FORM

Application for Certification in *Aesthetic Procedures*

*Cosmetic Botulinum Toxin*

**Privacy and Security**

The information you provide here relates to the operations of the College of Naturopathic Physicians of British Columbia (the “College”) under the *Health Professions Act* of British Columbia for the purpose of regulating the practice of naturopathic medicine in British Columbia. As a public body under the provisions of the *Freedom of Information and Protection of Privacy Act (FOIPPA)*, the College provides security and confidentiality of your personal information.

*IMPORTANT: The College reviews applications in the order in which they are received. Application fees are processed prior to review. You will be notified as to whether your application was successful.*

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| APPLICANT INFORMATION | | | | |
| Given name(s): | | | Registration (Licence) Number:  \_0\_ \_0\_ \_ \_ \_ \_ \_ \_ | |
| Surname: | | |
| Class of Registration: ☐ Full (Practising) ☐ Temporary ☐ Non-Practising ☐ Former | | | | |
| Primary Place of Practice Address: | | | | |
| City: | | Prov./Terr.: | | Postal Code: |
| Telephone: | Fax: | Email: | | |

**List any addresses where the Applicant carries on the business of providing the services of naturopathic medicine. If additional space is required, please attach a separate page to this application.** *(To report a new practice location or update location information, please download a “Places of Practice Information Form” from the College website and attach it to this application.)*

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**APPLICANT ATTESTATION (required):**

I, , declare that:

*Name of Applicant*

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| I am a full (practising) registrant of the College under section 46 of the Bylaws. | ☐ Yes  ☐ No |
| I hold a valid College certification in *Prescriptive Authority*. | ☐ Yes  ☐ No |
| I have completed a course in NCLS or ACLS within the past two years. | ☐ Yes  ☐ No |
| I attach a copy of my NCLS or ACLS course completion certificate, or the College has a copy on file. | ☐ Attached  ☐ On file |
| I have completed a course or courses in satisfaction of the requirements for certification in *Aesthetic Procedures – Cosmetic Botulinum Toxin*, and attach a copy of the corresponding course completion certificate(s). | ☐ Yes  ☐ No |
| **I certify that the information contained in this application is true, complete, and accurate to the best of my knowledge.** | ☐ Yes  ☐ No |

*Applicant’s Signature Date Applied (yyyy/mm/dd)*

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| FOR OFFICE USE ONLY   * Full Registrant * Rx Authority date \_\_\_\_\_\_\_\_\_ * ACLS / NCLS date \_\_\_\_\_\_\_\_\_ * Evidence of Course completion   date \_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Date (yyyy/mm/dd)* |

**APPLICATION CHECKLIST – In support of this application, please attach the following:**

* Evidence of successful completion of a course or courses in satisfaction of the requirements for certification in *Aesthetic Procedures – Cosmetic Botulinum Toxin.*
* Certificate of course completion for a course in Naturopathic Cardiac Life Support (NCLS) or Advanced Cardiac Life Support (ACLS) from within the past two years.
  + *<- Please indicate here if the College already has these records on file.*
* Certification application fee of $150.00, payable to the ***‘College of Naturopathic Physicians of British Columbia’*** (see below re: PAYMENT).

**PAYMENT**

Once your application has been received you will be notified by email that an invoice has been posted in the Invoices & Receipts area of the Registrant Online Self-Service (ROSS) system.

INFORMATION FOR SUBMITTING YOUR APPLICATION

Sign and return form to the College of Naturopathic Physicians of British Columbia.

By mail: 840-605 Robson Street, Vancouver BC V6B 5J3

By fax: (604) 688-8476

By email: [admin@cnpbc.bc.ca](mailto:admin@cnpbc.bc.ca)

***If you have any questions regarding this process,***

***please feel welcome to contact the College and staff will be pleased to assist you.***

Phone: (604) 688-8236