

APPLICANT ATTESTATION

I, _____, declare that:

Name of Applicant

I am a full (practising) registrant of the College under section 46 of the Bylaws .	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hold a valid certification in <i>Prescriptive Authority</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hold a valid certificate of completion for CPR-HCP with AED/BLS-HCP from an approved provider and have attached it to this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hold a valid certificate of completion for Naturopathic Advanced Life Support (NALS) from an approved provider and have attached it to this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that completing the Continuing Education as laid out by the College is a requirement of maintaining this certification.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I am responsible for maintaining currency in the Restricted Activities for Naturopathic Doctors: Limits and Conditions Document .	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that a naturopathic physician certified in Injectable Fillers is not permitted to delegate this activity to any other person. It is professional misconduct to delegate any restricted activity , including this procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that failure to meet or exceed any of the practice requirements set out in the College requirements may result in a review by the Registration Committee and/or the Inquiry Committee and may result in the removal of Injectable Fillers certification.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I must not practice in this area of certification until I have received confirmation from the College granting this certification and I have confirmed this on the Public Registry.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that the information contained in this application is true, complete, and accurate to the best of my knowledge.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Injectable Fillers – Provisional Level 1	
I hold a valid certification in <i>Aesthetic Procedures – Cosmetic Botulinum Toxin</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have completed a course or courses that satisfy the requirements for certification in <i>Aesthetic Procedures – Injectable Fillers Level 1</i> and have attached a copy of the corresponding certificate of completion.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have six (6) months of clinical practice using neuromodulators.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have provided 100 neuromodulator treatments as recorded on the Records Form and have attached it to this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I can only inject Hyaluronic Acid Fillers into the lips, cheeks, chin, marionettes, nasal folds (with cannula only) and jawline. All other areas are restricted.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Injectable Fillers – Level 1	
I hold a valid certification in <i>Aesthetic Procedures – Injectable Fillers – Provisional Level 1</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I can only inject Hyaluronic Acid Fillers into the lips, cheeks, chin, marionettes, nasal folds (with cannula only) and jawline. All other areas are restricted.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I can only use Health Canada approved hyaluronic acid injectable fillers and products used to modify or manage their effects, including hyaluronidase.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have two (2) years or more of clinical practice with Hyaluronic Acid injectable fillers injected into the lips, cheeks, chin, marionettes, nasal folds (with cannula only) and/or jawline.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have provided 100 patient records demonstrating treatments in the above areas from different visits as recorded on the Records Form and have attached it to my application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have completed a yearly Peer-to-Peer evaluation by a registrant certified in Injectable Fillers – Level 1 or higher.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Injectable Fillers – Provisional Level 2	
I hold a valid certification in <i>Aesthetic Procedures – Injectable Fillers Level 1</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I can only inject Hyaluronic Acid Fillers into the lips, cheeks, chin, marionettes, nasal folds (with cannula only), jawline, glabella, forehead, nose (bridge, tip, and nasolabial junction), pyriform, nasal folds (with needle), tear troughs, eyelids, temples, and body.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have completed a course or courses that satisfy the requirements for certification in <i>Aesthetic Procedures – Injectable Fillers Level 2</i> and have attached a copy of the corresponding certificate of completion.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Injectable Fillers – Level 2	
I hold a valid certification in <i>Aesthetic Procedures – Injectable Fillers – Provisional Level 2</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I can only inject Hyaluronic Acid Fillers into the lips, cheeks, chin, marionettes, nasal folds (with cannula only), jawline, glabella, forehead, nose (bridge, tip, and nasolabial junction), pyriform, nasal folds (with needle), tear troughs, eyelids, temples, and body.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have two (2) years or more of clinical practice with Hyaluronic Acid injectable fillers injected into the lips, cheeks, chin, marionettes, nasal folds (with cannula only), jawline, glabella, forehead, nose (bridge, tip, and nasolabial junction), pyriform, nasal folds (with needle), tear troughs, eyelids, temples, and body.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have provided 100 patient records demonstrating treatments in the above areas from different visits as recorded on the Records Form and have attached it to my application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have completed a yearly Peer-to-Peer evaluation by a registrant certified in Injectable Fillers – Provisional Level 2 or higher.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Signature

Date of Application (yyyy/mm/dd)

APPLICATION CHECKLIST

In support of this application, please attach the following:

- Evidence of successful completion of a course or courses that satisfy the requirements for certification in the Injectable Filler level that you are applying for.
- [Aesthetics Records Form](#)
- Peer-to-Peer Review from registrant at same level or higher (For Level 1 or Level 2 applications)
- Valid certificate of completion for Naturopathic Advanced Life Support (NALS) from an approved provider.
- Valid certificate of completion for CPR-HCP with AED/BLS-HCP from an approved provider.
 - Please indicate here if you have previously provided a copy of the above documents*
- Certification application fee is paid.

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 Portal ([R.O.S.S.](#)).*