**SAMPLE PROFESSIONAL WILL**

I, [enter your name here], (C.Psych or P.A. (IP)) a resident of [enter name of city here],

Province of Manitoba, being of sound mind and memory, do hereby declare this to be my Professional Will. This supersedes all prior Professional Wills, in the event there are any. This is not a substitute for a Personal Last Will and Testament. It is intended to give authority and instructions to my Professional Executor regarding my psychology practice in the event of my incapacitation or death.

**1. Registrant Name**

I am a [registered psychologist or registered psychological associate (IP)], PAM Registration #\_ \_ \_ \_. My office address is:

[enter office address here]

I also maintain a [second, home, alternate] office at:

[enter additional office addresses here]

**2.** **Appointment of Professional Executor**

In the event of my death or incapacitation, I hereby appoint [enter name of registrant], PAM Registration # \_ \_ \_ \_, whose phone number is:

[enter phone number here]

and whose office is located at:

[enter office address here]

as my Professional Executor.

In the event that [enter name of above registrant here] is unavailable or unable to perform this function, or requires assistance, I hereby appoint [enter name of alternate professional executor] PAM Registration # \_ \_ \_ \_, whose phone number is: [enter phone number here] and whose office is located at:

[enter office address here] as a back-up Professional Executor.

**3. Authority of Professional Executor**

I hereby grant my Professional Executor full authority to:

a. Act on my behalf in making decisions about storing, releasing and/or disposing of my professional records.

b. Carry out any activities deemed necessary to properly administer this Professional Will.

c. Delegate and authorize other persons determined by them to assist and carry out any activities deemed necessary to properly administer this Professional Will.

**4. Name of Legal Counsel and Personal Will Executor**

A. My lawyer for my Personal Will is [enter name of your lawyer here]

whose phone number is: [enter phone number here] and whose offices are located at:

[enter office address here].

B. The executor of my current personal will is [enter name of executor of personal will], whose phone number is: [enter phone number here] and who is located at:

[enter address here]

**5. Essential Professional Practice Information**

A. My current client records are located at my office:

[enter office address here]

B. My past client records are located at:

[enter address(es) here]

C. My Psychological Test materials are located [enter location here].

D. Billing and financial records related to my psychology practice are located here:

[enter address here].

E. Some or all of my client, billing and financial records are on a computer, located at

[enter address here] and my password (s) are as follows: [enter any passwords here].

F. My appointment book is located [enter location here], and client phone numbers are located [enter location(s) here] in my appointment book.

G. My e-mail address is [enter e-mail address here], and the password is:

[enter password here]

H. My office voice mail number is: [enter office voicemail here]

and the voice mail access code is: [enter voice mail access code here]

I. Any necessary keys you will need for access to my office are [enter location of keys]. Keys for the filing cabinet are located [enter location here].

J. For assistance in locating/accessing my records you may contact [enter contact name here] [enter contact phone number(s) and address here].

K. In addition, the following person(s) may be helpful in locating/accessing my records: [enter any additional names, addresses and phone numbers here].

**6. Specific instructions for my Professional Executor are:**

A. First of all, I would like to express my deep appreciation for your willingness to serve as the Professional Executor for this will.

B. There are four copies of this Professional Will. They are located as follows:

[enter locations of all copies of the will, for example:

a. One is in your possession.

b. One is in the possession of my lawyer.

c. One is with my personal will.

d. One is with my professional liability insurance policy, filed under Insurance in my home office filing cabinet.]

C. The files, telephone numbers and addresses of current and selected past clients who can be notified about my death are located [here] in my office [enter office address here].

a. Please use your clinical judgment and discretion in deciding how you want to notify current and (if necessary) past clients and whether or not to publish a notice in the newspaper notifying clients of my death and who to contact for further information.

b. If clinically indicated, you may wish to offer a face-to-face meeting with some clients. You may also wish to provide three referral sources, which can, of course, include yourself.

D. My professional liability insurance is currently provided by:

[enter name of insurance provider and address and phone number here]

My policy # is: [enter number of insurance policy here]

Please notify my professional liability carrier in writing of my death as expeditiously as possible and arrange for any additional coverage that may be appropriate. The professional liability carrier may require a copy of my death certificate or other proof of my death. Please also notify the Psychological Association of Manitoba.

E. Please arrange for copies of referred clients' records to go to their new therapists. All remaining records should be maintained according to the PAM Code of Conduct.

F. For immediate assistance, it is recommended that you contact a fellow registrant knowledgeable about Professional Wills and the role of the Professional Executor, or the PAM Registrar.

G. Arrangements have been delineated in my Personal Will so that you may bill my estate for your time and any other expenses you may incur in executing these instructions.

I declare that the foregoing is true and correct.

Executed at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(location) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Registrant) (Date)

I agree to serve as Executor for this Professional Will:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name of Professional Executor)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Professional Executor) (Date)

I agree to serve as Back-up Executor for this Professional Will:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name of Back-up Executor)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Back-up Executor) (Date)

WITNESSES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name of Witness)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Witness) (Date)

Residing at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_