



The College of Naturopaths of Ontario

## Application for Registration

### Authorizing the Practice of Naturopathy in Ontario

Following receipt of your application, staff at the College of Naturopaths of Ontario (the College) will be in contact with instructions for paying your application fee.

#### Instructions:

- Please **download** the form and fill out each section as required (do not complete the form on web browser).
- The form is fillable, for those sections where a drop-down option is required, you must select from the options available.
- If you require assistance with a section of the form, please e-mail [applications@collegeofnaturopaths.on.ca](mailto:applications@collegeofnaturopaths.on.ca) or call 416-583-5997.

**APPLICANTS ARE ADVISED TO COMPLETE ALL ENTRY-TO-PRACTISE REQUIREMENTS, AND REVIEW THE APPLICATION FOR REGISTRATION HANDBOOK, *PRIOR* TO SUBMITTING AN APPLICATION FOR REGISTRATION.**

**NOTE: This is a legal process; please review the form carefully. Once your application has been received by the College, it must be reviewed at face value (information cannot be altered by College staff). IF IN DOUBT, PLEASE CONTACT THE COLLEGE *BEFORE* YOU SUBMIT YOUR APPLICATION.**

## Section 1: Applicant Details

### 1a. Name

All applicants must register using their full name as it appears on their **legal** documents and provided on their application for pre-registration form.

Last Name:

First Name:

Middle Name (if applicable):

**If your legal name is different from what was provided on the pre-registration form, please contact the College before submitting this form.**

Previous Last Name (if applicable):  
(If not applicable, type 'None')

Previous First Name (if applicable):  
(If not applicable, type 'None')

Do you now or have you ever used any other names?

If yes, list all other names, including preferred names, nicknames or abbreviations (Ex: Robert, Rob, Bob)

(If not applicable, type 'None')

## 1b. Personal Information

Gender:

## 1c. Residential Address

Street Address:

Suite/Apt/ PO Box #:

City:

Postal Code:

Country:

Province:

Contact email:

Primary Phone number:

Mobile phone number:

## 1d. Language of Care

Select the primary language in which you intend to practise:

Additional languages in which you can competently provide professional services (if not applicable, please enter "not applicable" please do not list the same language multiple times):

## Section 2: Naturopathic Education

1. Level of ND education

*(If you have graduated from a CNME-accredited institution, please select Professional Doctorate)*

2. Date of graduation from ND program

3. Educational Institution of ND education

*(if you are applying as a PLAR applicant, select Out of Country or Canadian non-accredited)*

Province/Territory/State of ND education:

Country of ND education:

3. Are you applying as a PLAR applicant, having completed the College's Prior Learning Assessment and Recognition (PLAR) program?

*IF yes, what was the date of your successful completion of the PLAR program? If you did not complete the PLAR program, please enter "not applicable"*

## Section 3: Non-Naturopathic Education

1. Name of Academic Institution, **not** in the field of naturopathy (e.g., McMaster University)

2. What is the *highest level of education* that you have completed, **not** in the field of naturopathy (e.g., the level of education completed prior to enrollment in your naturopathic program)?

3. What was your field of study for this level of education?

4. Date of Graduation from program:

5. Province/Territory/State:

6. Country:

## Section 4: Non-ND Professional Registrations

### A. Non-ND professional registrations in Ontario

If you currently hold or have held professional registration with a non-naturopathic professional regulatory body in Ontario, please complete the following section. If you do not currently or have not previously held professional registration with a non-naturopathic regulatory body in Ontario, please enter "not applicable."

**Regulatory Body:**

**Current Status:**

**Effective Date of  
Current Status:**

### B. Non-ND professional registrations outside of Ontario

If you currently hold or have previously held a professional registration with a non-naturopathic regulatory body outside of Ontario (i.e., anywhere in the world), please complete the following section. If you do not currently or have not previously held registration with a non-naturopathic regulatory body outside of Ontario, please enter "not applicable."

Regulatory Body:	<input type="text"/>
Country:	<input type="text"/>
Province/State/Territory:	<input type="text"/>
Current Status:	<input type="text"/>
Effective Date of Current Status:	<input type="text"/>

**NOTE:** A letter of standing must be obtained from each regulatory body you are, or have ever been, registered with. The letter must confirm you are in good standing or were in good standing at the time your registration ended. The College must receive this letter directly from the other regulatory body in order for your application to be processed.

You must notify the College within 30 days of any change to any of your professional licenses or registrations, including if you resign or cease to be in good standing with another regulator in any jurisdiction or profession.

## Section 5: Other ND Registrations

### A. Concurrent ND Registration

If you are currently registered to practise **naturopathy** outside of Ontario, please fill in the applicable information. If you are not currently registered to practise **naturopathy** outside of Ontario, please select “not applicable” in each field.

Regulatory Body:	<input type="text"/>
Province/State/Territory:	<input type="text"/>
Country:	<input type="text"/>

Regulatory Body:  
Province/State/Territory:  
Country:

Regulatory Body:  
Province/State/Territory:  
Country:

If you are currently registered to practise in another *regulated* Canadian jurisdiction, and applying for registration under labour mobility provisions, evidence of practise will be required to be submitted to the College as part of your application for registration. Please refer to *page 6 - Labour Mobility in the Application for Registration Handbook*.

## B. Most Recent ND Registration

If you were **previously** registered to practise naturopathy outside of Ontario (i.e., anywhere in the world), please fill in the applicable information. If you have never been registered to practise **naturopathy** outside of Ontario please select “not applicable”

Regulatory Body:	<input type="text"/>
Province/State/Territory:	<input type="text"/>
Country:	<input type="text"/>
Last year of practise outside of Ontario:	<input type="text"/>

**NOTE: A letter of good standing must be obtained from each regulatory body you are, or have ever been, registered with. The letter must confirm you are in good standing or were in good standing at the time your registration ended. The College must receive this letter directly from the other regulatory body in order for your application to be processed.**

You must notify the College within 30 days of any change to any of your professional licenses or registrations, including if you resign or cease to be in good standing with another regulator in any jurisdiction or profession.

## Section 6: Naturopathic Practice History

1. In what country did you first practise naturopathy? If you have never practised naturopathy elsewhere, please select “not applicable.”

2. In what province or state did you first practise naturopathy? If your first country of practise was outside of North America, please select “Outside Canada/US.” If you’ve never practised naturopathy elsewhere, please select “not applicable”

3. What year did you first start practising naturopathy? If you have never been registered to practise naturopathy, please **enter** “not applicable”

4. In what province did you first practise naturopathy? If you have never practised naturopathy in Canada, please select “not applicable.”

5. What was your first year of Canadian practise in the profession? If you have never practised naturopathy in Canada, please **enter** not applicable.

## Section 7: Canadian Police Information Centre (CPIC) Clearance Verification

All applicants must provide a name-based criminal record check using the Canadian Police Information Centre (CPIC), operated by the RCMP. It must have been completed within the six months immediately preceding the application and include all names listed on this application. Please provide the following information regarding the CPIC report you are submitting.

Police agency facilitating the check:

Names included in the search:

Date of report:

## Section 8: CPR Certification

All Registrants holding a General class certificate of registration must have valid CPR. In order to be valid and compliant, CPR must meet the following four requirements:

1. Training must have been completed within in the past 24 months;
2. Certification must not be expired;
3. Training must have been completed at an in-person class (on-line courses are not accepted); and
4. Must be completed at the Healthcare Provider Level or equivalent. Please note that CPR Level C is not equivalent.

If you have completed, or intend to complete, a CPR course which is not identified as HCP Level, you must provide a course description to verify the course meets the training requirements in order for your certification to be accepted.

**If it has been over 2 years since your CPR card was issued, your CPR Certificate is not valid. All CPR certifications must be renewed every two years, even if the expiration date on the certificate grants a longer period.**

Administering Organization:

Course Name/Level:

Date Issued:

**Note:** CPR certification is valid for 2 years under the College regardless of the date of expiry on the CPR card.

## Section 9: Good Character

1. Have you ever been found guilty of any offence, under any statute in any jurisdiction?

If you answered YES, please fill in the details

2. Have you ever been found to have breached any academic standards, including but not limited to plagiarism, cheating, or misrepresentation, at any post-secondary institution?

If you answered YES, please fill in the details



3. Are you the subject of a current proceeding in respect to any offense, under any statute, in any jurisdiction?

If you answered YES, please fill in the details

4. Have you ever been the subject of a finding of professional misconduct, incompetence, incapacity, professional negligence, or malpractice by any court or tribunal?

If you answered YES, please fill in the details

5. Are there any outstanding or pending civil or criminal proceedings against you?

If you answered YES, please fill in the details

6. Are there any outstanding complaints, investigations, or inquiries regarding your conduct, competence, or capacity under review by any other regulatory body?

If you answered YES, please fill in the details

7. Have you ever agreed to a settlement to avoid criminal, civil, or regulatory proceedings or disciplinary action in respect to your professional conduct, competence, or capacity including professional negligence or malpractice?

If you answered YES, please fill in the details

8. Have you ever been unsuccessful in an attempt to pass a registration examination (other than the College's ON Clinical Examinations), whether in Ontario or in any other jurisdiction, required for the purposes of being licensed or certified to practice any health profession?

If you answered YES, please fill in the details

9. Have you ever been refused registration or licensure by any body (e.g. Regulatory College or Association) responsible for the regulation of a profession, in any jurisdiction?

If you answered YES, please fill in the details

10. Have you ever had any terms, conditions, or limitations imposed on a certificate of registration or licence issued by another regulatory body?

If you answered YES, please fill in the details

11. Is there anything else in your past or present, including but not limited to a physical or mental condition or disorder, which may suggest reasonable grounds to believe you are unable to practice naturopathy in a safe and professional manner, or which may suggest it is in the public interest that your practice be limited in some way?

If you answered YES, please fill in the details

**If you answered "yes" to any of the questions above, College staff may be in contact to request that you provide additional documentation (e.g. copies of any documentation related to noted offences).**

## Section 10: Declarations

### 1. Professional Liability Insurance

I understand that, upon registering, the College may inquire with a relevant third party regarding whether I have professional liability protection, and I hereby consent to disclosure of this information to the College by the provider of my professional liability protection. I understand I must have evidence of my professional liability protection available in my office, in written or electronic form, for inspection by the College. I will notify the College within two business days of any change to my professional liability coverage, understanding my registration will be suspended if my coverage lapses.

### 2. Good Character

I agree and understand that, as of the date this application is submitted to the College, I am responsible for providing the Chief Executive Officer with details of any new information which would change my response to any of the questions pertaining to good character. I understand I must provide any new information to the CEO within 30 days and that this requirement will continue even after the date my certificate of registration is issued.

### 3. Information Verification

I hereby understand that the College of Naturopaths of Ontario may make such inquiries as it deems appropriate for evaluating my application for registration to practice naturopathy in Ontario.

### 4. Complete and Accurate

I 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 in respect of my application, I shall be deemed not to have satisfied the requirements for a certificate of registration. I further understand and agree that if a certificate of registration is issued to me based upon a false or misleading statement or representation, the certificate may be revoked.

**Ensure all information is complete and correct BEFORE signing below.**

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Print Name

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Date

## Submission of the Manual Step 2 Application for Registration Form

The Step 2 application for registration form must be submitted to the College, along with the required supporting documentation via one of the following options:

- By e-mail: [applications@collegeofnaturopaths.on.ca](mailto:applications@collegeofnaturopaths.on.ca)
- By mail \*: College of Naturopaths of Ontario  
150 John Street, 10th Floor  
Toronto, ON M5V 3E3
- By fax: 416-583-6011

**Upon receipt of the complete application form, the Step 2 application fee will be invoiced to your College user account and you will receive instructions via email to pay the associated fee.**

**The application fee is \$275 + HST (\$310.75)**

**Note:** Application fees are non-refundable.

### Step 2 Application for Registration Checklist

- ☐ E-mail or mail completed Step 2 application form;
- ☐ Pay application fee (online by credit card or by mail by cheque or money order);
- ☐ Provide current CPIC Report (original by mail) \*;
- ☐ Provide Proof of Healthcare Provider level CPR (copy by mail or e-mail);
- ☐ Letter(s) of Standing (if applicable)
- ☐ Evidence of Professional Practice (if applicable)

*\* Please note that due to the on-going COVID-19 pandemic, the College's office is closed to the public and all operations are being performed remotely. Drop-offs and **courier packages cannot be received by the College at this time. Please use regular, or registered mail (Canada Post only).***

For details about each of these requirements, please refer to the [Application Handbook](#).