



**COLLEGE OF
NATUROPATHIC PHYSICIANS
OF BRITISH COLUMBIA**

Application for Certificate in PRP for Face and Other Skin Areas

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 PRP for the face and other skin areas 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. _____

Qualifications

In order to be granted certification in an Aesthetic Procedure, registrants must meet the following qualifications. Please check the box beside each qualification to verify that you have met the requirements.

- I have the status of full registration under section 46 of the CNPBC bylaws.
- I am certified in prescribing authority.
- I have completed a course in NCLS or ACLS within the past two years and attach a copy of my course completion certificate
- I have completed a course or courses in satisfaction of the requirements for certification in PRP for Face and Other Skin Areas, and attach a copy of my course completion certificate(s).

FOR OFFICE USE ONLY

- Full registrant
- Rx authority date _____
- NCLS date _____
- Evidence of Course completion date _____

Signature

Date

Certification Fee

The fee for certification in PRP for Face and Other Skin Areas is \$25

Please check the box to indicate the method of payment, and enclose bank draft or certified cheque if applicable. **Personal cheque, cash, or any method of payment other than those listed below will not be accepted.**

- Bank Draft
- Certified Cheque
- Visa/MC Account #

_____ Expiry: (mo)_____/ (yr)_____

Security # (three digit number on back of card) _____

Registrant's signature: _____ Date : ____/____/____
day mo year