

**College of Naturopathic Physicians of British Columbia**

FORM

**Application for Certification in Ozone & Oxidative 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.)*

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**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
I have completed a course or courses in satisfaction of the requirements for certification in <i>Ozone &amp; Oxidative Therapies</i> , and attach a copy of the corresponding course completion certificate(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I certify that the information contained in this application is true, complete, and accurate to the best of my knowledge.</b>	<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 *Ozone & Oxidative 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 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 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](mailto: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