Exam Candidate failed.
- 6.3 If an Exam Candidate fails a third attempt at an Examination or portion thereof, the Licence Committee may grant the Exam Candidate a fourth attempt only in accordance with criteria set by the Licence Committee for that purpose.
- 6.4 An Exam Candidate who fails a fourth attempt at an Examination or portion thereof is not entitled to any further attempts at the Examination or portion thereof unless the Exam Candidate:
- (a) completes, or repeats completion of, a Recognized Education Program or completes other further education or training acceptable to the Licence Committee; and
 - (b) re-applies under heading 4.0 for eligibility to take the Examination.
- 6.5 An Exam Candidate must complete all Examination attempts within three (3) years from the date of the Exam Candidate's application under heading 4.0 for eligibility to take an Examination or portion thereof.
- 6.6 Paragraphs 6.4 and 6.5 do not apply to an Exam Candidate applying for eligibility to take an Examination under paragraph 4.1(a)(i).
- 6.7 An Exam Candidate is only eligible to apply for registration under heading 5.0 within three years of successful completion of all required components of the Examination.

7.0 Currency of Practice Hours

- 7.1 As a requirement for renewal of the Massage Therapy: Full Licence, Licensees must obtain and report at least 500 practice hours in accordance with the applicable policy for currency of practice hours within the three years previous to the renewal Application.

- 7.2 Licensees required to obtain and report practice hours in paragraph 7.1 must retain documents or records to support the requirement.

Pending Board Approval

Part 3: Naturopathic Medicine

8.0 Eligibility to take Examination

8.1 The conditions and requirements for eligibility to take Examinations required by the Licence Committee are:

- (a) one of the following:
 - (i) graduation from a Recognized Education Program that, at the time the Licence Applicant graduated, was recognized by the College as a Recognized Education Program; or
 - (ii) registration for the practice of naturopathic medicine as the equivalent of a Licensee in the Licence class of Naturopathic Medicine: Full by a governing body that regulates the practice of naturopathic medicine in a recognized Canadian jurisdiction.
- (b) receipt by the Registrar of:
 - (i) the following information and/or records, in a format approved by the Registrar:
 - A. the Exam Candidate's personal contact information;
 - B. name of the Exam Candidate's educational institution(s) attended, degree or diploma earned, and year of graduation;
 - C. passport-quality photograph;
 - D. records confirming the Exam Candidate's legal name and identity; and
 - (ii) all applicable Fees specified in Schedule "2".

9.0 Naturopathic Medicine: Full – Conditions and Requirements for Licensure

9.1 Graduation from a Recognized Education Program listed in Table 3 to this Schedule.

9.2 Successful completion of the Examination(s) required by the Licence Committee within the three-year period immediately prior to the date of Application for registration.

9.3 Current certification in:

- (a) Basic Life Support or CPR from the Canadian Red Cross or Canadian Heart and Stroke Foundation, St. John Ambulance, Canadian Ski Patrol or other training organization approved by the Licence Committee;
- (b) for Licensees with certification in Prescriptive Authority, certification in Naturopathic Advanced Life Support from a training organization approved by the Licence Committee; or
- (c) equivalent certifications to those in subparagraphs 9.3(a) and 9.3(b) as approved by the Licence Committee.

10.0 Examinations

- 10.1 An Exam Candidate who, on their first attempt under this Schedule, fails an Examination required to be taken under this Schedule is entitled to reattempt the Examination under this Schedule on a maximum of two (2) further occasions.
- 10.2 Despite paragraph 10.1, an Exam Candidate is not entitled to attempt or reattempt an Examination under this Schedule if the Exam Candidate has previously failed the Examination on a total of three (3) or more occasions, whether or not those failed attempts occurred under this Schedule or in a jurisdiction or jurisdictions other than British Columbia.
- 10.3 Despite paragraphs 10.1 and 10.2, an Exam Candidate who is not entitled to attempt or reattempt an Examination under this Schedule because of paragraphs 10.1 and 10.2 may, with the prior written approval of the Licence Committee, attempt or reattempt the Examination on one or more further occasions as, in the opinion of the Licence Committee, is appropriate in the circumstances.

Part 4: Traditional Chinese Medicine and Acupuncture

11.0 Eligibility to take Examination

11.1 The conditions and requirements for eligibility to take all portions of the Examination required by the Licence Committee are:

- (a) one of the following:
 - (i) graduation from a Recognized Education Program listed in Table 4 to this Schedule and successful completion not less than two (2) years of liberal arts or sciences study (comprised of at least 60 credits) in an accredited college or chartered/approved university acceptable to the Licence Committee (unless the Licence Applicant has graduated from the Bachelor of Traditional Chinese Medicine program at Kwantlen Polytechnic University);
 - (ii) registration for the practice of traditional Chinese medicine and acupuncture as the equivalent of a Licensee in the Licence class of Traditional Chinese Medicine and Acupuncture: Full by a governing body that regulates the practice of traditional Chinese medicine and acupuncture in a recognized Canadian jurisdiction.
- (b) receipt by the Registrar of:
 - (i) the following information and/or records, in a format approved by the Registrar:
 - A. the Exam Candidate's personal contact information;
 - B. name of the Exam Candidate's educational institution(s) attended, degree or diploma earned, and year of graduation;
 - C. passport-quality photograph;
 - D. records confirming the Exam Candidate's legal name and identity; and
 - (ii) all applicable Fees specified in Schedule "2".

12.0 Traditional Chinese Medicine and Acupuncture: Full

12.1 A Licence Applicant may be granted registration in the Licence class of Traditional Chinese Medicine and Acupuncture: Full by the Licence Committee where the Licence Applicant:

- (a) has graduated from a Recognized Education Program listed in in Table 4 to this Schedule;
- (b) has successfully completed not less than two (2) years of liberal arts or sciences study (comprised of at least 60 credits) in an accredited college or chartered/approved university acceptable to the Licence Committee (unless the Licence Applicant has graduated from the Bachelor of Traditional Chinese Medicine program at Kwantlen Polytechnic University);
- (c) has successfully completed the Examinations and courses set out in Table 5 to this Schedule, in the last three (3) years; and
- (d) holds current certification in Standard First Aid/CPR-C from the Canadian Red Cross, Canadian Ski Patrol, Heart and Stroke Foundation, Lifesaving Society, St. John Ambulance, or an equivalent certification specified by the Licence Committee.

13.0 Examinations under Table 5

- 13.1 An Exam Candidate must pass each component of an Examination and hold valid Examination result before attempting the next component of that Examination according to the Examination policy set by the organization administering the Examination.
- 13.2 An Exam Candidate for the Doctor of Traditional Chinese Medicine (Dr. TCM) Examination must hold a Licence as a Traditional Chinese Medicine Practitioner with the College to take the Examination.
- 13.3 An Exam Candidate is considered to have passed an Examination when the score meets or exceeds the passing level set by the organization administering the Examination.
- 13.4 An Exam Candidate who fails a component of an Examination once is not eligible to retake that component or that Examination for the 2nd attempt until the Exam Candidate first completes a 50-hour refresher course or program of study in traditional Chinese medicine approved in advance by the Licence Committee.
- 13.5 An Exam Candidate who fails a component of an Examination twice is not eligible to retake that component or that Examination for the 3rd attempt until the Exam Candidate first completes further education and training directed by the Licence Committee.

- 13.6 An Exam Candidate who fails a component of an Examination three (3) times is not eligible to attempt the same Examination again.
- 13.7 An Exam Candidate must complete the subsequent attempt(s) of an Examination within:
- (a) one (1) year of completing the refresher course or program of study in traditional Chinese medicine directed by the Licence Committee specified under paragraphs 13.4 and 13.5 for the Acupuncture, Herbology, or TCM Practitioner Examination; or
 - (b) two (2) years of completing the refresher course or program of study in traditional Chinese medicine directed by the Licence Committee specified under paragraphs 13.4 and 13.5 for the Dr. TCM Examination.
- 13.8 A valid Examination result for a component of an Examination which has independent or separate score, or for an Examination which has one single composite score, expire after three (3) years. An Examination under Table 5 to this Schedule with an expired result does not meet the requirements set in the Bylaws.

14.0 Currency of Practice Hours

- 14.1 As a requirement for renewal of the Traditional Chinese Medicine and Acupuncture: Full Licence, Licensees must complete a total of at least 600 hours of professional service and/or practice hours in accordance with the applicable policy for currency of practice during the three years immediately preceding renewal Application.
- 14.2 Licensees required to obtain and report practice hours in paragraph 14.1 must retain documents or records to support the requirement.

Table 1: Recognized Education Programs: Chiropractic

I. CANADA

Canadian Memorial Chiropractic College

University of Quebec at Trois Rivieres

II. UNITED STATES

Cleveland Chiropractic College (Kansas City)

D'Youville University

Keiser University

Life University

Life Chiropractic College West

Logan University

Southern California University of Health Sciences

National University of Health Sciences

New York Chiropractic College

Northeast College of Health Sciences

Northwestern Health Sciences University

Palmer College of Chiropractic

Parker University

Sherman College of Chiropractic

Texas Chiropractic College

University of Bridgeport

Universidad Central Del Caribe

University of Western States

III. AUSTRALASIA

Macquarie University (Sydney, New South Wales)

Murdoch University (Perth, Western Australia)

The Royal Melbourne Institute of Technology University (Melbourne, Victoria)

Central Queensland University (Mackay/Brisbane, Queensland)

New Zealand College of Chiropractic

Australian Chiropractic College (Adelaide, South Australia)

IV. EUROPE

Anglo-European College of Chiropractic

Barcelona College of Chiropractic

Durban University of Technology (South Africa)

Institut Franco-Européen de Chiropraxie – Campus Paris and Toulouse McTimoney College of Chiropractic

RCU Escorial Maria-Cristina (Madrid College of Chiropractic)

Syddansk Universitet Odense

University of Johannesburg – Faculty of Health Sciences – Dept. of Chiropractic

University of South Wales, Welsh Institute of Chiropractic

University of Zurich

University of Surrey

Table 2: Recognized Education Programs: Massage Therapy

Educational Institution	Program	Campus
Camosun College	Registered Massage Therapy Program	Victoria
CDI College	Registered Massage Therapy Program	South Surrey
First College	Registered Massage Therapy Program	Kelowna
Kootenay Columbia College of Integrative Health Sciences	Registered Massage Therapy Program	Nelson
Langara College	Registered Massage Therapy Program	Vancouver
Okanagan Valley College of Massage Therapy	Registered Massage Therapy Program	Vernon
Vancouver Career College	Registered Massage Therapy Program	Burnaby, Kelowna
Vancouver College of Massage Therapy	Registered Massage Therapy Program	Vancouver
West Coast College of Massage Therapy	Registered Massage Therapy Program	New Westminister, Victoria

Additional Recognized Education Programs:

Accreditation at the three or five-year level by the Canadian Massage Therapy Council for Accreditation and recognized by the Licence Committee as meeting the College's entry-to-practice requirements.

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Table 3: Recognized Education Programs: Naturopathic Medicine

- 1.0 **Canadian College of Naturopathic Medicine - Toronto**
1255 Sheppard Avenue East
North York, ON, M2K 1E2
- 2.0 **National University of Naturopathic Medicine**
49 Porter Street
Portland, OR 97213, USA
- 3.0 **National University of Health Sciences**
200 E Roosevelt Road
Lombard, Illinois 60148
- 4.0 **Bastyr University**
14500 Juanita Drive NE
Bothell, WA 98011, USA
- 5.0 **Bastyr University (California Campus)**
4106 Sorrento Valley Boulevard
San Diego, California 92121
- 6.0 **Sonoran University of Health Sciences**
2140 East Broadway Road
Tempe, AZ 85282, USA
- 7.0 **Canadian College of Naturopathic Medicine – Boucher**
330 – 435 Columbia Street
New Westminster, BC, V3L 5N8
- 8.0 **Universidad Ana G. Mendez**
PO Box 3030
Guarabo, Puerto Rico 00778

Table 4: Recognized Education Programs: Traditional Chinese Medicine and Acupuncture

1.0 PCU College of Holistic Medicine

220 - 5021 Kingsway
Burnaby, B.C.

- Registered Acupuncturist
- Registered Traditional Chinese Medicine Herbalist
- Registered Traditional Chinese Medicine Practitioner
- Doctor of Traditional Chinese Medicine

2.0 Tzu Chi International College of Traditional Chinese Medicine (TCICTCM)

#200 - 1215 West Broadway
Vancouver, B.C.

- Registered Acupuncturist
- Registered Traditional Chinese Medicine Herbalist
- Registered Traditional Chinese Medicine Practitioner
- Doctor of Traditional Chinese Medicine

3.0 Vancouver Beijing College of Chinese Medicine

3135 - 8888 Odlin Crescent
Richmond, B.C.

- Registered Acupuncturist
- Registered Traditional Chinese Medicine Herbalist
- Registered Traditional Chinese Medicine Practitioner
- Doctor of Traditional Chinese Medicine

4.0 Pacific Rim College

229 - 560 Johnson Street
Victoria, B.C.

- Registered Acupuncturist
- Registered Traditional Chinese Medicine Herbalist
- Registered Traditional Chinese Medicine Practitioner
- Doctor of Traditional Chinese Medicine

5.0 Kootenay Columbia College of Integrative Health Sciences

Suite 2 - 560 Baker Street
Nelson, B.C.

- Registered Acupuncturist
- Registered Traditional Chinese Medicine Herbalist
- Registered Traditional Chinese Medicine Practitioner

- Doctor of Traditional Chinese Medicine

6.0 Oshio College of Acupuncture and Herbology

100 - 3491 Saanich Road

Victoria, B.C.

- Registered Acupuncturist
- Registered Traditional Chinese Medicine Herbalist
- Registered Traditional Chinese Medicine Practitioner
- Doctor of Traditional Chinese Medicine

7.0 Central College

200 - 60 8th Street

New Westminster, B.C.

- Registered Acupuncturist
- Registered Traditional Chinese Medicine Herbalist
- Registered Traditional Chinese Medicine Practitioner

8.0 Kwantlen Polytechnic University

8771 Lansdowne Road

Richmond, B.C.

- Registered Acupuncturist
- Bachelor of Traditional Chinese Medicine

9.0 Vancouver Career College

220 - 5021 Kingsway

Burnaby, B.C.

- Registered Acupuncturist
- Registered Traditional Chinese Medicine Herbalist
- Registered Traditional Chinese Medicine Practitioner
- Doctor of Traditional Chinese Medicine

Table 5: Examinations and Courses Required for Registration in the Licence class of Traditional Chinese Medicine and Acupuncture: Full

Examination and Course Requirements for Registration under paragraph 12.1(c) of this Schedule

Acupuncturist

- Acupuncture Registration Examination: Pan-Canadian Acupuncturists Examination
- Interactive Safety Course
- Jurisprudence Examination

Traditional Chinese Medicine Herbalist

- Herbology Registration Examination: Pan-Canadian TCM Herbalists Examination
- Interactive Safety Course
- Jurisprudence Examination

Traditional Chinese Medicine Practitioner

- TCM Practitioner Registration Examination: Pan-Canadian TCM Practitioners Examination*
- Interactive Safety Course
- Jurisprudence Examination

Doctor of Traditional Chinese Medicine (Dr. TCM.)

- Dr. TCM Registration Examination
- Current full licensure as Traditional Chinese Medicine Practitioner in BC

** The Pan-Canadian Acupuncturists Examination and the Pan-Canadian TCM Herbalists Examination together are equivalent to the Pan-Canadian TCM Practitioners Examination*

Schedule 5: Investigation Expenses

Order for Investigation Expenses

- 1.0 An order for Investigation expenses under section 273 of the Act consists of:
- (a) the assessable costs as provided for in the tariff at paragraph 6;
 - (b) all applicable recoverable expenditures at their actual cost, as set out in paragraph 2; 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