College of Physicians and Surgeons of British Columbia
300–669 Howe Street
Vancouver BC V6C 0B4
www.cpsbc.ca
Telephone: 604-733-7758
Toll Free: 1-800-461-3008 (in BC)
Fax: 604-733-3503

Unlawful Practice of Medicine Report

INSTRUCTIONS

If you have any questions, please contact the College prior to completing and submitting this form.

1. Complete this form and provide as much information regarding the alleged unauthorized practitioner(s) as possible.
2. The College does not require that this form be signed or that any personal information be provided. Information may be provided anonymously; however, subsequent to receipt of this form, the College may be required to contact you to obtain further information which may include, with your consent and co-operation, a signed statement.
3. Mail the completed form to:

   Attention: Investigations Department
   College of Physicians and Surgeons of BC
   300–669 Howe Street
   Vancouver BC V6C 0B4

Before you submit the form, please consider that the College is not able to:

- direct or influence the payment of financial compensation
- contact the police on your behalf where illegal activities are suspected without your specific consent
- compel an unauthorized practitioner(s) to cease and desist unauthorized activity without obtaining a court order

DETAILS OF THE UNAUTHORIZED PRACTITIONER(S)
Please identify the unauthorized practitioner(s) you are filing this report about, and include an address, if available. If you are filing a report about more than two unauthorized practitioners, please continue on a separate sheet.

Unauthorized practitioner's full name: _____

Address: _____

City: _____ Postal code: _____

Phone number: _____

Dates(s) attended: _____

Occurred at a: ◯ Business ◯ Private residence ◯ Other: _____

Procedure(s)/service(s) performed: _____

Did the unauthorized practitioner use a reserved title (e.g. medical practitioner, physician, surgeon, doctor)?

◯ No ◯ Yes: _____

Is the unauthorized practitioner a member of another regulated health profession, in BC or elsewhere?

◯ No ◯ Yes: _____

Unlawful Practice of Medicine Report *continued*

YOUR DETAILS
This section is optional.

Name: _____

Phone number: _____ Email address: _____

DETAILS OF YOUR REPORT
Please describe your concern in as much detail as possible. Be sure to include specific information of what occurred between you and the unlicensed practitioner(s), and the date and location of the incident(s). Please enclose copies of any documents that you feel would be relevant to the College's investigation, such as receipts, photographs, advertisements, invoices, business cards, emails or other relevant correspondence.

If you require additional space, please attach a separate sheet.

Unlawful Practice of Medicine Report *continued*

DETAILS OF ANY MEDICAL CARE RECEIVED FOLLOWING SERVICES PROVIDED BY THE UNLICENSED PRACTITIONER(S)
If you attended a hospital or physician's office in relation to a procedure performed by an unlicensed practitioner, please provide the names of the hospital(s) and/or physician(s) and date(s) you attended during this period.

If you require additional space, please attach a separate sheet.

If you have any questions about the collection or use of this information, please contact the investigations department at the College of Physicians and Surgeons of British Columbia at 300–669 Howe Street, Vancouver BC V6C 0B4 or by phone at 604-733-7758 or 1-800-461-3008 (toll-free in BC).