



COLLEGE OF
APPLIED BIOLOGY
Professional Accountability



SOCIETY OF
Biology

**College of Applied Biology / Society of Biology
Mutual Recognition Agreement Application Form
Chartered Biologist seeking RPBio Title**

Name: _____

Home Address: _____

City: _____ **Postcode:** _____

Telephone: _____ **Email:** _____

Level of Education: QAA-FHEQ 6 QAA-FHEQ 7 QAA-FHEQ 8

Applicants must complete the following tasks as part of the application process. Use this list as a checklist to avoid delays and ensure your application is complete.

- CAB/SB MRA Authorization Form: complete and submit **to the SB**.
- Indictable Offence Declaration: complete and submit **to the CAB**.
- Professional Report Worksheet: complete and submit **to the CAB** with the necessary reports. If you are using a MSc or PhD thesis submit only the abstract and sign-off page.
- Application fee and Dues: submit **to the CAB** 2 money orders in Canadian funds or credit card information for **application fee (\$175.00)** and **annual dues (\$360.00)**.

Visa or MasterCard Number: _____

Three Digit Number on Back of Card: _____ Expiry Date: _____

Name on Card: _____ Signature: _____

APPLICATION DECLARATION

I hereby declare that the information provided in this application is complete and accurate.

Signed: _____ **Date:** _____

Mail Application Form and Supporting Documents to:

Registrar
College of Applied Biology
#205-733 Johnson Street
Victoria, B.C., Canada, V8W 3C7