



NOTIFICATION OF CHANGE of FACILITY DIRECTOR of an ACCREDITED FACILITY

Email form to: accreditation@cvo.org

PRACTICE NAME:

NAME OF CURRENT FACILITY DIRECTOR:

NAME OF NEW FACILITY DIRECTOR:

EFFECTIVE DATE: _____

END DATE (if applicable): _____

NEW FACILITY DIRECTOR UNDERTAKING

I, _____, DVM, hereby confirm that I hold a general or restricted licence from the CVO, the conditions of which are in keeping with a certificate of accreditation for the above-named facility and that I am engaged in the practice of veterinary medicine conducted in or from the veterinary facility in respect of which the application is being made. I hereby undertake to accept oversight for the operation of the above-named facility, ensuring that the facility meets all Minimum Standards for Veterinary Facilities and fully complies with the Veterinarians Act and Regulation 1093 and I will ensure that only members will have responsibility for and control over all of the clinical and professional aspects of the provision of services through the facility, including maintaining the standards of practice of the profession.

I confirm that I have read and understood the role and responsibilities of a facility director by reading the [Policy Statement – Facility Director - Accreditation](#).

I confirm that the information entered on this form is true and correct. I understand that it is professional misconduct to submit false or misleading information to the College (as per Regulation 1093 ss 38.1).

Signature of New Facility Director