



APPLICATION FOR REGISTRATION (NOTARIZED) DESIGNATED PROFESSION OF NATUROPATHIC MEDICINE

Instructions: Please print answers. If space on the form is inadequate, include information on a separate sheet.

A. Personal and Contact Information

First (Given) Name: _____

Middle Name(s): _____

Last (Family) Name: _____

Common (Preferred) Name: _____

Date of Birth (Month / Day / Year): _____ Gender: _____

Street Address (Residential): _____

City: _____ Postal Code: _____

Province: _____ Email (Personal): _____

Telephone #1: _____ Telephone #2: _____

B. Post-Secondary Education

Instructions: List all academic, professional training colleges, and/or universities that you have attended or are attending, including name and location, the year you graduated (or enrolled), and the educational qualification(s) (e.g. degree, diploma, certificate) you obtained.

CNME-Accredited ND Program: _____

Location / Campus: _____

Year Enrolled: _____ Degree Date (Month / Day / Year): _____

College or University: _____

Location / Campus: _____

Year Enrolled: _____ Degree Date (Month / Day / Year): _____

College or University: _____

Location / Campus: _____

Year Enrolled: _____ Degree Date (Month / Day / Year): _____



C. Professional Registrations or Licensures

All professional regulatory bodies with which I am currently, or have been previously, registered, or licensed (if any):

D. Attachment of Government-Issued Identification

Instructions: Attach a copy of valid and unexpired government-issued identification that includes your name and photograph (e.g., BC driver's licence, BC Services Card, or passport).

Attached to this Application is a copy of government-issued identification that includes my name and photograph, and I have shown the original identification to the Commissioner notarizing this application to verify my identity.

E. Good Character and Fitness to Practice

Instructions: Answer all questions. If any answer is "YES", explain fully on a separate sheet. The College may ask that you provide further details. An application based on false or misleading information is grounds for revocation of registration.

The term "regulatory authority" used below means any regulatory authority for any profession, any professional association, and/or any health care organization.

1	In Canada or elsewhere, has any regulatory authority ever denied you registration or licensure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	In Canada or elsewhere, and presently or in the past, has any regulatory authority ever investigated you, issued a citation, or commenced any inquiry or hearing process pertaining to your having allegedly violated any statute, regulation, bylaw, rule, code of ethics, or standard of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	In Canada or elsewhere, have you ever voluntarily cancelled your registration or surrendered your license with any regulatory authority before its expiration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	In Canada or elsewhere, has any regulatory authority ever cancelled or suspended your registration or licensure, imposed limits or conditions on practice, or otherwise disciplined, reprimanded, or otherwise penalized you?	<input type="checkbox"/> Yes <input type="checkbox"/> No



5	In Canada or elsewhere, have you ever been charged, convicted, or pleaded guilty for any crime or offence (including but not limited to any sexual crime or offence), excluding parking or speeding tickets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	In Canada or elsewhere, while attending at a post-secondary educational institution, have allegations of misconduct, including academic misconduct, ever been made against you, or have you ever been suspended, required to withdraw, expelled, or penalized by a post-secondary educational institution for misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Have you ever been a defendant in any civil action in which allegations of fraud, theft or misrepresentation were made against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Have you ever been discharged, suspended, or asked to resign from any employment for cause?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Based on your personal history, your current circumstances, or any professional opinion or advice you have received, do you have any existing physical or mental condition that is reasonably likely to impair your ability to practice naturopathic medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Based on your personal history, your current circumstances, or any professional opinion or advice you have received, do you have any existing addiction to alcohol or drugs that is reasonably likely to impair your ability to practice naturopathic medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Have you ever engaged in the practice of naturopathy, or held yourself out to be a naturopathic physician, without having been duly registered, licensed, or certified by the regulatory body in the jurisdiction where this act occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Have you any matter pertaining to your moral character that you wish to disclose, which if later exposed might undermine public confidence in the profession or bring the profession into disrepute?	<input type="checkbox"/> Yes <input type="checkbox"/> No



F. Consents

I hereby consent to the following:

- The College collecting or obtaining any records or other information about me pertaining to this or any subsequent application for registration, including any application for renewal or reinstatement and any certification processes;
- The College using and disclosing information the college has collected or obtained about me for purposes of the college exercising powers or performing duties under any enactment (including the *Health Professions Act* and any replacement enactment), and without limiting the foregoing,
 - Disclosing information, including examination results, to professional regulatory authorities in other Canadian provinces or territories;
 - Disclosing information to insurers.

G. Declarations

Initials of
Applicant

I have reviewed the *Health Professions Act*, R.S.B.C. 19965, c. 183 (the “HPA”), the Naturopathic Physicians Regulation, BC Reg 282/2008 (the “Regulation”), the College’s Bylaws (the “Bylaws”), and the College’s Code of Conduct, the College’s Code of Ethics, and the College’s Standards of Practice, all available on the College’s website at www.cchpbc.ca. Upon being granted registration, I will practice in compliance with these requirements.



Solemn Declaration

I solemnly declare the answers and statements on this form, have attached a true likeness of myself, and make this solemn declaration conscientiously believing this declaration to be true and knowing it is of the same legal force and effect as if made under oath.

DECLARED BEFORE ME at _____)
_____))
_____))
this ____ day of _____, 20____.)
_____))
A Commissioner for taking Affidavits)
and Statutory Declarations in)
the Province of British Columbia)
_____))
*[Print name and contact)
information]*

Signature of Applicant