



# Forms

## Applies to All Professions

The College of Health and Care Professionals of BC was created on June 28, 2024 through the amalgamation of seven health regulatory colleges:

- College of Dietitians of British Columbia
- College of Occupational Therapists of British Columbia
- College of Opticians of British Columbia
- College of Optometrists of British Columbia
- College of Physical Therapists of British Columbia
- College of Psychologists of British Columbia
- College of Speech and Hearing Health Professionals of British Columbia

Some activities associated with licensure rely on forms. These forms and the accompanying guidance documents will be re-branded gradually. You may continue to use the legacy college forms found on [chcpbc.org](https://chcpbc.org).

**Please note the new email addresses for where to return a completed form; for faster service please include your profession in the subject line.**

[registration@chcpbc.org](mailto:registration@chcpbc.org)  
[corporations@chcpbc.org](mailto:corporations@chcpbc.org)

## CONSENT TO A CRIMINAL RECORD CHECK (FORM 5)

### CRIMINAL RECORD CHECK FEE

A non-refundable processing fee of \$28 is required at the time of your online application submission. All fees are remitted to the BC Ministry of Public Safety and Solicitor General, Criminal Records Review Program (CRRP). The criminal record check will not proceed without payment of this fee. Processing delays may result if this form is incomplete or if information cannot be read clearly. Please upload your completed and notarized form to your Applicant Portal.

**College of Speech and Hearing Health Professionals of British Columbia**  
 900 - 200 Granville Street, Vancouver, BC V6C 1S4  
 T: 604.742.6715 | TF: 1.888.742.6715 | F: 604.608.9863 | E: [registration@chcpbc.org](mailto:registration@chcpbc.org)

### APPLICANT INFORMATION (PLEASE PRINT / DO NOT USE INITIALS)

Surname	Full First	Full Middle		
Date of Birth	Gender	Place of Birth		
YYYY / MM / DD	Male Female	City / Town	Province	Country
Other Names, Aliases (if any) (e.g., Maiden Name, Birth Name, Previous Married Name)				
Surname (Other)	Full First (Other)	Full Middle (Other)		
Surname (Other)	Full First (Other)	Full Middle (Other)		
Mailing Address				
Apt / Suite	Street		Postal Code	
City / Town	Province	Country		
Phone	(---) --- - ----	BC Driver License No		

## Consent for Release of Information and Acknowledgements Pursuant to the British Columbia's Criminal Records Review Act

***I hereby consent to a criminal record check pursuant to the Criminal Records Review Act (CRRRA) to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) as defined under that Act (CRRRA check). I hereby consent to a check of available law enforcement systems as further described below, including any local police records.***



***I hereby consent to a Vulnerable Sector search to check if I have been convicted of and received a record suspension (formerly known as a pardon) for any sexual offences as per the Criminal Records Act. For more information on Vulnerable Sector searches, please visit the Royal Canadian Mounted Police (RCMP) website: <http://www.rcmp-grc.gc.ca/en/types-criminal-background-checks>. I understand that as part of the Vulnerable Sector search, I may be required to submit fingerprints to confirm my identity. In addition, where the results of a check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.***



***My organization and I will be notified that I have an outstanding charge or conviction for a relevant or specified offence(s), and that the matter has been referred to the Deputy Registrar for review.***



***The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual, or financial abuse to vulnerable adults as applicable; the determination will include consideration of any relevant or specified offence(s) for which I have received a record suspension (formerly known as a pardon).***



***If I am charged with or convicted of any relevant or specified offence(s) at any time subsequent to the criminal record check authorization herein, I agree to report the charge(s) or conviction(s) to my organization, in a timely manner, with a new criminal record check authorization.***



## Freedom of Information and Protection of Privacy Act

For the purpose of completing my CRRRA check as described above, I authorize the collection and/or consent to the disclosure of my personal information within Canada, as follows:

***Pursuant to the Freedom of Information and Protection of Privacy Act (FOIPPA), I hereby consent to the disclosure by the Ministry of Public Safety and Solicitor General to the Deputy Registrar of my name(s), alias(es), Correctional Service Number (CS#), history of contact with BC Corrections, and my date of birth as found on the BC Corrections' client management software, CORNET.***



***Pursuant to FOIPPA, I hereby consent to the disclosure by the Deputy Registrar to the Criminal Records Review Unit of the RCMP (CRRU) of my name(s), alias(es), CS#, date of birth, gender, driver's license/BCID#, and history of contact with BC Corrections. I also authorize the collection, by the CRRU and other federal government institutions under the Privacy Act, of the same information and of any and all personal information relating to this CRRRA check in support of my application, for the purpose of conducting a check of criminal investigations, charges, convictions and information in police databases, including incidents that did not result in conviction. For the same purpose, I also authorize the provision to the CRRU of my personal information by all queried federal, provincial, and municipal Law Enforcement Agencies in Canada as well as other authorized public bodies under FOIPPA.***



**Pursuant to FOIPPA, the Privacy Act, and any other relevant applicable provincial and federal legislation, I hereby consent to the disclosure to the Deputy Registrar by the CRRU, the BC Municipal Law Enforcement Agencies as well as other authorized public body agencies of any personal information relating to my CRRR check. This personal information may include:**

**(a) Criminal record check or fingerprint- based criminal record verification by searching the Canadian Police Information Centre database;**

**(b) A police information check, including the Police Records Information Management Environment (PRIME-BC) and the Police Reporting and Occurrence System (PROS).**



**I acknowledge that in certain instances, although no identified occurrence(s) resulted in a charge or conviction, the CRRU may assess that I pose a public safety risk and advise Security Programs Division that it will terminate its check of law enforcement systems accordingly, with the result that my CRRR check may not be concluded.**



**In addition to the foregoing, and as may be required for the Deputy Registrar to make a determination pursuant to s. 4 (2) and 4 (3) CRRR, I further authorize the release to the Deputy Registrar of any documents in the custody of the police, the courts, corrections and crown counsel relating to any outstanding charges or convictions for any relevant or specified offence(s) as defined under the CRRR or any police investigations, charges, or convictions deemed relevant by the Deputy Registrar.**



## CONSENT FOR RELEASE OF INFORMATION

### Declarations

**I have read and understand the Consent for Release of Information and acknowledgements noted above. I hereby consent to these terms as indicated by my signature below.**



**I hereby authorize the College of Speech and Hearing Health Professionals of BC ("CSHBC") to conduct criminal record checks on an ongoing basis every five years.**



**I understand that I may withdraw this consent for future criminal record checks.**



### **This consent is valid from the date signed.**

#### **CRRP Collection Notice**

The Security Programs Division (SPD) will collect your personal information for the purpose of fulfilling the criminal record check requirements of the *Criminal Records Review Act* and in accordance with section 26(c) and 27(1)(a)(i) and (b) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Additionally, SPD may collect personal information under section 26(e) and 27(1)(a)(i) and (b) of FOIPPA for the purpose of evaluating the Criminal Records Review Program and activities to better serve you. Should you have any questions about the collection, use, or disclosure of your personal information, please contact the Policy Analyst of the Criminal Records Review Program, Security Programs Division via mail to PO Box 9217 Stn Prov Govt Victoria, BC V8W 9J1; email to [criminalrecords@gov.bc.ca](mailto:criminalrecords@gov.bc.ca); or by telephone at 1.855.587.0185 (option 2).

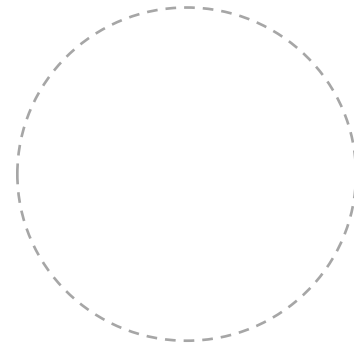
**IMPORTANT:** This form must be notarized by a notary public.

For all applicants, a notary must verify an applicant's identity using at least one piece of primary identification and at least one piece of secondary identification. One of the pieces must be government-issued and include the applicant's name, date of birth, signature, and photo.

## ID VERIFICATION

### To Be Completed by a Notary Public

***I verify that I \_\_\_\_\_ have verified the applicant's primary and secondary identification (ID) in accordance with the requirements of BC's Criminal Records Review Program (CRRP).***



	YYYY / MM / DD
<b><i>Notary Public Signature</i></b>	<b><i>Date</i></b>

	YYYY / MM / DD
<b><i>Applicant Signature</i></b>	<b><i>Date</i></b>

**This consent is valid from the date signed.**