Application for Certification in *IV Therapy*

Privacy & Security
The College collects personal information in accordance with the requirements of Section 26 of the Freedom of Information and Protection of Privacy Act. As per Section 30 of the Act, the College takes reasonable measures to protect this information and provide security against risks such as unauthorized use, disclosure, or disposal.

IMPORTANT: *Complete this form and attach the required supporting documentation in separate documents in* ***PDF Format****. The College reviews applications in the order in which they are received. The application fee must be paid prior to review. Further information may be required prior to processing. You will be notified once a decision is made on your application. Please send completed applications to registration@cnpbc.bc.ca*

APPLICANT INFORMATION			
Given Name:			Registration (License) Number:
Middle Name(s):			
Surname:			
Primary Place of Practice Address:			
City:		Prov./Terr.:	Postal Code:
Telephone:	Fax:	Email:	

List all places of practice for the Applicant. If additional space is required, please attach a separate page to this application. *(To report a new practice location or update location information, please download a "Places of Practice Information Form" from the Registrant Portal (R.O.S.S.),under Forms & Resources > Registration, and attach it to this application.)*

Suite 840 - 605 Robson Street
Vancouver, BC V6B 5J3
P (604) 688-8236
F (604) 688-8476
cnpbc.bc.ca

APPLICANT ATTESTATION

I, _____, declare that:

Name of Applicant

I am a full (practising) registrant of the College under section 46 of the Bylaws.	☐ Yes ☐ No
I hold a valid certification in *Prescriptive Authority.*	☐ Yes ☐ No
I hold a valid certificate of completion for CPR-HCP with AED/BLS-HCP from an approved provider and have attached it to this application.	☐ Yes ☐ No
I hold a valid certificate of completion for Naturopathic Advanced Life Support (NALS) from an approved provider and have attached it to this application.	☐ Yes ☐ No
I have completed a course or courses that satisfy the requirements for certification in *IV Therapy* and have attached a copy of the certificate(s) of completion.	☐ Yes ☐ No
I understand that completing the Continuing Education as laid out by the College is a requirement of maintaining this certification.	☐ Yes ☐ No
I understand that I am responsible for maintaining currency in the Restricted Activities for Naturopathic Doctors: Limits and Conditions Document.	☐ Yes ☐ No
I understand that a naturopathic physician certified in IV Therapy is not permitted to delegate this activity to any other person. It is professional misconduct to delegate any restricted activity, including this procedure.	☐ Yes ☐ No
I understand that failure to meet or exceed any of the practice requirements set out in the College requirements may result in a review by the Registration Committee and/or the Inquiry Committee and may result in the removal of IV Therapy certification.	☐ Yes ☐ No
I understand that I must not practice in this area of certification until I have received confirmation from the College granting this certification and I have confirmed this on the Public Registry.	☐ Yes ☐ No
I certify that the information contained in this application is true, complete, and accurate to the best of my knowledge.	☐ Yes ☐ No

_____ _____

Applicant's Signature *Date of Application (yyyy/mm/dd)*

APPLICATION CHECKLIST

In support of this application, please attach the following:

☐ Evidence of successful completion of a course or courses that satisfy the requirements for certification in ***IV Therapy.***

☐ Valid certificate of completion for Naturopathic Advanced Life Support (NALS) from an approved provider.

☐ Valid certificate of completion for CPR-HCP with AED/BLS-HCP from an approved provider.

☐ *Please indicate here if you have previously provided a copy of the above documents*

☐ Certification application fee is paid.

PAYMENT
*Once your application has been **received** you will be notified by email that an invoice has been posted in the Invoices & Receipts area of the Registrant Portal (R.O.S.S.).*

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