

**College of Naturopathic Physicians of British Columbia**

FORM

**Application for Certification in Prescriptive Authority**

**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. You will be notified as to whether your application was successful. You must not prescribe drugs until you have received a letter from the College confirming that you have been approved for certification in Prescriptive Authority, and have been assigned a prescribing number by the College.**

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 College website and attach it to this application.)**

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**College of Naturopathic Physicians of British Columbia**

**APPLICANT ATTESTATION (required):**

I, \_\_\_\_\_, declare that:

*Name of Applicant*

I have completed and passed the course and examination in prescribing that was administered by the Boucher Institute of Naturopathic Medicine. I understand that as a registrant with prescribing authority, I am gaining the <i>privilege</i> of prescribing authority. I understand that my certification may be suspended or revoked by the Board of the College at the recommendation of the Inquiry Committee, Discipline Committee or Quality Assurance Committee.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have completed a course in NCLS or ACLS within the past two years and attach a copy of my course completion certificate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to fulfill continuing education requirements for Prescribing Authority, and adhere to the <i>Health Professions Act</i> , the current College bylaws, Code of Ethics and Code of Conduct, the Standards, Limits, and Conditions on Prescribing, Compounding and Dispensing, the College's Standards of Practice, and the College Certification Policy for Prescriptive Authority, as well as any other applicable legislation and policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that any violation of the Standards, Limits, and Conditions on Prescribing, Compounding and Dispensing, the College's Standards of Practice, and the College Certification Policy for Prescriptive Authority, as well as any other applicable legislation and policy may result in revocation or suspension of my prescribing privileges, or my registration, in accordance with <i>Health Professions Act</i> , College bylaws, Code of Ethics and Code of Conduct.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read the attached letter from the Registrar dated November 3, 2011, regarding the College's Information Sharing Agreement (ISA) with the Ministry of Health (MOH).	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to be bound by the terms of the ISA, including that, as a certified prescribing naturopathic physician, my personal identifying information will be provided to the MOH by the College and used in accordance with the ISA.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I understand that I may not prescribe drugs until the College has confirmed my certification in prescribing authority and assigned me a prescribing number.</b>	<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)*

\_\_\_\_\_  
*Date Approved (yyyy/mm/dd)*

*College of Naturopathic Physicians of British Columbia*

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

- Evidence of successful completion of the Prescribing Upgrade Course and examinations administered by the Boucher Institute of Naturopathic Medicine (BINM)
- Certificate of course completion for a course in Naturopathic Cardiac Life Support (NCLS) or Advanced Cardiac Life Support (ACLS) 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)  
*(Please note: For applications for certification in Prescriptive Authority that are received within 12 months of registration, this fee is reduced to \$25.00.)*

<b>PAYMENT</b>	
<p><b>Please check the box to indicate the method of payment, and enclose payment if applicable.</b></p> <p><input type="checkbox"/> Bank Draft/Money Order</p> <p><input type="checkbox"/> Certified Cheque</p> <p><input type="checkbox"/> Visa/MC Account # _____ Expiry: (mm) _____ (yyyy) _____</p> <p>Security # (three digit number on back of card) _____</p> <p>_____</p> <p><i>Applicant's Signature</i> <span style="margin-left: 200px;"><i>Date (yyyy/mm/dd)</i></span></p>	

**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: [office@cnpbc.bc.ca](mailto:office@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



# COLLEGE OF NATUROPATHIC PHYSICIANS OF BRITISH COLUMBIA

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**To:** All CNPBC Registrants Certified in Prescribing Authority

**From:** Howard Greenstein, B.Sc., M.A., M.B.A.  
Registrar & CEO  
CNPBC

**Date:** November 3, 2011

**Subject:** Information Sharing Agreement (ISA) regarding the Provider Registry

As we embark upon the commencement of prescribing authority for naturopathic physicians in BC, there are a number of arrangements that are required in order to implement this prescribing authority. As you are aware, the provincial government authorizes certain health professionals to prescribe scheduled items and has put in place various systems to monitor prescribing patterns. Through Pharmanet, a program of the Ministry of Health, the provincial government maintains a "Provider Registry", consisting of all health care providers who have been authorized to prescribe by their Colleges. When prescriptions are filled by pharmacists in BC, the data records of those prescriptions are maintained by the Ministry of Health within their computer systems.

The Ministry of Health enters into an "Information Sharing Agreement" ("ISA") with each College that defines the responsibilities of the College and the Ministry with regard to the data concerning the registrants of the College. For example, only the College may define or change the data identifying an individual provider who is authorized to prescribe or whose privileges are suspended or revoked. The College collects basic identifying data from its registrants under the auspices of the Health Protection Act, section 183, the Naturopathic Physicians Regulation and the College bylaws. The Ministry of Health is solely responsible for the security of the data and in most regards, must keep it confidential.

However, it is important for you to know that when you apply to be certified as a prescribing naturopathic physician, you are also agreeing by virtue of the required agreement between the College and the Ministry of Health, that the data collected by their systems can be used by the Ministry of Health and its designated staff and Health Authorities, for such purposes as administration of health services and health planning, and as permitted by the ISA. You are also agreeing to provide to CNPBC complete and accurate identifying information data, and prompt updates to any changes in the data, as CNPBC may reasonably request to enable it to fulfill its obligations under the ISA.

It is important that you understand and acknowledge that, once CNPBC has provided your identifying information data to the Ministry of Health as a prescribing naturopathic physician, it is the Ministry of Health's sole responsibility to ensure the security of the data and to ensure that the data are accessed only by authorized persons. While CNPBC will make reasonable efforts to ensure, based on your cooperation, the accuracy of the data, and to ensure security of the data provided to the Ministry of Health, the College will have limited ability to monitor the uses to which the Ministry of Health puts the overall data in the Provider Registry.

Of course, in order to fulfill its own statutory mandate, the CNPBC will also access data for purposes of quality assurance and inquiry investigations under the Health Professions Act, Naturopathic Physicians Regulation and College bylaws.

If anyone has strong objections to the use of their prescribing data for administrative and/or health planning purposes by the Ministry of Health, the only option would be for them to notify the Registrar and their name could be removed from the Provider Registry and their prescribing privileges would be cancelled. Their certification fee would be refunded under those circumstances.

Since prescribing authority is scheduled to commence the week of September 7<sup>th</sup>, please sign a copy of this letter and return it by fax or mail to the College office immediately to acknowledge that you have read and understand these implications of the ISA. We are seeking the agreement of the Ministry of Health to post the ISA on the College's website and we will do so as soon as we have their agreement.

Acknowledgement of the above by Registrant:

I acknowledge the information contained in this letter and recognize that as a certified prescribing naturopathic physician my personal identifying information will be provided to the Ministry of Health by the CNPBC for use in the Provider Registry, that I am responsible to ensure that I provide complete and accurate identifying information to the College to CNPBC to enable it to fulfill its obligations to the Ministry of Health, that the Ministry of Health may use the data in the Provider Registry for health administration and health resource planning purposes and that the Ministry of Health has the sole responsibility to ensure the security of the data under the Information Sharing Agreement (ISA).

Signed by,

\_\_\_\_\_ (signature)

\_\_\_\_\_ (print name)

\_\_\_\_\_ (date)

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✉ Suite 840, 605 Robson Street, Vancouver BC V6B 5J3

☎ (604) 688-8236 📠 Fax (604) 688-8476

📧 e-mail: [office@cnpsc.bc.ca](mailto:office@cnpsc.bc.ca) 🌐 website: <http://www.cnpbc.bc.ca>