

FULL PRACTISING REGISTRATION APPLICATION

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 in writing of the outcome of your application.*

APPLICANT INFORMATION			
First Name(s):	Middle Name(s):	Last Name(s):	
Common Name(s) (if different):		Gender:	
Date of Birth (yyyy/mm/dd):			
Home Address:			
City:	Prov./Terr.:	Postal Code:	
Home Phone:	Cell:	Email:	
Emergency Contact:		Phone:	
Copy of government issued ID attached:			

List **full** particulars of all academic and professional colleges/universities that you have attended, including institution name, location, year graduated, and degree obtained.

Naturopathic College:	Location:
Degree Obtained:	Year Graduated:
College/University:	Location:
Degree Obtained:	Year Graduated:
College/University:	Location:
Degree Obtained:	Year Graduated:

Are you a registrant of any other regulatory body? If so, please list and include licence number:

- 1.
- 2.
- 3.

**CONSENT FOR RELEASE OF INFORMATION AND
ACKNOWLEDGEMENT**

- I hereby consent to the checking of any records pertaining to this and subsequent registration applications, such as renewal and certifications.
- I further consent that the information obtained will be used to substantiate the registration and application procedure.
- I understand that the data collected by the CNPBC may be disclosed to the Registration Committee and subsequently the CNPBC Board public meetings.

APPLICANT ATTESTATION (Required):

I solemnly swear/affirm that the answers and statements contained in this application are true and correct.

Applicant Name:

Applicant Signature:

Date (yyyy/mm/dd)