



The College of Naturopaths of Ontario

### Exam Pre-Registration - Ontario Prescribing Exam (Non-Members)

Information provided on this form must be typed into the necessary fields, and the declaration section completed by hand. Incomplete, inconsistent or inaccurate information will prevent the timely processing of your form. In order to avoid such delays, please review your exam pre-registration form carefully before submitting it to the College.

**This form is required for non-Members, in order to set-up a College user account to allow access to the online exam registration portal for the Ontario Prescribing and Therapeutics exam. Please ensure that you meet exam eligibility criteria, as noted in the Ontario Prescribing and Therapeutics Handbook, before submitting documentation to the College.**

### Submitting Your ON Prescribing Exam Pre-Registration Form

**Note: If you are a registered Ontario ND, you do not need to submit this form**

This form, together with a **copy of valid photo identification** may be submitted one of the following ways:

By email: exams@collegeofnaturopaths.on.ca

By post: Attn. Exams, c/o College of Naturopaths of Ontario, 150 John Street, 10<sup>th</sup> Floor, Toronto ON M5V 3E3

By fax: 416-583-6011 (Attention Exam Dept)  
*\*Note: Identification often does not transmit well via fax. Please take appropriate steps to ensure images are clear*

1. Exam Registration Eligibility		
Which one of the following best describes you:		
<input type="checkbox"/> I will graduate Month , Year from the following CNME accredited school: Select		
<input type="checkbox"/> I am currently registered to practise naturopathy in another regulated Canadian jurisdiction <i>Please include additional detail regarding ND registration in section 4</i>		
2. Contact Information		
Name:		
<i>first name</i>	<i>middle name</i>	<i>surname</i>
Telephone:	Email:	
3. Confirmation of Identity		
All Exam Pre-Registration forms must include a copy of valid (not expired) government issued photo identification, clearly showing full name, date of birth, face and signature. Only the identification listed below is accepted by the College at this time. Please indicate the type of government issued photo identification you are including with your form:		
Canadian driver's licence	Temporary visitor's permit	Provincial identification card
Canadian Passport	Other Passport (international)	Formerly known as the Age of Majority card
Canadian Permanent Resident card with signature	Canadian Citizenship Card with photo	
Secure Certificate of Indian Status Card issued on or after Dec 15, 2009		
<i>Note: Photo health cards are not accepted</i>		

**4. Naturopathic Registration - Outside of Ontario**

Registration number:

Regulatory Body:

**5. Declaration**

I, PRINT LEGAL NAME, hereby declare the contents of this application are true and complete to the best of my knowledge and belief. I understand and agree that if I make a false or misleading statement or representation on this form, the College reserves the right to deny my exam registration for the Ontario Prescribing and Therapeutics examination.

\_\_\_\_\_  
HANDWRITTEN SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE