

**College of Naturopathic Physicians of British Columbia**

Suite 840, 605 Robson Street, Vancouver, BC V6B 5J3

**CERTIFICATE OF GOOD STANDING**

**FOR APPLICANTS APPLYING FOR TRANSFER UNDER THE  
AGREEMENT ON INTERNAL TRADE**

**Section 2 of this form must be completed by the regulatory/licensing body in the jurisdiction in which you are currently registered as a naturopathic doctor. If you are registered in more than one jurisdiction, please copy this form to be forwarded to the appropriate bodies.**

**Section 1 -- to be completed by the Applicant**

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Former Name(s): \_\_\_\_\_

Name and Address of the Current Regulatory/Licensing Authority:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If registered with any other regulatory authorities, please list here:

\_\_\_\_\_  
\_\_\_\_\_

**Authorization to Release Information**

I authorize \_\_\_\_\_ to  
(current regulatory authority)

provide the information requested below and any additional information

requested by \_\_\_\_\_  
(receiving regulatory authority)

in order to process my application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Section 2 - To be completed by the Current Regulatory Authority**

Name of Applicant: \_\_\_\_\_

Certificate of Registration/License Number: \_\_\_\_\_

Date of Initial Registration: \_\_\_\_\_

Category of Registration: \_\_\_\_\_  
(practicing/non-practicing or active/inactive)

Does the applicant have any outstanding obligations including those related to unpaid fees, currency, continuing education, quality assurance or requirements for information? Yes  No

Does your organization require members to carry professional liability insurance? Yes  No

If so, does the applicant meet your professional liability insurance requirements? Yes  No

To your knowledge, does the applicant have any pending criminal or civil complaints or proceedings outstanding? Yes  No

Has the applicant ever had a finding in the nature of professional misconduct, incompetency or incapacity, or a like finding made against her/ him? Yes  No

Is the applicant currently under investigation or involved in any proceedings for conduct in the nature of professional misconduct, incompetency or incapacity or any like investigation or proceeding? Yes  No

Does the applicant have any terms, limits or conditions on the practice or certificate of registration or licence other than those that apply to all members? Yes  No

Is the applicant registered to practice as a naturopathic doctor in your jurisdiction? Yes  No

Does the applicant have any additional certifications? Yes  No

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ (name), \_\_\_\_\_ (title),  
acting on behalf of the \_\_\_\_\_  
(regulatory body), do hereby certify that the forgoing statements are true statements  
of the registration record for \_\_\_\_\_ (name of  
Applicant).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE CURRENT REGULATORY AUTHORITY AND  
FORWARDED DIRECTLY TO:**

**College of Naturopathic Physicians of British Columbia**

Suite 840, 605 Robson Street

Vancouver, BC V6B 5J3

Phone – (604) 688-8236

Fax – (604) 688-8476

Email – [office@cnpbc.bc.ca](mailto:office@cnpbc.bc.ca)

Seal of Regulatory  
Authority