



The College of Naturopaths of Ontario

PEER AND PRACTICE ASSESSMENT

Pre-assessment Information and Declaration of a Conflict of Interest

The purpose of this form is to provide the College with the most current information about you and your practice, and to allow you to declare a conflict of interest with a potential assessor. This information will allow the College to match you with an appropriate assessor and familiarize the assessor with you and your practice prior to the assessment.

Please complete this form either electronically or by hand (please print clearly) and submit it to the College by:

email: ga@collegeofnaturopaths.on.ca

mail: College of Naturopaths of Ontario
Quality Assurance Department
150 John St, 10th Floor
Toronto, ON
M5V 3E3

fax: 416-583-6011

Registrant Contact Information

Registrant's name:	Registration number:
Primary Practice Address:	
City:	Postal Code:

Please provide the preferred phone number and email address that you would like the College and Assessor to use for all peer and practice assessment communications.

Phone number:

Email Address:

1. What is your preferred language for the peer and practice assessment?

English

French

Practice Structure

Please indicate which best describes your primary practice:

- Sole practitioner
- Group practice with other NDs only
- Multidisciplinary practice
- Teaching clinic
- Telepractice only
- Home visits only
- Telepractice and home visits only
- Not directly involved with clinical patient care or have a non-clinical term, condition and limitation (*go to question 8*)

2. Have you chosen to focus or restrict your practice (e.g. modalities, demographics etc.)?

Yes

No

If yes, please specify:

3. Do you foresee any significant changes in your practice in the next 6-12 months?

Yes

No

If yes, please describe:

Controlled Acts

4. Do you perform Controlled Acts in your practice?

Yes (go to Question 5) No (go to Question 6)

5. Please indicate which of the following Controlled Acts you perform in your practice:

- | | | |
|--|------------------------------|-----------------------------|
| a) Putting an instrument, hand or finger beyond the labia majora but not beyond the cervix | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Putting an instrument, hand or finger beyond the anal verge but not beyond the rectal-sigmoidal junction | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Administering by non-intravenous injection (e.g. B12 IM) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Administering by intravenous injection | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Administering by inhalation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f) Performing prescribed procedures involving moving the joints of the spine beyond the individual's physiological range of motion using a fast, low amplitude thrust | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g) Communicating a naturopathic diagnosis identifying, as the cause of an individual's symptoms, a disease, disorder or dysfunction that may be identified through an assessment that uses naturopathic techniques | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h) Taking blood samples from veins or by skin pricking for the purpose of prescribed naturopathic examinations on the samples | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| i) Prescribing, dispensing, compounding or selling a drug designated in the regulations | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| j) Acupuncture | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Records

6. Please indicate which type of records you use:

- Hand-written records
- Electronic medical records

Please specify the software/vendor:

7. Please indicate which language your records are maintained in: English French

Non-Clinical Practice (if applicable)

8. If you are not directly involved in patient care, in what capacity do you work as a Naturopathic Doctor?

Submitting Peer and Practice Assessment Documents

You will be required to send the College one redacted patient file and the peer and practice assessment worksheets that you will have completed prior to your assessment. Please indicate how you plan to submit the documents.

Redacted patient file:

- electronic format via email OR
- paper format via courier (an envelope will be provided by the College)

Completed worksheets:

- electronic format via email OR
- paper format via courier (an envelope will be provided by the College)

Declaration of a Conflict of Interest

There is the possibility that a potential assessor and the Registrant selected to undergo a peer and practice assessment may have had some form of contact with one another. Minimal or collegial contact between the assessor and Registrant is acceptable and is unlikely to result in a conflict of interest.

A conflict of interest exists where a reasonable person would conclude that the assessor's professional, personal or financial relationship to the Registrant may affect their judgment or the discharge of their duties on behalf of the College. A conflict of interest may be real or perceived, actual or potential, direct or indirect. Examples of a conflict of interest could exist with personal relationships (ongoing or in the past), professional relationships (shared practices, business arrangements, etc.), and an existing relationship where one person is in a position of authority over another. Each case of a potential conflict of interest is evaluated on its own set of circumstances.

Assessor Information	
The following is a list of the College's assessors. Please review the names and <u>indicate if you feel there is or is not</u> a potential conflict of interest between you and the assessor.	
Assessor:	Registration Number:
Yes, there is a potential conflict of interest <input type="checkbox"/>	No there is not a potential conflict of interest <input type="checkbox"/>
Assessor:	Registration Number:
Yes, there is a potential conflict of interest <input type="checkbox"/>	No there is not a potential conflict of interest <input type="checkbox"/>
Assessor:	Registration Number:
Yes, there is a potential conflict of interest <input type="checkbox"/>	No there is not a potential conflict of interest <input type="checkbox"/>
Assessor:	Registration Number:
Yes, there is a potential conflict of interest <input type="checkbox"/>	No there is not a potential conflict of interest <input type="checkbox"/>
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Yes, there is a potential conflict of interest <input type="checkbox"/>	No there is not a potential conflict of interest <input type="checkbox"/>
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Yes, there is a potential conflict of interest <input type="checkbox"/>	No there is not a potential conflict of interest <input type="checkbox"/>

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Yes, there is a potential conflict of interest <input type="checkbox"/>	No there is not a potential conflict of interest <input type="checkbox"/>
Assessor:	Registration Number:
Yes, there is a potential conflict of interest <input type="checkbox"/>	No there is not a potential conflict of interest <input type="checkbox"/>
Conflict of Interest Details	
If you answered yes for any of the above assessors, please provide the details of what you feel may be a conflict of interest. Please attach additional pages if needed.	
Assessor:	
Details:	

Assessor:

Details:

Assessor:

Details:

Registrant's 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.