

**CANADIAN ALLIANCE OF NATUROPATHIC REGULATORY AUTHORITIES  
REQUEST FOR A CERTIFICATE OF GOOD STANDING  
Under the  
CANADA FREE TRADE AGREEMENT**

**Part A – REQUEST FOR AND AUTHORIZATION TO RELEASE – CERTIFICATE OF GOOD STANDING**

**A.1 Requested By:**

Last Name:

First Name:

Former Name(s):

Current Regulatory Authority:

- |   |        |
|---|--------|
| <input type="checkbox"/> College of Naturopathic Doctors of Alberta             | Reg #: |
| <input type="checkbox"/> College of Naturopathic Physicians of British Columbia | Reg #: |
| <input type="checkbox"/> College of Naturopaths of Ontario                      | Reg #: |
| <input type="checkbox"/> Manitoba Naturopathic Association                      | Reg #: |
| <input type="checkbox"/> Saskatchewan Association of Naturopathic Practitioners | Reg #: |

**A.2 Authorization to Release Information**

I, \_\_\_\_\_, hereby authorize the above identified Current Regulatory Authority, to provide the information requested in this form, and any other information relevant to my transfer of registration under the Canada Free Trade Agreement, to the following receiving organization:

- College of Naturopathic Doctors of Alberta
- College of Naturopathic Physicians of British Columbia
- College of Naturopaths of Ontario
- Manitoba Naturopathic Association
- Saskatchewan Association of Naturopathic Practitioners

Signature: \_\_\_\_\_

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**To be completed by the Regulatory Authority**

Part B – CERTIFICATE OF GOOD STANDING

This Certificate of Good Standing is being completed by the:

- College of Naturopathic Doctors of Alberta
- College of Naturopathic Physicians of British Columbia
- College of Naturopaths of Ontario
- Manitoba Naturopathic Association
- Saskatchewan Association of Naturopathic Practitioners

On behalf of:

Member/Registrant Name:		License/Certificate of Registration Number:	
Date of Initial Registration:		Category of Registration:	
Registration History			

B1	Does the Member/Registrant have any outstanding obligations including those related to unpaid fees, currency, continuing education, quality assurance, or requirements for information to be provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B2	Does your organization require Members/Registrants to carry professional liability insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B3	If the answer to B2 was yes, does the Member/Registrant meet the required professional liability insurance requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B4	To your knowledge, does the Member/Registrant have any pending criminal or civil complaints or proceedings that remain outstanding?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B5	Has the Member/Registrant ever reported being found guilty of any offence, under any statute, in any jurisdiction? If the answer is yes, please specify in the Comments section below.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown
B6	Has the Member/Registrant ever reported that they are the subject of a current proceeding in respect to any offence, under any statute, in any jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown
B7	Has the Member/Registrant ever been the subject of a finding of professional misconduct, incompetence, incapacity, or any had any like finding in your or any jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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B8	Has the Member/Registrant ever reported having been the subject of a finding of professional negligence, or malpractice by any court or tribunal?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown
B9	Is the Member/Registrant currently under investigation or involved in any proceedings for conduct that might constitute professional misconduct, incompetence, or incapacity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B10	Has the Member/Registrant ever reported having been unsuccessful in an attempt to pass a registration examination, in your jurisdiction, required for the purposes of being licensed or certified to practice any profession?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown
B11	Has the Member/Registrant ever reported having been unsuccessful in an attempt to pass a registration examination, in any other jurisdiction, required for the purposes of being licensed or certified to practice any profession?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown
B12	Has the Member/Registrant ever reported having been refused registration or licensure by any body (e.g. Regulatory College or Association) responsible for the regulation of any profession, in any jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown
B13	Does the Member/Registrant have any terms, conditions, or limitations imposed on a certificate of registration or licence other than those that apply to all Members/Registrants? If the answer is yes, please specify in the Comments section below.	<input type="checkbox"/> YES <input type="checkbox"/> NO
B14	Does the Member/Registrant have any additional certifications? If the answer is yes, please specify in the Comments section below.	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>B15 - COMMENTS</b>		

<b>B16 – Authorizing Official</b>		
Form Completed by:		
	(Official's Name and Title)	
	Signature	Date