



Summer 2000
September 11, 2000

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This bulletin is published by the:
Driver Training & Certification Unit,
Insurance Corporation of British Columbia for the Driving School Industry of B.C.

The Driver Training & Certification Driver Training Industry Bulletin

New Curriculum Advisor for DTCU

Ellen Wong has been hired as the new Curriculum Advisor for Driver Training & Certification. Ellen will be the contact for course approvals and challenge examination processes. Additional responsibilities include the analysis of current curriculum standards and development of curriculums for Assessment Facility and Instructor Training Certification.

Ellen has a Master of Arts degree from the University of Victoria and has been involved with curriculum assessment and development in a variety of teaching and training capacities including academic teaching and lectures through the university.

She has extensive experience in conducting training programs within the private sector and within the corporation and has obtained essential experience and knowledge from her work in Licensing Programs, Policy and Program Development and Driver Training and Certification.

We are pleased to have Ellen aboard to provide her expertise as an integral part of the success of driver training in British Columbia.

New Instructor Medical Standards

On June 16, 2000 new medical standards were adopted for driver training instructors and applicants. These new standards include a newly developed *Instructor Medical Evaluation*(MV2097) form (see Insert A).

Previously, instructors and instructor applicants requiring a medical examination would be issued a *Drivers Medical Examination* form. This form was available at Point of Services throughout the province.

The new medical evaluation form cannot be issued at a Point of Service. It can only be obtained from the Driver Training & Certification Unit in Victoria.

The new medical standards are as follows:

- Instructors must have a medical evaluation completed by their family physician every 2 years upon renewal of their instructor's licence.
- If a *Drivers Medical Examination* form has been completed within one 6 months of our request for a medical examination, DTCU can obtain medical information (with approval

DTCU Contacts



Driver Training & Certification

ICBC
Box 3750
Victoria, BC V8W 3Y5
Telephone: (250) 978-8370
Fax: (250) 978-8006

Licensing Representatives

- Jill Apsey
- Kristine Campbell
- Bev Crowell
- Coleen Ramsay
- Laurel Robertson

Curriculum Advisor

Ellen Wong

Technical Information Coordinator

Vaughn Cybulski

Manager

Donna Palamarek

Revised Forms

A number of forms issued by the Driver Training & Certification Unit have undergone revision.

Driver Training Certification (MV2067) form

All assessment facilities authorized to use the *Driver Training Certification* (MV2067) form were recently notified by letter of the various changes to this form.

For those who did not receive this letter, the letter is attached for your reference (see Insert B) along with a sample of the updated form (see Insert C)

Driver Training School Vehicle List (MV2415)

For those applying for an original or renewal Driver Training School Licence, the *Driver Training School Vehicle List* (MV2415) has been revised to include a Vehicle Checklist section (see Insert D). This is to ensure that all vehicles used for driver training meet the requirements of Division 27 of the Motor Vehicle Act Regulations.

Please note that when making application for a Driver Training School Licence, a copy of the Vehicle Inspection Report(s) for vehicles used for driver training must be included with the application. Also remember to keep your list up-to-date by notifying DTCU of any changes to your fleet of driver training vehicles. Your notification must also include a copy of each Vehicle Inspection Report.

Address Changes

Please notify the Driver Training & Certification Unit of any address changes.

Section 27.06(9) in Division 27 of the Motor Vehicle Act Regulations requires that driver training schools notify the Insurance Corporation of British Columbia (ICBC) in writing within 10 days of the ad-

dress change. Your written request must be accompanied with a payment of \$15.00 in order for us to update our records and to issue a duplicate Driver Training School Licence containing the new address.

Section 14 of the Motor Vehicle Act Regulations requires that all drivers notify ICBC within 10 days of the address change. If you are a driver training instructor, you may contact the Driver Training & Certification Unit by telephone to have your address updated. An address sticker will be generated and mailed to you. This address sticker must then be attached to the back of your driver's licence.

Important Notes

Advertising

All Driver Training Schools and Facilities should adhere to the following advertising requirements:

- All advertising (including school vehicle signs) should contain the actual name of the driver training school. This is the name that is on record at our office
- Schools are not permitted to use logos in their advertisements that appear in ICBC resource material without written approval from the corporation. Any reproduction of these logos is considered a copyright infringement
- Advertising signs must not be displayed on, in or within 500 meters of a premises or building occupied by an ICBC office or agent.
- Appropriate wording must be used in all advertisements as

specified in section 27.10(2)(e) of Division 27, Motor Vehicle Act Regulations.

Declaration of Completion Forms

This is a reminder to all Driver Training Schools offering an approved course, that before issuing a *Declaration of Completion* (MV2910) form to a student, it must be confirmed that the student has completed 30 hours of driving experience, completed the minimum hours of instruction and achieved the course competencies to the standards set out in the GLP approval agreement.

Any contravention of the above delivery requirements or any other conditions or provisions of the GLP approval agreement may result in the termination of the agreement.

Deadline for GLP Instructor Course Registration

All instructors must be registered for the GLP Instructor course by the Thursday prior to the course start date (Monday).

We will no longer accept any registrations on the Friday prior to the course start date. This allows staff at the Justice Institute time to prepare course material and completion packages for students.

The next course begins on September 18, 2000; therefore, all instructors interested in attending must be registered by September 14, 2000 (Thursday).

120 Day Course Completion Requirement

As stated in the GLP Course Approval Agreement, ICBC approved courses must be completed within 120 days. Due to unforeseen circumstances, a course for a specific student may need to be extended past this time limit.

In these cases, driving schools offering an approved GLP course must apply in writing to the Driver Training & Certification Unit prior to the student reaching the 120 day deadline.

If you have any questions regard-

Driving School Inspectors

Tom Corsie, Vancouver Island
(250) 616-8628

Chuck Laidlaw, Vancouver West
(604) 297-3819

Anthony Chui, Vancouver East
(604) 2973822

John Eastman, Vancouver East
(604) 297-3820

Owen Slade, Vancouver East
(604) 297-3821

Nancy Anderson, Fraser Valley
(604) 297-3823

Ron Jorgensen, Southern Interior/Kootenay & Northern Interior/Central
(250) 979-3957

ing this process, contact the Driving School Inspector in your area.

Criminal Record Search 'Letter of Request'

Instructor Licence applications no longer include a *Consent of Criminal Record Search* form. Instead, each application includes a Criminal Record Search *Letter of Request* which must be presented to the nearest Police or RCMP detachment in order to have a Criminal Record Search conducted. The police or RCMP detachment will provide their own form for completion. They will continue to forward this form to the Driver Training & Certification Unit in Victoria as stated on the *Letter of Request*.

Please note that ICBC requires full disclosure of all information found on computer systems and local police indices.

GLP Instructor's Course Completion Certificate

This form does not give authorization to teach a GLP approved course. Before an instructor can teach an approved course, he or she must first obtain a GLP designation on their instructor's licence. This involves making application for the DTCU by submitting the following:

- Application for a British Columbia Instructor's licence
- Graduated Licensing Program Instructor's Course Completion Certificate
- \$15.00 duplicate licence fee

To reduce delay in processing the application, DTCU will accept a copy of the completion form; however, the original copy must be provided to us for our records.

DTC Web Page Coming Soon

Preliminary work has been done on the development of a Driver Training & Certification Internet web page.



This web page will provide valuable information and updates to the driver training industry. Stay tuned!

Important Notice: It is being considered that future bulletins will be provided to the driver training industry only via the new web site, thus reducing the cost associated with printing and mailing on a quarterly basis.

If this is not a viable option for you, please let us know in order that we may examine additional options for accommodating you.

How are we doing?

We would like some feedback on the DTCU bulletin.

- Is it informative?
- Is it easy to read?
- What other information would you like to see included in the bulletin?

Fax or mail your comments and let us know what you think



Our mailing address is:

**Driver Training & Certification
PO Box 3750
Victoria, BC V8W 3Y5**

Fax: (250) 978-8006

INSERT A



Driver Training Instructor Medical Evaluation

Applicant and Physician - Please see reverse for instructions

AREA ABOVE FOR OFFICE USE

A. Health History

Check appropriate box. Provide full information about each abnormal condition checked in box D below, and append any relevant consultation reports. Section numbers refer to Physicians' Guide in Determining Fitness to Drive.

- | | | |
|--|---|--|
| <p>1. Vision (Section 2)</p> <input type="checkbox"/> Visual acuity deficit
<input type="checkbox"/> Visual fields defect
<input type="checkbox"/> Other (Specify in Section D)
<input type="checkbox"/> No disease affecting driving <p>2. Hearing (Section 3)</p> <input type="checkbox"/> Hearing loss right ___ left ___
<input type="checkbox"/> Other (specify in Section D)
<input type="checkbox"/> No disease affecting driving <p>3. Speech</p> <input type="checkbox"/> Ability to articulate clearly
<input type="checkbox"/> Other (specify in Section D)
<input type="checkbox"/> No disease affecting driving | <p>4. CNS Disease (Sections 5, 7)</p> <input type="checkbox"/> Yes (specify in Section D)
<input type="checkbox"/> No disease affecting driving <p>5. Respiratory Disease (Section 8)</p> <input type="checkbox"/> Yes (specify in Section D)
<input type="checkbox"/> No disease affecting driving <p>6. Endocrine Disease (Section 9)</p> <input type="checkbox"/> Yes (specify in Section D)
<input type="checkbox"/> No disease affecting driving <p>7. Psychiatric Disease (Section 12)</p> <input type="checkbox"/> Yes (specify in Section D)
<input type="checkbox"/> No disease affecting driving <p>8. Cardiovascular Disease (Section 4)</p> <input type="checkbox"/> Yes (specify in Section D)
<input type="checkbox"/> No disease affecting driving | <p>9. Musculoskeletal disease (Section 11)</p> <input type="checkbox"/> Yes (specify in Section D)
<input type="checkbox"/> No disease affecting driving <p>10. Alcohol Problems (Section 14)</p> <input type="checkbox"/> Yes (specify in Section D)
<input type="checkbox"/> No problem affecting driving <p>11. Drug Problems (Section 13)</p> <input type="checkbox"/> Yes (specify in Section D)
<input type="checkbox"/> No problem affecting driving <p>12. Other conditions which may affect driving or driving instruction: (specify in Section D)</p> |
|--|---|--|

B. Physical Examination

- 1. Visual Acuity (mandatory)** Meets standard (better eye at least 20/30; poorer eye at least 20/50, with or without correction)
- | | | | |
|--------------------------------------|--------------|-------------|-------------|
| <input type="checkbox"/> uncorrected | 20/___ right | 20/___ left | 20/___ both |
| <input type="checkbox"/> corrected | 20/___ right | 20/___ left | 20/___ both |
- Does not meet standard (Specify): _____
- 2. Visual fields (mandatory)** Meets standard (minimum horizontal field of Vision 120 degrees in each eye examined separately)
- Does not meet standard (Specify): _____
- 3. Height** _____ **Weight** _____ **Blood pressure (mandatory)** _____ / _____

C. Medications

Specify: _____

D. Details of Conditions Checked Above (Section A)

Specify by Section A number; attach any relevant consultation reports.

E. Examining Physician's Report and Recommendation

1. I have been this applicant's primary physician for at least two years; (if not and this applicant is a new patient, please obtain and review the medical history from the previous physician) and I have adequate knowledge of this applicant's past and present medical condition, and I have noted the reason for this examination, and I understand the sections of the "Guide for Physicians in Determining Fitness to Drive a Motor Vehicle" that relate to this applicant No Yes
2. On the basis of your medical assessment, are there any medical conditions or items of concern that would merit further examination, referral, or consultation with the Medical Advisor? No Yes
 If so, please specify: _____
3. In your opinion, is the applicant medically fit to be a Driver Training Instructor? No Yes

EXAMINING PHYSICIAN'S NAME & ADDRESS <small>(Print or use rubber stamp.)</small>	DATE OF EXAMINATION Day Month Year	Do not write in this area <input type="checkbox"/> Medically fit <input type="checkbox"/> Medically unfit <input type="checkbox"/> Further information required _____ ICB Medical Advisor SIGNATURE: _____ DATE: _____
PHYSICIAN'S SIGNATURE _____ MD		

PHYSICIAN: RETURN TO: MEDICAL ADVISOR, ICBC, PO BOX 3750, VICTORIA, BC V8W 3Y5

Applicant's certification and consent for release of information

- I certify that the information I have given to the physician completing this report is to the best of my knowledge true and complete.
- I understand that inaccurate, misleading, missing, or false information may lead to denial of this application as a driver training instructor or cancellation of a Driver Training Instructor's Licence.
- I authorize the release of this information and all reports from medical specialists pertaining to disease, disabilities, and conditions described in this application to the Medical Advisor.

APPLICANT'S SIGNATURE _____

DATE _____

INSERT B



Insurance
Corporation
British
Columbia

P.O. Box 3750
Victoria
British Columbia
V8W 3Y5

Telephone
250 978-8370
Fax
250 978-8006

July 20, 2000

To all Certified Assessment Facilities

Re: New Driver Training Certification (MV2067) Form

Enclosed you will find an initial supply of the newly revised Driver Training Certification (MV2067) form.

Effective immediately, all Certified Assessment Facilities are required to use the new form for their driver assessments. Please discard all previous versions of this form. Any previous versions completed on or after July 31, 2000, will not be accepted.

The new form has been re-designed to be more user-friendly and to incorporate additional information required for audit purposes.

The changes to this form are as follows:

- **Airbrake Certification** – The previous version of this form allowed both an Air Brake assessment and a high class assessment to be recorded on the same form. This is no longer possible on the new version. If a driver is assessed for airbrakes and a high-class certification, two separate forms must be completed. This is required as all forms received by our office will undergo a automated validation process using the Driver Training & Certification computer system.
- **Motorcycle Certification** – The 'Novice' box which reference Class 6 and 8 has been renamed to 'Motorcycle Skills Test.'

The additions to this form include:

- Course start and end dates
- Name of instructors and their Driver's Licence numbers
- Assessment Officer Driver's Licence number
- Instruction page on back of form

To assist us in continuing our timely service to you, please ensure that forms have been completed in their entirety.

If you have any questions regarding these changes or require additional supplies of this certification form, please contact (250) 978-8370.

Yours truly,

Insurance Corporation of British Columbia

A handwritten signature in black ink that reads 'Donna Palamarek'.

Donna Palamarek
Manager, Driver Training & Certification

Enclosures

INSERT D



Insurance
Corporation
British
Columbia

P.O. Box 3750
Victoria
British Columbia
V8W 3Y5

Telephone
250 978-8370
Fax
250 978-8006

DRIVER TRAINING SCHOOL VEHICLE LIST

Legal Name of Driver Training School: _____

List below the vehicles which are owned, leased or used by the above named Driver Training School:

NOTE: The information for each vehicle is available on the Licence, Registration, and Insurance document issued by the Insurance Corporation of British Columbia, and on the Commercial Vehicle Inspection report.

Section 1 Vehicle Information

Licence Plate Number	Registration Number	Year	Make	Model	Inspection Decal Number

Section 2 Vehicle Check List

1) Does the above listed vehicle(s) include the following:

Class 5 only

- Dual Brakes
- Dual Clutch Pedals for manual transmission vehicles (if applicable)
- Rear View Mirror on passenger side of vehicle

Class 1, 2, 3, 4 and 5 only

- "Student Driver" signage meets the requirements of Division 27
- Signage containing the Name of the driving school meets the requirements of Division 27

Class 6 only

- Reflective Vest(s)

Section 3 School Declaration

To the Insurance Corporation of British Columbia:

I declare that the above information is true and correct and all vehicles specified on this form meet the requirements as set out in section 27.09 in Division 27 of the Motor Vehicle Act Regulations and have undergone a mechanical safety check **(including dual controls)** by an ICBC accredited inspection facility. **(Please attach photocopy of inspection report(s) for each vehicle listed above)**

Signature

Title (if for limited company)

Date