

## **REGISTRANT CHANGE REPORT**

To access details in your personal CPTNB record, send a specific query to info@cptnb.ca

To report changes, complete the relevant sections below, sign, date and submit it by e-mail to info@cptnb.ca.

## Your information must be TYPED or PRINTED only

| 1. Personal Information Change  |   |                                |                |
|---|---|--------------------------------|----------------|
| Name:   |   |                                |                |
| Family/Last Name  | First Name  |                                | Registration # |
| Current Work E-mail:  | Change t  | 0:                             |                |
| Current Personal E-mail:  | Change t  | 0:                             |                |
| NAME, change to:  |   |                                |                |
| PERSONAL ADDRESS:   |   |                                |                |
| Current is:   |   | Postal Co                      | ode:           |
| Change to:  |   | Postal Co                      | ode:           |
| 2. Practice/Employment Change   |   |                                |                |
| Complete all details below for each facility where yo   | ou are now practising   |                                |                |
| NEW Practice/Employment to report?  Comple  | te sections A, B, E and   | F                              |                |
| CHANGE in Current Practice/employment to rep  | ort?  Complete section  | ns <b>B, C, D, E and F (if</b> | applicable)    |
| A. Employer/Facility Name:  |   |                                |                |
| Work Address:   |   | Postal C                       | ode:           |
| B. Start/Change Date C. Stop Worl   | Start/Change Date C. Stop Work Date D. Hours this year, to stop date: |                                |                |
| E. Choose one employment type only (35+ hours/w   | eek = Full-time)  |                                |                |
| F. Employment Details   | Role 1  | Role 2                         | Role 3         |
| 1.5.1. Select one Role which best applies to you  |   |                                |                |
| 1.5.2. Indicate Where you usually Provide Service   |   |                                |                |
| 1.5.3. Select one primary Client Group  |   |                                |                |
| 1.5.4. Select one Level of Client   |   |                                |                |
| 1.5.5. Select one Language of Service   |   |                                |                |
| 1.5.6. Select one Area of Practice  |   |                                |                |
| 1.5.7. Insert Hours for an <u>average</u> work week,<br>as of the date you are completing this form |   |                                |                |

If more employers, check here  $\Box$  and add page(s) with same details for those.

## 3. Status Change

I am reporting a change of status. Check <u>all</u> that apply:

| I am:   | Month/Day/Year |
|---|----------------|
| Resigning my CPTNB registration, effective:               |                |
| Not Employed, effective:                                  |                |
| □ Seeking refresher course outside profession, effective: |                |
| □ Looking for another job in another field, effective:    |                |
| □ Furthering education in profession, effective:          |                |
| Working in another profession, effective:                 |                |
| □ Moving out of N.B., effective:                          |                |
| □ Retired/Retiring from the profession, effective:        |                |
|   |                |

□ None of the above apply to me; specify reason for change:

## 4. Declaration

I (Print Name) \_\_\_\_\_\_ hereby:

Certify that the information given in this report is true, correct and complete to the best of my knowledge and belief, and I agree to inform CPTNB if any responses in this report change between now and the confirmation from CPTNB.

| Signature:             | Date:      |
|------------------------|------------|
|                        |            |
| 5. Additional Comments |            |
|                        |            |
|                        |            |
|                        |            |
|                        |            |
|                        |            |
|                        |            |
|                        |            |
| OFFICE USE ONLY        |            |
|                        |            |
| Received:              | _ Entered: |
| Notes:                 |            |
|                        |            |