

APPLICATION REQUIREMENTS:

In order to be granted certification to practice IUD insertions, all of the following is required:

1. Minimum of three years' clinical, practice experience;
2. (a) Evidence of completed preceptoring training at the BC Women's Hospital (Willow Women's Clinic) in Vancouver, BC

OR

(b) Completion of equivalent training as verified by supervising physician and as confirmed by the submission of both the *IUD Competency* form and the *Supplementary Information for Certification Application* form to the College;

AND

3. *IUD Checklist* form completed and submitted to the College.

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 Naturopathic Advanced Life Support (NALS) within the past two years, and attach a copy of my course completion certificate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On file
I have completed the application requirements for certification in <i>Intrauterine Device (IUD) Insertion</i> (listed above), and attach a copy of the corresponding course completion certificate(s) and/or forms as applicable.	<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)

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 *Intrauterine Device (IUD) Insertion*
- Certificate of course completion for a course in Naturopathic Advanced Life Support (NALS) from within the past two years
 - o <- Please indicate here if the College already has these records on file
- Certification application fee of \$100.00, payable to the ***‘College of Naturopathic Physicians of British Columbia’*** (see below re: PAYMENT)

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@cnpsc.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