COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

LICENSING
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Temporarily Inactive
PARENTAL LEAVE (RETURN TO WORK)

LICENSURE STATUS CHANGES TO ACTIVE, PRACTISING

I hereby give notice that I will be returning to practice after parental leave as follows:

My first day of work will be (YYYY-MM-DD): _____

Note: Changes of status cannot be backdated. Please provide two weeks notice for status change.

I understand that my licensure status will change from Temporarily Inactive – Parental Leave to Active, Practising for my first day of work. I will pay the balance of my annual licence renewal fee.

Licensee full name: _____ CPSID: _____

Signature: _____ Date: _____

Note: If you are currently a registered care advisor, you will need to reapply through CPSBC upon your return to active practice.

Please return this form by:

Mail **ATTN: Licensing Department**
College of Physicians and Surgeons of BC
300–669 Howe Street
Vancouver BC V6C 0B4

Fax 604-733-3503

Email licensing@cpsbc.ca

Inquiries 604-733-7758 ext. 2626

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The personal information collected on this form is permitted under sections 26(c) and (e) of *FIPPA* for the purposes of processing your application and managing your licensure

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