



COLLEGE OF NATUROPATHIC PHYSICIANS OF BRITISH COLUMBIA

IUD CHECKLIST

Date: _____

Naturopathic Physician and License Number: _____

- 1) The N.D. acknowledges that they have received the proper training for IUD insertion, and have included the equivalency form in submitting for certification:

Y N

- 2) The N.D. is aware of the need for sterile technique, and has an autoclave on site to properly sterilize instruments.

Y N

- 3) The N.D. has prescriptive authority through the CNPBC.

Y N

- 4) The N.D. has an ultrasound on site, or has made arrangements to refer any IUD patients to an ultrasound facility, for purposes of confirmation of IUD placement and the assessment of complications that may arise.

Y N

Please indicate on site ultrasound _____ or

Referral location _____

- 5) The N.D. acknowledges that he/she must perform a minimum of 12 IUD insertions annually to maintain current certification.

Y N

Signed this _____ date in _____

Naturopathic Physician Signature