

FORM
Application for Certification
Botulinum toxin: medical / non-aesthetic

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:	_ 0 _ 0 _ _ _	
Class of Registration: <input type="checkbox"/> Full (Practising) <input type="checkbox"/> Temporary		
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 Registrant Online Self Service system ([R.O.S.S.](#)), under Forms & Resources > Registration, and attach it to this application.)

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

- Evidence of successful completion of a course or courses in satisfaction of the requirements for certification in *Botulinum toxin: medical/non-aesthetic*.
- Certificate of course completion for a course in Naturopathic Advanced Life Support (NALS) from within the past two years has been uploaded in the Registrant Online Self- Service (ROSS) system in the Qualifications area.
- Certification application fee of \$150.00 is enclosed or, for payment by VISA or Mastercard, will be paid upon notice of the invoice (see below re: PAYMENT). Cheques should be made payable to the ***‘College of Naturopathic Physicians of British Columbia’***.

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: registration@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