



## The College of Naturopaths of Ontario

The Inspection Program of the College of Naturopaths of Ontario inspects the premises where compounding for and the administration of IVIT are performed. It is necessary for the College to have an up-to-date record of all premises where these services are actively being offered. This requires being informed by the designated Registrant of a premises where the compounding for or administration of IVIT are performed is either closing or the premises is ceasing to perform the procedures without closing the premises.

Information provided on this form must be complete and preferably typed into the necessary fields. If completing the form by hand please ensure it is legible. Submitting an incomplete or illegible form will result in it being returned. In order to avoid this and subsequent delays, please review the form and the information you have provided carefully.

This form may be submitted in one of the following ways:

By email: [inspections@collegeofnaturopaths.on.ca](mailto:inspections@collegeofnaturopaths.on.ca)

By mail: College of Naturopaths of Ontario,  
Inspection Department,  
150 John St, 10<sup>th</sup> Floor,  
Toronto, ON  
M5V 3E3

By fax: 416-583-6011

Cease to Perform IVIT Procedures		
<b>1. IVIT Premises Address</b>		
Clinic name:		
Street:		
City:	Province:	Postal Code:
Telephone:	Premises email address:	

## 2. Change in Procedures

Please check the appropriate box that applies to the above premises:

the premises is/will be closing down

- effective as of \_\_\_\_\_ (dd/mm/yyyy)

the premises is not closing but is/will be ceasing to perform the administration of IVIT

- effective as of \_\_\_\_\_ (dd/mm/yyyy)

the premises is not closing but is/will be ceasing to perform compounding for IVIT

- effective as of \_\_\_\_\_ (dd/mm/yyyy)

## 3. Designated Registrant

Last name:		First name:	
Registration number:	Email address:	Telephone number:	

## 4. Health Profession Corporations

List the name(s) of any health profession corporation(s) that were or will no longer be administering IVIT or compounding for IVIT at the premises. Please ensure that the name of the naturopathic professional corporation as that same as it appears on the College's Professional Corporations Register. (If you require more room please attach a separate sheet.)

Corporation Name:	Registration number:
Corporation Name:	Registration number:
Corporation Name:	Registration number:
Corporation Name:	Registration number:

## 5. Naturopathic Doctors Practicing in the Premises

List the full name(s) of all Naturopathic Doctors who practiced or may have practiced IVIT or compounding for IVIT at this premises. (If you require more room please attach a separate sheet.)

Last name:	First name:	Registration number:
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Last name:	First name:	Registration number:
Last name:	First name:	Registration number:
Last name:	First name:	Registration number:
Last name:	First name:	Registration number:
Last name:	First name:	Registration number:

### 6. Declaration and Signature

I hereby declare that, to the best of my knowledge, the information on this form is true and complete. I understand and agree that it is professional misconduct to make a false or misleading statement.

Name:	Signature:	Date:
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Please check this box if you are completing this form electronically. This represents your signature.