

FORM

Application for Certification in IV & Chelation Therapies

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 <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 Registrant Online Self Service system ([R.O.S.S.](#)), under Forms & Resources > Registration, 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 hold a valid College certification in <i>IV Therapy</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
I have completed a course or courses in satisfaction of the requirements for certification in <i>IV & Chelation Therapies</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

Full registrant

Rx authority date _____

NALS date _____

Evidence of Course completion
date _____

Signature

Date (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 *IV & Chelation Therapies*
- Certificate of course completion for a course in Naturopathic Advanced Life Support (NALS) from within the past two years
 - <- Please indicate here if the College already has these records on file.
- Certification application fee of \$164.00, 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@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