



The College of Naturopaths of Ontario

FEBRUARY 21, 2021 - ONTARIO CLINICAL (PRACTICAL) EXAMINATIONS

MANUAL REGISTRATION FORM

Entry-to-practise examinations for applicants seeking registration with the College of Naturopaths of Ontario (the College) to practise the profession in Ontario.

IMPORTANT: CANDIDATES MUST MEET ALL ELIGIBILITY REQUIREMENTS, AS STIPULATED IN THE ONTARIO CLINICAL (PRACTICAL) EXAMINATIONS HANDBOOK PRIOR TO REGISTERING FOR THE ONTARIO CLINICAL EXAMINATIONS.

In addition to this registration, candidates must also submit required documentation, as outlined in the Ontario Clinical (Practical) Examinations Handbook. First time exam candidates must ensure a copy of their academic transcript is sent to the College no later than one week prior to the exam timetable release date noted on the Ontario Clinical (Practical) Exams Schedule page of the College website. Candidates retaking exams are required to submit a copy of valid, legible photo I.D. with their exam registration application.

Please note that due to COVID-19, the College offices are working remotely, and mail is not collected daily; as such, candidates are strongly recommended to pay the exams fee online rather than by cheque or money order.

Exam Registration Deadline: January 5, 2021 by 5:00 PM (Note: should the exam capacity of 54 individuals be reached prior to the January 5th, registration will be closed early; however, January 5, 2021 will still be honoured as the deadline date for receipt of requests and supporting documentation for exam accommodations and mailed in fee payments). Note: the College cannot reserve spots at the exam; registration for exam sessions is handled on a first come, first served basis.

Candidate's Full Name:

1. What was your date of graduation from your CNME-accredited naturopathic program? Please provide the month and year only (e.g. 02 2020). Note: this must match the month and year noted on your academic transcript.	
2. Is this your first time taking the Ontario Clinical (Practical) Examinations under the College of Naturopaths of Ontario?	Yes No
3. If you answered NO to the above, please indicate which exam(s) you are registering to re-take from the list provided.	ACUP MANIP PE Acup & Manip Acup & PE Manip & PE All Three

4. Do you require an exam accommodation [as outlined in the Ontario Clinical (Practical) Examinations Handbook]?	Yes No
5. If you answered YES to the above, please indicate the type of accommodation. [NOTE: To be considered, requests for an exam accommodation must be received by January 5, 2021 and must be accompanied with appropriate supporting documentation as outlined in the Ontario Clinical (Practical) Examinations Handbook.]	Cognitive Disability Physical Disability Religious Requirement Pregnancy-related Issue
6. Patient Modeling Consent: I agree to participate as a patient model for another exam candidate during the practical components of the Ontario Clinical Examinations.	Yes No
7. Patient Modeling Consent: I understand that participation as a patient model will involve acupuncture (excluding the controlled act of puncturing the dermis with acupuncture needles), components of a physical examination (i.e. cardiovascular, respiratory, abdominal, eye, ear and neurological examination only) requiring physical contact, and manipulation to be performed without thrust. *Provide your initials.	
8. Acup Patient Consent: I consent to having simulated acupuncture (i.e. no puncturing of the dermis) performed on me by another exam candidate for the purpose of fulfilling the requirements to become a Member of the College.	Yes No
9. Consent: By providing my consent, I acknowledge that I understand the material risks, material side effects and possible complications of acupuncture. I declare that I have no known contraindications to acupuncture. *Provide your initials.	
10. Manip Patient Consent: I consent to having naturopathic manipulation performed on me, without thrust, by another exam candidate for the purpose of fulfilling the requirements to become a Member of the College.	Yes No
11. Consent: By providing my consent, I acknowledge that I understand the material risks, material side effects and possible complications of naturopathic manipulation. I declare that I have no known contraindications to naturopathic manipulation. *Provide your initials.	
12. PE/Instrumentation Consent: I consent to having aspects of a physical exam performed on me by another exam candidate for the purpose of fulfilling the requirements to become a Member of the College.	Yes No
13. Consent: By providing my consent, I acknowledge that I understand the material risks, material side effects and possible complications of physical examinations. I declare that I have no known contraindications to physical examination. *Provide your initials.	

14. I acknowledge that I am not required to participate as a patient model and that I have the right to seek an exemption from participation as a patient model from the College. *Provide your initials.	
15. I agree to hold harmless the College, its examiners, staff, agents and exam candidates from and against any and all liability costs, damages and expenses, causes of action, actions, claims, demands, lawsuits or other proceedings made, sustained, brought or prosecuted, for personal bodily injury, in any way based upon, occasioned by or attributable to my participation as an exam patient model.	Yes No
16. I acknowledge and understand that additional COVID-19 health and safety measures, as noted in the Ontario Clinical (Practical) Exams Handbook will be employed by the College for the February 21, 2021 session of the exams, in order to minimize risk to candidates and examination staff. Please enter your initials.	
17. I further acknowledge and agree to comply with these additional COVID-19 health and safety measures, including, but not limited to, the completion and submission of a COVID-19 self-assessment form (the "Form") and declaration to the College the week prior to the examination. *Please enter your initials.	
18. I acknowledge and agree to immediately notify the College and not attend the examination if I become ill (e.g. fever, chills, new or worsening cough, runny nose, digestive issues, etc.) subsequent to submitting the Form up until the day of the examination. *Please enter your initials.	
19. I acknowledge and agree to immediately notify the College and not attend the examination if I come into contact with an individual who has been diagnosed with, or is undiagnosed but suspected to have, COVID-19, in the 14 days prior to the examination. *Please enter your initials.	
20. My initials below are confirmation that I have read, fully understand and accept the above consent, and that I agree to participate as a patient model for those examinations noted. My initials* are also acknowledgement that the information I have provided is true and accurate to the best of my abilities.	
21. I further acknowledge and understand that my failure to complete and submit the Form may result in being denied admission to the examination and/or forfeiting any fees paid for the examination. *Please enter your initials.	

Please send your completed exam registration application to exams@collegeofnaturopaths.on.ca . Upon receipt of the complete registration form, the exam registration fee will be invoiced to your College user account and you will receive instructions via email to pay the associated fee. If you wish to pay by cheque or money order, please contact examinations staff to make arrangements.

Once processed, an exam registration confirmation email will be sent to you. To ensure documents are processed in a timely manner, we ask that you please refrain from submitting duplicates of your exam registration documents.