



APPLICATION FOR CONSENT OF CORPORATE NAME (AF-36)

Applicants seeking College consent for a corporate name using a descriptor protected under the Speech and Hearing Health Professionals Regulation are required to submit a completed Application for Consent of Corporate Name (AF-36) form to corporations@cshbc.ca.

The following terms are reserved for CSHBC registrant and require College consent for use in a business or corporate name:

- | | |
|---------------|-----------------------------------|
| “Audiology” | “Speech Therapist” |
| “Audiologist” | “Speech Language” |
| “Audiometric” | “Speech-Language Pathologist” |
| “Audiometry” | “Hearing Instrument Practitioner” |
| “Speech” | “Hearing Aid” |

The proposed name must not be identical to, or closely resemble, the name of another business name in a way that would be likely to confuse or mislead the public.

The proposed name must not be offensive or objectionable on public grounds.

A. BUSINESS/CORPORATE NAME & SERVICES

Propose Business/Corporate Name:

Description of Services to be Provided:



B. CSHBC REGISTRANT

Name:	Registration #:

I confirm the following:

1. I have enclosed my [BC Name Registry form](#):
2. I am a registrant in good standing with CSHBC:
3. I have read and understand Part 13 (sections 152 ~ 155) of the CSHBC Bylaws on marketing and advertising and will comply with these requirements:

C. NON-REGISTRANT ACTING ON BEHALF OF A CSHBC REGISTRANT

<p><i>I confirm the following:</i></p> <ol style="list-style-type: none">1. I am a representative or act on behalf of another individual and enclosed their BC Name Registry form (if you are acting on behalf of a registrant, please provide their name and registration number): <input type="checkbox"/>	
Registrant Name:	Registration #:
<ol style="list-style-type: none">2. The registrant named above has read and understands Part 13 (sections 152 ~ 155) of the CSHBC Bylaws on marketing and advertising and will comply with these requirements: <input type="checkbox"/>	



OR

I confirm the following:

1. I am a non-registrant seeking to use a reserve title for my own business/corporation:

2. I have enclosed my [BC Name Registry form](#):

3. I confirm that I understand that only CSHBC registrants may provide services within the scope(s) of practice of CSHBC registrants:

4. My business/corporation will not provide services within the scope(s) of practice of CSHBC registrants unless those services are provided by (or delegated pursuant to Part 12 of the CSHBC Bylaws) CSHBC registrants:

5. I understand that if CSHBC grants its consent to use a reserved title in my business/corporate name, I must not promote my services in a manner that is likely to confuse the public or imply registration or affiliation with CSHBC:

I confirm that the above information is true and accurate to the best of my knowledge.

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

Please submit all completed forms as a **COMBINED PDF** to corporations@cshbc.ca.