

**Resignation from Membership**

Complete and return this form only if you are resigning your membership. If you wish to change your certificate, please use the [Request for Certificate Change](http://www.cpo.on.ca/WorkArea/DownloadAsset.aspx?id=1709). The College of Psychologists of Ontario will not accept resignations by phone.

By signing and dating this form, I hereby acknowledge that I have read, understood and agreed to the following:

1. As of the effective date, I will not be authorized to offer psychological services in the province of Ontario, nor will I have access to:
* the designation “C.Psych.” or “C.Psych.Assoc.”;
* the title “psychologist” or “psychological associate”; and
* the terms “psychology” or “psychological”. [(Psychology Act, 1991)](https://www.ontario.ca/laws/statute/91p38)
1. the use of “doctor” or any variation in the course of providing or offering to provide health care to individuals. [(RHPA s.33)](https://www.ontario.ca/laws/statute/91r18#BK53)
2. If I choose to return to the practice of psychology in Ontario in the future, I will have to meet the registration requirements in place at that time.
3. After I resign, I remain subject to the jurisdiction of the College of Psychologists for any breaches of professional conduct referable to the time I was a member of the College. [(RHPA Sched.2,s.14)](https://www.ontario.ca/laws/statute/91r18#BK53)

I hereby resign membership from the College of Psychologists of Ontario:

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| Signature | Print Name |
|  |  |
| Registration Number | Effective Date\* |

\*Certificates cannot be changed retroactively. The effective date cannot be prior to the day the College receives the form.

**Reason for Resignation:**

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**Client Files**

Client files must be maintained in a safe and secure manner for the period set out in the Standards of Professional Conduct. Members must also take reasonable steps to ensure that former clients have access to the client record for the prescribed retention period. Please provide the contact information of a designate in the event of your disability or death.

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| Designate Name (please print) | Contact Information |

Return Form by:

Mail: 110 Eglinton Ave West, #500, Toronto M4R 1A3

Email: cpo@cpo.on.ca or Fax 416-961-2635