

RESIGNATION FROM THE BC COLLEGE OF ORAL HEALTH PROFESSIONALS

I hereby resign as a registrant of the BC College of Oral Health Professionals (BCCOHP).

I understand that:

1. Once my resignation takes effect, my registration expires and my authority to practise dentistry in British Columbia immediately ceases.
2. After I resign, if I then wish to resume the practice of dentistry in British Columbia, I must apply to BCCOHP for reinstatement of my registration and I must comply with all the standards and qualifications for registration in effect at that time. The standards and qualifications for registration are subject to change without notice, and I may not be compliant with the standards and qualifications in effect now or in the future.
3. I must contact my malpractice/liability insurance provider to inform them of my resignation.
4. I have notified my patients that I am resigning from dentistry and those patients with planned or partially completed care, or those in need of monitoring of a dental condition have had arrangements made for them as to who may provide this care.
5. If I have participated in the Controlled Prescription Program and possess duplicate prescription pads, I will return all partially and fully unused pads to BCCOHP for them to be destroyed.

Name of _____ BCCOHP
Resigning Dentist _____ Registration Number _____

Signature _____ **Date – M/D/Y** _____

My resignation from BCCOHP is effective as of – M/D/Y _____

Note: your request cannot be backdated.

Dental Records

My patient records have been transferred to:

- ☐ another dentist
☐ a secure file-storage facility
☐ other

Location of patient records:

Please return this form by:

Mail: ATTN: Registration
110 - 1765 8th Ave W
Vancouver, BC, V6J 5C6

Email: registration@oralhealthbc.ca

MAKE SURE YOU HAVE SIGNED THIS FORM.