

# Application for Certification in Aesthetic Procedures - Injectable Fillers

### Privacy & Security

The College collects personal information in accordance with the requirements of Section 26 of the Freedom of Information and Protection of Privacy Act. As per Section 30 of the Act, the College takes reasonable measures to protect this information and provide security against risks such as unauthorized use, disclosure, or disposal.

IMPORTANT: Complete this form and attach the required supporting documentation in separate documents in PDF Format. The College reviews applications in the order in which they are received. The application fee must be paid prior to review. Further information may be required prior to processing. You will be notified once a decision is made on your application. Please send completed applications to registration@cnpbc.bc.ca

|                         | APPLICANT                        | INFORMATION   |
|-------------------------|----------------------------------|---|
| Given Name:             |                                  | Registration (License) Number:  |
| Middle Name(s):         |                                  |   |
| Surname:                |                                  |   |
| Primary Place of Pra    | ctice Address:                   |   |
| City:                   |                                  | Prov./Terr.: Postal Code:   |
| Telephone:              | Fax:                             | Email:  |
| Current Filler Certific | ation:                           | Date Current Certification Granted:   |
| Filler Certification be | ing Applied for:                 |   |
| (To report a new pract  | tice location or update location | required, please attach a separate page to this application. information, please download a "Places of Practice Information r Forms & Resources > Registration, and attach it to this |
|                         |                                  |   |
|                         |                                  |   |
|                         |                                  |   |
|                         |                                  |   |
|                         |                                  |   |
|                         |                                  |   |
|                         |                                  |   |
|                         |                                  |   |
|                         |                                  |   |



## **APPLICANT ATTESTATION**

| I,, declare that:   |               |  |  |
|---|---------------|--|--|
| Name of Applicant   |               |  |  |
| I am a full (practising) registrant of the College under section 46 of the Bylaws.  |               |  |  |
| I hold a valid certification in <i>Prescriptive Authority</i> .   |               |  |  |
| 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.   |               |  |  |
| I hold a valid certificate of completion for Naturopathic Advanced Life Support (NALS) from an approved provider and have attached it to this application.  |               |  |  |
| I understand that completing the <u>Continuing Education</u> as laid out by the College is a requirement of maintaining this certification.   |               |  |  |
| I understand that I am responsible for maintaining currency in the Restricted Activities for Naturopathic Doctors: Limits and Conditions Document.  |               |  |  |
| 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 <u>restricted activity</u> , including this procedure.                       |               |  |  |
| 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. | □ Yes<br>□ 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.   | □ Yes<br>□ No |  |  |
| I certify that the information contained in this application is true, complete, and accurate to the best of my knowledge.   |               |  |  |
|   |               |  |  |
| Injectable Fillers – Provisional Level 1  |               |  |  |
| I hold a valid certification in Aesthetic Procedures – Cosmetic Botulinum Toxin.  |               |  |  |

| Injectable Fillers – Provisional Level 1  |  |   |  |
|---|--|---|--|
| I hold a valid certification in <i>Aesthetic Procedures – Cosmetic Botulinum Toxin</i> .  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. |  |   |  |
|   |  | I have six (6) months of clinical practice using neuromodulators. |  |
|   |  |   |  |
|   |  | attached it to this application.                                  |  |
| 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.  |  |   |  |



| Injectable Fillers – Level 1   |               |  |  |
|--|---------------|--|--|
| I hold a valid certification in Aesthetic Procedures – Injectable Fillers – Provisional Level 1.   |               |  |  |
| 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.   |               |  |  |
| 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.   |               |  |  |
| 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.   |               |  |  |
| I have provided 100 patient records demonstrating treatments in the above areas from different visits as recorded on the <i>Records Form</i> and have attached it to my application.   |               |  |  |
| I have completed a yearly Peer-to-Peer evaluation by a registrant certified in Injectable Fillers – Level 1 or higher.   | ☐ Yes<br>☐ No |  |  |
|  |               |  |  |
| Injectable Fillers – Provisional Level 2   |               |  |  |
| I hold a valid certification in Aesthetic Procedures – Injectable Fillers Level 1  |               |  |  |
| 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.  |               |  |  |
| 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.  |               |  |  |
|  |               |  |  |
| Injectable Fillers – Level 2   |               |  |  |
| I hold a valid certification in Aesthetic Procedures – Injectable Fillers – Provisional Level 2.   | ☐ Yes<br>☐ 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.  |               |  |  |
| 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. |               |  |  |
| I have provided 100 patient records demonstrating treatments in the above areas from different visits <b>as recorded</b> on the <u>Records Form</u> and have attached it to my application.  |               |  |  |
| I have completed a yearly Peer-to-Peer evaluation by a registrant certified in Injectable Fillers – Provisional Level 2 or higher.   |               |  |  |
| Applicant's Signature Date of Application (yyyy/mi   | m/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.).