

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:		<u>  0  </u> <u>  0  </u> <u>  </u> <u>  </u> <u>  </u>
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 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 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 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)*

**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 (NALS) from within the past two years
  - <- 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)  
*(Please note: For applications for certification in Prescriptive Authority that are received within 12 months of registration, this fee is reduced to \$25.00.)*

**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](mailto: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