



# COLLEGE OF APPLIED BIOLOGY

Professional Accountability

## Request For Change of Status

From time to time during one's career circumstances may arise that necessitate a change from registered status. Listed below are options available to registered members considering this step. The Temporary Withdrawal (On Leave) category option is available for a period up to 3 years.

### Temporary Withdrawal

Date to begin On Leave Status \_\_\_\_\_

*Status* *Annual Fee*

#### R.P.Bio.

- |                          |                                      |            |          |
|--------------------------|--------------------------------------|------------|----------|
| <input type="checkbox"/> | Parental Leave                       | (On Leave) | \$100.00 |
| <input type="checkbox"/> | Attending Post-Secondary Institution | (On Leave) | \$100.00 |
| <input type="checkbox"/> | Medical or Compassionate Leave       | (On Leave) | \$100.00 |

#### R.B.Tech.

- |                          |                                      |            |         |
|--------------------------|--------------------------------------|------------|---------|
| <input type="checkbox"/> | Parental Leave                       | (On Leave) | \$70.00 |
| <input type="checkbox"/> | Attending Post-Secondary Institution | (On Leave) | \$70.00 |
| <input type="checkbox"/> | Medical or Compassionate Leave       | (On Leave) | \$70.00 |

**! Sign below and return form with payment. !**

#### On Leave Declaration

I hereby declare that I will not practice applied biology of any kind (paid or volunteer), while on Temporary Withdrawal status. I further understand that the change in status will result in listing my membership as On Leave. Note that Rule 7.12.5 provides after one year on temporary withdrawal the member must complete 50% of the CPD requirement for each of the subsequent years on temporary withdrawal. If at any time during the year I resume gainful employment of any kind, I will inform the College of Applied Biology and request reinstatement.

Name: \_\_\_\_\_ Date \_\_\_\_\_

(Please Print Clearly)

Signature \_\_\_\_\_ Member Number \_\_\_\_\_

#### Code of Ethics Declaration

I certify that I have read the [College's Code of Ethics](#) within the last 12 months.

Signature \_\_\_\_\_

#### Indictable Offence Declaration

Have you been convicted of an indictable offence within the past year?

Yes

No

Signature \_\_\_\_\_



COLLEGE OF  
**APPLIED BIOLOGY**

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Payment Information

NAME ON CARD	AMOUNT:
CARD NUMBER:	3 DIGIT NUMBER ON BACK:
SIGNATURE of CARD HOLDER	EXPIRY DATE: