



The College of Naturopaths of Ontario

Application for Life Registration

A Registrant may apply for Life Registration with the College of Naturopaths of Ontario (the College) if the Registrant is in good standing, has been registered to practise naturopathy in Ontario for 25 years, and has retired from the practise of naturopathy. This status may be granted by the Registration Committee (the Committee) to a Registrant in recognition of their long-standing role in the profession. Registrants granted this recognition are publicly identified by the addition of their status after their ND designation, appearing as **Naturopathic Doctor (Retired), Naturopath (Retired), ND(Ret), Docteur en naturopathie (Retraité), Naturopathe (Retraité), or DN (Ret)**. If a Life Registrant was registered in the General class prior to being awarded this status, the Registrant is required to retain enduring Professional Liability Insurance (PLI) coverage in the amount listed in the by-laws, for at least five years after ceasing to practise the profession.

When to Submit Your Application

All applications for Life Registrations are received by the College and submitted to the Committee for review at their next available meeting. The Committee meets monthly, and documents provided to them for review must be received at least 10 business days prior to the meeting (please contact the Registration department at registration@collegeofnaturopaths.on.ca regarding upcoming meeting dates).

Submitting Your Application

This application may be completed electronically or neatly by hand; however, the Acknowledgement and Undertaking must include a handwritten signature. Electronic signatures will not be accepted. There is no cost to apply for Life Registration with the College.

You may submit this form by:

- E-mail: registration@collegeofnaturopaths.on.ca
- Fax: 416-583-6011
- Mail: College of Naturopaths of Ontario
150 John Street, 10th Floor
Toronto, ON M5V 3E3



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1. Registrant Information

Registrant Name:

First Name

Middle Name

Last Name

Reg #

Current Class of Registration: ☐ General Class ☐ Inactive Class

2. Practice Information

☐ I am still practising the profession but will cease practising on _____
(month/day/year)

☐ I am no longer practising the profession having ceased practising on _____
(month/day/year)

3. Residential Address

As a Life Registrant the College understands that you will have retired from the profession and therefore will not have a practice location. Please provide a residential address where the College can mail you notifications as necessary, and an e-mail address where we can contact you.

Home Address:

City:

Province:

Postal Code:

Home Telephone:

E-mail:

4. Location of Patient Files

How can patients access their files in your absence?

- ☐ By using the contact information currently associated with my practice location(s)
☐ By contacting the Healthcare information Custodian listed below

Registrant Name:

First Name

Last Name

Registration Number

Practice Address:

City:

Province:

Postal Code:

Telephone:

E-mail:



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5. College Activities

Registrants registered to practice the profession for more than 25 years in Ontario have a wide array of knowledge and experience, and the College recognizes the contribution a Life Registrants can continue to make. There are several ways a Life Registrants may participate in the activities of the College. While a Registrant may contact the College at any time about volunteering, please indicate if you wish the College to contact you regarding volunteer opportunities:

☐ Yes, please let me know how I can get involved.

☐ No thank you.

Would you like to continue to receive communications from the College?

☐ Yes, please continue to send me e-mails pertaining to the profession.

☐ No, I do not wish to receive e-mails from the College.

6. Declaration

Insurance

I understand carrying enduring liability protection is required of all Registrants who cease providing direct patient care. I understand that, if I have been registered in the General class within the past five years (or if I have been registered in the Inactive class for 5 years or less and have maintained active PLI), I must provide evidence of my enduring liability insurance coverage to the College as part of my Life Registration Application. I understand that I must notify the College within two business days of any change to my enduring liability protection, understanding my Life Registration status may be terminated if my coverage lapses in accordance with section 23.03 of the College By-laws.

☐ **I understand and agree**

Good character

I agree and understand that I am responsible, at all times, for providing the Chief Executive Officer (CEO) with details of any new information pertaining to findings of guilt, current proceedings, other registrations, or any other issue related to good character. I understand I must provide any new information to the CEO within 30 days and that this requirement continues regardless of my class or status of registration.

☐ **I understand and agree**

Information verification

I understand the College may make such inquiries as it deems appropriate for evaluating my application for Life Registration with the College.

☐ **I understand and agree**



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Acknowledgement of the process

I understand I must continue to identify as a Registrant in my current class of registration and am responsible for meeting all related registration requirements, including payment of any fees required by the College, until such time as I have received written notification from the College advising me otherwise.

☐ **I understand and agree**

Complete and accurate

I hereby declare the contents of this application are true and complete. I understand and agree that if I make a false or misleading statement or representation in respect of my application, my application will be denied. I further understand and agree that if I am granted Life Registration based upon a false or misleading statement or representation, the status may be revoked.

☐ **I understand and agree**

Handwritten signature of Registrant

Date of signature

7. Undertaking

Acknowledgement and Undertaking

For a Life Registration to be presented to the Registration Committee for review, the attached Acknowledgement and Undertaking must be hand-signed by the Registrant and submitted to the College with this application. Applications which do not include the signed Acknowledgement and Undertaking cannot be processed or presented to the Panel for review.



The College of Naturopaths of Ontario

Registrant Name

-and-

College of Naturopaths of Ontario

ACKNOWLEDGEMENT AND UNDERTAKING

I, REGISTRANT LEGAL NAME, hereby acknowledge and undertake as follows:

1. I acknowledge that I:
 - a. have been registered as a naturopath in Ontario for at least 25 years;
 - b. am in good standing with the College of Naturopaths of Ontario (the “College”);
 - c. am retired from the practice of naturopathy; and
 - d. no longer engage in the practice of naturopathy.
2. I acknowledge that should I be granted Life Registration by the Registration Committee of the College pursuant to s. 23.01 of the College by-laws, I will be entitled to:
 - a. remain on the register of the College as a Life Registrant;
 - b. maintain Life Registration status with the College without being required to pay any fees;
 - c. participate in the activities of the College except voting in the election of Council or running for election to Council; and
 - d. use the title Naturopathic Doctor (Retired) or designation ND (Ret).
3. I undertake that should I be granted Life Registration by the Registration Committee of the College I shall Include (Retired) or (Retraité) or (Ret) after I use the title Naturopathic Doctor or designation ND.
4. I acknowledge that my Life Registration will be terminated immediately by the Chief Executive Officer (CEO), pursuant to section 23.03 of the College by-laws, without any recourse to a hearing, if the CEO has reasonable grounds to believe that any one of the following occurred:
 - a. If I am found to be default of any obligations to the College under the regulations or bylaws;
 - b. If I am found to be practising the profession or using the professional title without first obtaining authorization from the College;
 - c. If I become the subject of a finding of professional misconduct, incompetence or incapacity; or
 - d. If I act in a manner which is inconsistent with an ongoing association with the College.



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5. I further acknowledge and undertake that:

- a. I fully understand the terms of this Acknowledgement and Undertaking; I am signing this Acknowledgement and Undertaking voluntarily and without compulsion or duress;
- b. A breach of any of the terms of this Acknowledgement and Undertaking may constitute professional misconduct on my part for which the College may take action against me and this document is admissible in any such proceeding; and
- c. I have been strongly advised by the College to obtain independent legal advice prior to signing this Acknowledgement and Undertaking and that I have either done so or I have had an adequate opportunity to do so.

DATED this _____ day of _____, 20____.

(Signature of Registrant)

(Print name)