



## **College of Applied Biology / Society of Biology Mutual Recognition Agreement Authorization Form**

The following information must be provided in order to apply for Registered Professional Biology (RPBio) title under the Mutual Recognition Agreement between the College of Applied Biology (CAB) and the Society of Biology (SB).

APPLICANT		
Name:		
Address:		
SB Membership Number:		
Level of Education: ☐ QAA-FHEQ 6 ☐ QAA-FHEQ 7	′ □ QAA-FHEC	28
In order to proceed with this application, the CAB must obta this form to the SB, you confirm that the SB Registrar may re		•
I hereby give permission for the SB Registrar to release the	information reques	sted by the CAB register.
Signed: [	Date:	
Applicant: mail CAB/SB MRA Authorization Form to: Society of Biology Charles Darwin House, 12 Roger Street, London, WC1N 2JU.		
SOCIETY OF BIOLOGY REGISTAR:  I hereby confirm that:		
(C.Biol Full Name)		<del></del>
Is a CBiol in good standing with the SB	☐ Yes	□ No
Is not presently the subject of a discipline action/enquiry	☐ Yes	□ No
In the event the answer to any of the above questions is No appropriate on a separate sheet.	, please provide add	itional information as
Signed:	Date:	
SB Registrar		
SB Registrar: please place this form in a sealed envelope and	d forward to:	

Registrar: please place this form in a sealed envelope and for Registrar, College of Applied Biology #205-733 Johnson Street Victoria, B.C., Canada, V8W 3C7