



Member Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_C

### **Insurance Verification**

My signature indicates that I have read The College of Pedorthics of Canada (CPC) Code of Ethics, Scope of Practice and the Complaints and Disciplinary procedures documents and that I have the necessary liability insurance required to maintain membership with The CPC.

\_\_\_\_\_ I have and will maintain a minimum of \$1,000,000 Professional Liability Insurance through the Pedorthic Association of Canada's program with BMS. Should my policy change, I agree to submit new information to The CPC office within 14 business days.

\_\_\_\_\_ I have and will maintain a minimum of \$1,000,000 Professional Liability Insurance. A copy of my policy is attached. Should my policy change, I agree to submit new information to The CPC office within 14 business days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Membership renewals for The CPC cannot be finalized until we receive proof of professional liability insurance.***