



COLLEGE OF  
NATUROPATHIC PHYSICIANS  
OF BRITISH COLUMBIA

**Application for Certificate in Injectable Fillers**

**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 injectable fillers 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. \_\_\_\_\_

