

FORM

**Application for Certification in Aesthetic Procedures
Microdermabrasion and Chemical Peels**

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.*

APPLICANT INFORMATION		
Given name(s):	Registration (Licence) Number:	
Surname:	<div style="display: flex; justify-content: space-around; align-items: center;"> 0 0 _ _ _ </div>	
Class of Registration: <input type="checkbox"/> Full (Practising) <input type="checkbox"/> Temporary <input type="checkbox"/> Non-Practising <input type="checkbox"/> 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.)

APPLICANT ATTESTATION (required):

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 College certification in <i>Prescriptive Authority</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have completed a course in NCLS or ACLS within the past two years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I attach a copy of my NCLS or ACLS course completion certificate, or the College has a copy on file.	<input type="checkbox"/> Attached <input type="checkbox"/> On file
I have completed a course or courses in satisfaction of the requirements for certification in <i>Aesthetic Procedures – Microdermabrasion and Chemical Peels</i> , and attach a copy of the corresponding course completion certificate(s).	<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

Applicant's Signature

Date Applied (yyyy/mm/dd)

FOR OFFICE USE ONLY	
<input type="checkbox"/>	Full Registrant
<input type="checkbox"/>	Rx Authority date _____
<input type="checkbox"/>	ACLS / NCLS date _____
<input type="checkbox"/>	Evidence of Course completion date _____
_____ <i>Signature</i>	
_____ <i>Date (yyyy/mm/dd)</i>	

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 – Microdermabrasion and Chemical Peels*.
- 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.
 - o <- 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	
<p>Please check the box to indicate the method of payment, and enclose payment if applicable.</p>	
<input type="checkbox"/> Bank Draft/Money Order	
<input type="checkbox"/> Certified Cheque	
<input type="checkbox"/> Visa OR <input type="checkbox"/> MasterCard	
Account # _____	Expiry: (mm) _____ (yyyy) _____
Security # (three digit number on back of card) _____	
_____	_____
<i>Applicant's Signature</i>	<i>Date (yyyy/mm/dd)</i>

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: office@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