

Parental Leave Application



Applicant Name: _____

Practice Permit Number: _____

Requested Status: Inactive — Parental Leave

Requested Start Date: _____

Expected Return Date: _____ (estimated)

Declarations and Acknowledgements

- **Request for Inactive Status**

I request temporary inactive status while I am on parental leave.

- **Practice Restrictions**

I understand that, while my status is inactive, I must not practice or represent myself as practicing.

- **Ongoing Registration and Regulatory Obligations**

I understand that I must renew my registration and practice permit annually, including while I am on leave.

- I understand that I remain responsible for completing all other applicable regulatory renewals and requirements while on leave, including:

- renewing any professional corporations;
- maintaining X-ray and laser equipment in accordance with Standard of Practice 8.4, Radiation Health and Safety Program;
 - registering, renewing, or deregistering equipment, as applicable;
 - paying all related fees in accordance with the fee schedule; and
 - completing annual preventive maintenance for X-ray equipment.

- **Liability Coverage**

I have contacted my liability insurer or protection provider and will comply with its coverage requirements throughout my temporary parental leave.

- **Public Register**

I understand that my name will appear on the public register with the status “Inactive — Leave.”

- **Contact Information and Communications**

I will keep my contact information current and respond to communications from the regulator during my parental leave.



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- **Fees, Continuing Competence, and Return to Practice**

I understand the applicable fee and Continuing Competence Program requirements and will satisfy all return-to-practice requirements.

- **Changes to Leave / Returning to Active Practice**

I will notify CCOA if my expected return date changes and will request an extension when necessary. The application to change status from Parental Leave to Active status must be completed and returned at least **30 days prior** to the intended return date.

- **Certification**

I certify that the information provided in this application is true and complete.

Confirmation:

I confirm that I have read and understand all declarations and acknowledgements above. Please initial here. _____

Signature: _____

(An electronic signature is acceptable if this form is submitted via the email address on your member profile)

Date: _____

Submit via Email: registration@thecco.ca