

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 certification in <i>Advanced Injection Therapies – Part A</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 have completed a course or courses that satisfy the requirements for certification in <i>Advanced Injection Therapies – Part B</i> and have attached a copy of the certificate(s) of completion.	<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 Advanced Injection Therapies – Part B 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 Advanced Injection Therapies – Part B 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

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 ***Advanced Injections Therapies – Part B***.
- 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.](#)).*