



**COLLEGE OF
NATUROPATHIC PHYSICIANS
OF BRITISH COLUMBIA**

Application for Certificate in Chelation Therapy

IMPORTANT: The College reviews applications in the order in which they are received. You will be notified as to whether your application was successful. You must not perform treatment involving Chelation Therapy until you have received a letter from the College confirming that you have been certified in this practice.

*** REQUIRED INFORMATION - Please Print**

Last Name : _____ First Name : _____
Date of Birth : _____ Clinic
(dy)____/(mo)____/(yr)____ Name: _____

Clinic Address : _____

City : _____ Postal Code : _____ - _____

Telephone : (Work) _____ Fax : (Work) _____

Home Address : _____

City : _____ Postal Code : _____ - _____

Telephone : (Home) _____ Fax : (Home) _____

Email : _____ Website: www. _____

