



FORM

Application for Certification in *Intrauterine Device (IUD) Insertion*

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.*

For more information about *Intrauterine Device (IUD) Insertion*, see the College’s website:
<http://www.cnpbc.bc.ca/for-registrants/resources/certification-requirements/intrauterine-device-insertion/>

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 College website and attach it to this application.)

College of Naturopathic Physicians of British Columbia

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 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 \$105.00, 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