COLLEGE OF NATUROPATHIC PHYSICIANS OF BRITISH COLUMBIA

IUD COMPETENCY FORM for CNPBC Certification

Date: _____

N.D. _____ License #: _____
(print name)

Supervising Physician: _____
(print name)

Place of Training: _____

1.	The N.D. demonstrates competence in gynecological exams.	Y	N
2.	The N.D. shows adequate skill in freezing for IUD insertion.	Y	N
3.	The N.D. demonstrates competence in sounding a uterus.	Y	N
4.	The N.D. shows competence in inserting a copper IUD.	Y	N
5.	The N.D. shows competence in inserting a Mirena IUD.	Y	N
6.	The N.D. understands IUD risks factors and can utilize Judgment in how to treat for IUD related risks.	Y	N

The N.D., under my supervision, performed _____ (number) successful IUD insertions. (minimum 8 needed for certification)

The N.D acknowledges by signature below that the CNPBC requires a minimum of 12 IUD insertions per year in order to maintain certification.

The N.D. acknowledges by signature below that they either have an in-house ultrasound, or have access to a referral ultrasound site, in order to become certified in IUD insertions.

_____ _____
(signature of supervising physician) (print name)

_____
(signature of naturopathic physician)

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