

College of Naturopathic Physicians of British Columbia

FORM

Places of Practice Information

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.

Please provide your current place of practice information, including the effective date of any changes (if applicable).

Complete one Place of Practice Information form for each location where you are engaged in the provision of naturopathic services.

Sign and return form(s) 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

Total number of Place of Practice Information forms submitted: _____

Please check the box to indicate the following:

Change to place of practice information

New place of practice

Given name(s):	Registrant Number:
Surname:	
Date of Birth (yyyy/mm/dd):	

Clinic Name:		
Clinic Address:		
City:	Prov/Territory:	Postal Code:
Telephone:	Fax:	Email:
Website:		

Is this your primary place of practice? Yes No

Effective date of change (if applicable): _____
(yyyy/mm/dd)

Registrant's Signature

Date (yyyy/mm/dd)