

## Application for Certification in Aesthetic Procedures - Cosmetic Botulinum Toxin

## 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 <a href="mailto:registration@cnpbc.bc.ca">registration@cnpbc.bc.ca</a>

Given Name:			Registration (Licence) Number:
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Middle Name(s):			_
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Surname:			
Primary Place of P	ractice Address:		
City:		Prov./Terr.:	Postal Code:
Telephone:	Fax:	Email:	
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## **APPLICANT ATTESTATION**

I,	, declare that:				
	Name of Applicant				
Iam	a full (practising) registrant of the College under section 46 of the Bylaws.	☐ Yes			
		□ No			
I hold	d a valid certification in <i>Prescriptive Authority.</i>	☐ 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.					
I hold a valid certificate of completion for Naturopathic Advanced Life Support (NALS) from an approved provider and have attached it to this application.					
	re completed a course or courses that satisfy the requirements for certification in <i>Aesthetic</i>	□ No			
	edures – Cosmetic Botulinum Toxin and have attached a copy of the certificate(s) of	☐ Yes			
	pletion.	☐ No			
	lerstand that completing the <u>Continuing Education</u> as laid out by the College is a requirement of	☐ Yes			
main	taining this certification.	□ No			
I und	lerstand that I am responsible for maintaining currency in the Restricted Activities for	☐ Yes			
	ropathic Doctors: Limits and Conditions Document.	☐ No			
I understand that failure to meet or exceed any of the practice requirements set out in the					
	ege requirements may result in a review by the Registration Committee and/or the iry Committee and may result in the removal of Aesthetic Procedures – Cosmetic	□ Yes □ No			
	Ilinum Toxin certification.				
	derstand that I must not practice in this area of certification until I have received	☐ Yes			
	irmation from the College granting this certification and I have confirmed this on the	□ No			
	lic Registry.				
	tify that the information contained in this application is true, complete, and accurate to pest of my knowledge.	□ Yes □ No			
	oct of my miomotigo.				
Applicant's Signature Date of Application (yyyy/mi					
	Applicant 3 digitation (yyyyynni	i // du /			
	APPLICATION CHECKLIST				
In sup	port of this application, please attach the following:				
	Evidence of successful completion of a course or courses that satisfy the requirements for certif	ication in			
	Aesthetic Procedures – Cosmetic Botulinum Toxin.	ioation in			
	Valid certificate of completion for Naturopathic Advanced Life Support (NALS) from an approved	d 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 nosted in the					
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