



The College of Naturopaths of Ontario

**CONFLICT OF INTEREST DECLARATION REPORT**

<b>COUNCIL OR COMMITTEE MEMBER INFORMATION</b>	
First Name:	Felicia
Last Name:	Assenza
Status:	Registrant
Date Submitted:	24-07-09 3:02 PM
Positions Held:	Council member

<b>CONFLICT OF INTEREST INFORMATION</b>
---

<b><i>Disclosure of Appointed or Elected Offices Held</i></b>	
Do you or a member of your family hold appointed or elected offices?	No
If yes, title and organization of offices held (first).	
If yes, title and organization of offices held (second).	
Nature of Conflict:	

<b><i>Disclosure of Ownership or Possession of Outside Interests</i></b>	
Do you or a member of your family own or possess interests outside of the College?	No
If yes, interest held (first).	
If yes, interest held (second).	

Nature and extent of outside interests held:	
--	--

<b><i>Disclosure of Financial Compensation Received</i></b>	
Do you or a member of your family receive financial compensation (either for services performed, as an owner or part owner, trustee or employee) from an outside organization?	No
If yes, financial compensation received (first).	
If yes, financial compensation received (second).	
Nature and extent of conflict for financial compensation:	

<b><i>Disclosure of Relationships with External Organizations</i></b>	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decision-making independently and objectively and with a view to the public interest and best interests of the College?	No
If yes, what is the relationship with or interest in an outside organization (first).	
If yes, what is the relationship with or interest in an outside organization (second).	
Nature and extend of Outside organizational Conflict:	

<b>DECLARATION AND SIGNATURE INFORMATION</b>	
Declaration:	I declare that the information that I have provided on this form and in any follow up email to <a href="mailto:ceo@collegeofnaturopaths.on.ca">ceo@collegeofnaturopaths.on.ca</a> is complete and accurate to the best of my abilities.
Approval Outcome:	I have affixed my signature to this form and indicated that this form and the information contained herein is bound directly to me.



The College of Naturopaths of Ontario

**CONFLICT OF INTEREST DECLARATION REPORT**

<b>COUNCIL OR COMMITTEE MEMBER INFORMATION</b>	
First Name:	Dean
Last Name:	Catherwood
Status:	Public member (appointed by OIC/Government)
Date Submitted:	24-07-08 8:05 AM
Positions Held:	Council member, Discipline/FTP Committee, Quality Assurance Committee

<b>CONFLICT OF INTEREST INFORMATION</b>
---

<b><i>Disclosure of Appointed or Elected Offices Held</i></b>	
Do you or a member of your family hold appointed or elected offices?	No
If yes, title and organization of offices held (first).	
If yes, title and organization of offices held (second).	
Nature of Conflict:	

<b><i>Disclosure of Ownership or Possession of Outside Interests</i></b>	
Do you or a member of your family own or possess interests outside of the College?	No
If yes, interest held (first).	
If yes, interest held (second).	

Nature and extent of outside interests held:	
--	--

<b>Disclosure of Financial Compensation Received</b>	
Do you or a member of your family receive financial compensation (either for services performed, as an owner or part owner, trustee or employee) from an outside organization?	No
If yes, financial compensation received (first).	
If yes, financial compensation received (second).	
Nature and extent of conflict for financial compensation:	

<b>Disclosure of Relationships with External Organizations</b>	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decision-making independently and objectively and with a view to the public interest and best interests of the College?	No
If yes, what is the relationship with or interest in an outside organization (first).	
If yes, what is the relationship with or interest in an outside organization (second).	
Nature and extend of Outside organizational Conflict:	

<b>DECLARATION AND SIGNATURE INFORMATION</b>	
Declaration:	I declare that the information that I have provided on this form and in any follow up email to <a href="mailto:ceo@collegeofnaturopaths.on.ca">ceo@collegeofnaturopaths.on.ca</a> is complete and accurate to the best of my abilities.
Approval Outcome:	I have affixed my signature to this form and indicated that this form and the information contained herein is bound directly to me.



The College of Naturopaths of Ontario

**CONFLICT OF INTEREST DECLARATION REPORT**

<b>COUNCIL OR COMMITTEE MEMBER INFORMATION</b>	
First Name:	Amy
Last Name:	Dobbie
Status:	Registrant
Date Submitted:	24-07-05 3:13 PM
Positions Held:	Discipline/FTP Committee, Governance Policy Review Committee, Risk Committee

<b>CONFLICT OF INTEREST INFORMATION</b>
---

<b><i>Disclosure of Appointed or Elected Offices Held</i></b>	
Do you or a member of your family hold appointed or elected offices?	Yes
If yes, title and organization of offices held (first).	Duncan Armstrong (father) - City Councillor for Quinte West
If yes, title and organization of offices held (second).	n/a
Nature of Conflict:	Unlikely to impact, but he is an elected municipal government official.

<b><i>Disclosure of Ownership or Possession of Outside Interests</i></b>	
Do you or a member of your family own or possess interests outside of the College?	No
If yes, interest held (first).	
If yes, interest held (second).	

Nature and extent of outside interests held:	
--	--

<b><i>Disclosure of Financial Compensation Received</i></b>	
Do you or a member of your family receive financial compensation (either for services performed, as an owner or part owner, trustee or employee) from an outside organization?	No
If yes, financial compensation received (first).	
If yes, financial compensation received (second).	
Nature and extent of conflict for financial compensation:	

<b><i>Disclosure of Relationships with External Organizations</i></b>	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decision-making independently and objectively and with a view to the public interest and best interests of the College?	No
If yes, what is the relationship with or interest in an outside organization (first).	
If yes, what is the relationship with or interest in an outside organization (second).	
Nature and extend of Outside organizational Conflict:	



<b>DECLARATION AND SIGNATURE INFORMATION</b>	
Declaration:	I declare that the information that I have provided on this form and in any follow up email to <a href="mailto:ceo@collegeofnaturopaths.on.ca">ceo@collegeofnaturopaths.on.ca</a> is complete and accurate to the best of my abilities.
Approval Outcome:	I have affixed my signature to this form and indicated that this form and the information contained herein is bound directly to me.



The College of Naturopaths of Ontario

**CONFLICT OF INTEREST DECLARATION REPORT**

<b>COUNCIL OR COMMITTEE MEMBER INFORMATION</b>	
First Name:	Lisa
Last Name:	Fenton
Status:	Public member (appointed by OIC/Government)
Date Submitted:	24-07-05 7:14 PM
Positions Held:	Council member, Discipline/FTP Committee, Registration Committee

<b>CONFLICT OF INTEREST INFORMATION</b>
---

<b><i>Disclosure of Appointed or Elected Offices Held</i></b>	
Do you or a member of your family hold appointed or elected offices?	No
If yes, title and organization of offices held (first).	
If yes, title and organization of offices held (second).	
Nature of Conflict:	

<b><i>Disclosure of Ownership or Possession of Outside Interests</i></b>	
Do you or a member of your family own or possess interests outside of the College?	No
If yes, interest held (first).	
If yes, interest held (second).	

Nature and extent of outside interests held:	
--	--

<b><i>Disclosure of Financial Compensation Received</i></b>	
Do you or a member of your family receive financial compensation (either for services performed, as an owner or part owner, trustee or employee) from an outside organization?	No
If yes, financial compensation received (first).	
If yes, financial compensation received (second).	
Nature and extent of conflict for financial compensation:	

<b><i>Disclosure of Relationships with External Organizations</i></b>	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decision-making independently and objectively and with a view to the public interest and best interests of the College?	No
If yes, what is the relationship with or interest in an outside organization (first).	
If yes, what is the relationship with or interest in an outside organization (second).	
Nature and extend of Outside organizational Conflict:	

<b>DECLARATION AND SIGNATURE INFORMATION</b>	
Declaration:	I declare that the information that I have provided on this form and in any follow up email to <a href="mailto:ceo@collegeofnaturopaths.on.ca">ceo@collegeofnaturopaths.on.ca</a> is complete and accurate to the best of my abilities.
Approval Outcome:	I have affixed my signature to this form and indicated that this form and the information contained herein is bound directly to me.



The College of Naturopaths of Ontario

**CONFLICT OF INTEREST DECLARATION REPORT**

<b>COUNCIL OR COMMITTEE MEMBER INFORMATION</b>	
First Name:	Brenda
Last Name:	Lessard-Rhead
Status:	Registrant
Date Submitted:	24-07-05 12:33 PM
Positions Held:	Council member

<b>CONFLICT OF INTEREST INFORMATION</b>
---

<b><i>Disclosure of Appointed or Elected Offices Held</i></b>	
Do you or a member of your family hold appointed or elected offices?	No
If yes, title and organization of offices held (first).	
If yes, title and organization of offices held (second).	
Nature of Conflict:	

<b><i>Disclosure of Ownership or Possession of Outside Interests</i></b>	
Do you or a member of your family own or possess interests outside of the College?	Yes
If yes, interest held (first).	Partner of BRB CE Group
If yes, interest held (second).	

Nature and extent of outside interests held:	I am a partner of the business BRB CE Group, which provides continuing education courses for Naturopathic Doctors, through live conferences as well as online recorded webinars and audio recordings.
--	---

<b><i>Disclosure of Financial Compensation Received</i></b>	
Do you or a member of your family receive financial compensation (either for services performed, as an owner or part owner, trustee or employee) from an outside organization?	No
If yes, financial compensation received (first).	
If yes, financial compensation received (second).	
Nature and extent of conflict for financial compensation:	

<b><i>Disclosure of Relationships with External Organizations</i></b>	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decision-making independently and objectively and with a view to the public interest and best interests of the College?	No
If yes, what is the relationship with or interest in an outside organization (first).	
If yes, what is the relationship with or interest in an outside organization (second).	
Nature and extend of Outside organizational Conflict:	

<b>DECLARATION AND SIGNATURE INFORMATION</b>	
Declaration:	I declare that the information that I have provided on this form and in any follow up email to <a href="mailto:ceo@collegeofnaturopaths.on.ca">ceo@collegeofnaturopaths.on.ca</a> is complete and accurate to the best of my abilities.
Approval Outcome:	I have affixed my signature to this form and indicated that this form and the information contained herein is bound directly to me.



The College of Naturopaths of Ontario

**CONFLICT OF INTEREST DECLARATION REPORT**

<b>COUNCIL OR COMMITTEE MEMBER INFORMATION</b>	
First Name:	Denis
Last Name:	Marier
Status:	Registrant
Date Submitted:	24-07-05 1:50 PM
Positions Held:	Council member, Discipline/FTP Committee, Equity, Diversity, Inclusion and Belonging Committee, Patient Relations Committee

<b>CONFLICT OF INTEREST INFORMATION</b>
---

<b><i>Disclosure of Appointed or Elected Offices Held</i></b>	
Do you or a member of your family hold appointed or elected offices?	No
If yes, title and organization of offices held (first).	
If yes, title and organization of offices held (second).	
Nature of Conflict:	

<b><i>Disclosure of Ownership or Possession of Outside Interests</i></b>	
Do you or a member of your family own or possess interests outside of the College?	No
If yes, interest held (first).	
If yes, interest held (second).	



Nature and extent of outside interests held:	
--	--

<b><i>Disclosure of Financial Compensation Received</i></b>	
Do you or a member of your family receive financial compensation (either for services performed, as an owner or part owner, trustee or employee) from an outside organization?	No
If yes, financial compensation received (first).	
If yes, financial compensation received (second).	
Nature and extent of conflict for financial compensation:	

<b><i>Disclosure of Relationships with External Organizations</i></b>	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decision-making independently and objectively and with a view to the public interest and best interests of the College?	No
If yes, what is the relationship with or interest in an outside organization (first).	
If yes, what is the relationship with or interest in an outside organization (second).	
Nature and extend of Outside organizational Conflict:	

<b>DECLARATION AND SIGNATURE INFORMATION</b>	
Declaration:	I declare that the information that I have provided on this form and in any follow up email to <a href="mailto:ceo@collegeofnaturopaths.on.ca">ceo@collegeofnaturopaths.on.ca</a> is complete and accurate to the best of my abilities.
Approval Outcome:	I have affixed my signature to this form and indicated that this form and the information contained herein is bound directly to me.



The College of Naturopaths of Ontario

**CONFLICT OF INTEREST DECLARATION REPORT**

<b>COUNCIL OR COMMITTEE MEMBER INFORMATION</b>	
First Name:	Marija
Last Name:	Pajdakovska
Status:	Public member (appointed by OIC/Government)
Date Submitted:	24-12-06 9:27 AM
Positions Held:	Council member

<b>CONFLICT OF INTEREST INFORMATION</b>
---

<b><i>Disclosure of Appointed or Elected Offices Held</i></b>	
Do you or a member of your family hold appointed or elected offices?	No
If yes, title and organization of offices held (first).	
If yes, title and organization of offices held (second).	
Nature of Conflict:	

<b><i>Disclosure of Ownership or Possession of Outside Interests</i></b>	
Do you or a member of your family own or possess interests outside of the College?	No
If yes, interest held (first).	
If yes, interest held (second).	

Nature and extent of outside interests held:	
--	--

<b><i>Disclosure of Financial Compensation Received</i></b>	
Do you or a member of your family receive financial compensation (either for services performed, as an owner or part owner, trustee or employee) from an outside organization?	No
If yes, financial compensation received (first).	
If yes, financial compensation received (second).	
Nature and extent of conflict for financial compensation:	

<b><i>Disclosure of Relationships with External Organizations</i></b>	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decision-making independently and objectively and with a view to the public interest and best interests of the College?	No
If yes, what is the relationship with or interest in an outside organization (first).	
If yes, what is the relationship with or interest in an outside organization (second).	
Nature and extend of Outside organizational Conflict:	

DECLARATION AND SIGNATURE INFORMATION	
Declaration:	I declare that the information that I have provided on this form and in any follow up email to <a href="mailto:ceo@collegeofnaturopaths.on.ca">ceo@collegeofnaturopaths.on.ca</a> is complete and accurate to the best of my abilities.
Approval Outcome:	I have affixed my signature to this form and indicated that this form and the information contained herein is bound directly to me.



The College of Naturopaths of Ontario

**CONFLICT OF INTEREST DECLARATION REPORT**

<b>COUNCIL OR COMMITTEE MEMBER INFORMATION</b>	
First Name:	Paul
Last Name:	Philion
Status:	Public member (appointed by OIC/Government)
Date Submitted:	24-07-05 4:57 PM
Positions Held:	Council member, Discipline/FTP Committee, Registration Committee

<b>CONFLICT OF INTEREST INFORMATION</b>
---

<b><i>Disclosure of Appointed or Elected Offices Held</i></b>	
Do you or a member of your family hold appointed or elected offices?	No
If yes, title and organization of offices held (first).	
If yes, title and organization of offices held (second).	
Nature of Conflict:	

<b><i>Disclosure of Ownership or Possession of Outside Interests</i></b>	
Do you or a member of your family own or possess interests outside of the College?	No
If yes, interest held (first).	
If yes, interest held (second).	

Nature and extent of outside interests held:	
--	--

<b><i>Disclosure of Financial Compensation Received</i></b>	
Do you or a member of your family receive financial compensation (either for services performed, as an owner or part owner, trustee or employee) from an outside organization?	No
If yes, financial compensation received (first).	
If yes, financial compensation received (second).	
Nature and extent of conflict for financial compensation:	

<b><i>Disclosure of Relationships with External Organizations</i></b>	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decision-making independently and objectively and with a view to the public interest and best interests of the College?	No
If yes, what is the relationship with or interest in an outside organization (first).	
If yes, what is the relationship with or interest in an outside organization (second).	
Nature and extend of Outside organizational Conflict:	

<b>DECLARATION AND SIGNATURE INFORMATION</b>	
Declaration:	I declare that the information that I have provided on this form and in any follow up email to <a href="mailto:ceo@collegeofnaturopaths.on.ca">ceo@collegeofnaturopaths.on.ca</a> is complete and accurate to the best of my abilities.
Approval Outcome:	I have affixed my signature to this form and indicated that this form and the information contained herein is bound directly to me.





The College of Naturopaths of Ontario

**CONFLICT OF INTEREST DECLARATION REPORT**

<b>COUNCIL OR COMMITTEE MEMBER INFORMATION</b>	
First Name:	Jacob
Last Name:	Scheer
Status:	Registrant
Date Submitted:	24-07-05 12:42 PM
Positions Held:	Council member, Discipline/FTP Committee, Inspection Committee

<b>CONFLICT OF INTEREST INFORMATION</b>
---

<b><i>Disclosure of Appointed or Elected Offices Held</i></b>	
Do you or a member of your family hold appointed or elected offices?	No
If yes, title and organization of offices held (first).	
If yes, title and organization of offices held (second).	
Nature of Conflict:	

<b><i>Disclosure of Ownership or Possession of Outside Interests</i></b>	
Do you or a member of your family own or possess interests outside of the College?	No
If yes, interest held (first).	
If yes, interest held (second).	

Nature and extent of outside interests held:	
--	--

<b><i>Disclosure of Financial Compensation Received</i></b>	
Do you or a member of your family receive financial compensation (either for services performed, as an owner or part owner, trustee or employee) from an outside organization?	No
If yes, financial compensation received (first).	
If yes, financial compensation received (second).	
Nature and extent of conflict for financial compensation:	

<b><i>Disclosure of Relationships with External Organizations</i></b>	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decision-making independently and objectively and with a view to the public interest and best interests of the College?	No
If yes, what is the relationship with or interest in an outside organization (first).	
If yes, what is the relationship with or interest in an outside organization (second).	
Nature and extend of Outside organizational Conflict:	

<b>DECLARATION AND SIGNATURE INFORMATION</b>	
Declaration:	I declare that the information that I have provided on this form and in any follow up email to <a href="mailto:ceo@collegeofnaturopaths.on.ca">ceo@collegeofnaturopaths.on.ca</a> is complete and accurate to the best of my abilities.
Approval Outcome:	I have affixed my signature to this form and indicated that this form and the information contained herein is bound directly to me.



The College of Naturopaths of Ontario

**CONFLICT OF INTEREST DECLARATION REPORT**

<b>COUNCIL OR COMMITTEE MEMBER INFORMATION</b>	
First Name:	Jordan
Last Name:	Sokoloski
Status:	Registrant
Date Submitted:	24-07-08 11:37 AM
Positions Held:	Council member, Discipline/FTP Committee, Governance Policy Review Committee, Quality Assurance Committee

<b>CONFLICT OF INTEREST INFORMATION</b>
---

<b><i>Disclosure of Appointed or Elected Offices Held</i></b>	
Do you or a member of your family hold appointed or elected offices?	No
If yes, title and organization of offices held (first).	
If yes, title and organization of offices held (second).	
Nature of Conflict:	

<b><i>Disclosure of Ownership or Possession of Outside Interests</i></b>	
Do you or a member of your family own or possess interests outside of the College?	No
If yes, interest held (first).	
If yes, interest held (second).	

Nature and extent of outside interests held:	
--	--

<b>Disclosure of Financial Compensation Received</b>	
Do you or a member of your family receive financial compensation (either for services performed, as an owner or part owner, trustee or employee) from an outside organization?	No
If yes, financial compensation received (first).	
If yes, financial compensation received (second).	
Nature and extent of conflict for financial compensation:	

<b>Disclosure of Relationships with External Organizations</b>	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decision-making independently and objectively and with a view to the public interest and best interests of the College?	No
If yes, what is the relationship with or interest in an outside organization (first).	
If yes, what is the relationship with or interest in an outside organization (second).	
Nature and extend of Outside organizational Conflict:	

<b>DECLARATION AND SIGNATURE INFORMATION</b>	
Declaration:	I declare that the information that I have provided on this form and in any follow up email to <a href="mailto:ceo@collegeofnaturopaths.on.ca">ceo@collegeofnaturopaths.on.ca</a> is complete and accurate to the best of my abilities.
Approval Outcome:	I have affixed my signature to this form and indicated that this form and the information contained herein is bound directly to me.



The College of Naturopaths of Ontario

**CONFLICT OF INTEREST DECLARATION REPORT**

<b>COUNCIL OR COMMITTEE MEMBER INFORMATION</b>	
First Name:	Erin
Last Name:	Psota
Status:	Registrant
Date Submitted:	24-07-05 12:44 PM
Positions Held:	Council member, Examination Appeals Committee, Inquiries, Complaints & Reports Committee

<b>CONFLICT OF INTEREST INFORMATION</b>
---

<b><i>Disclosure of Appointed or Elected Offices Held</i></b>	
Do you or a member of your family hold appointed or elected offices?	No
If yes, title and organization of offices held (first).	
If yes, title and organization of offices held (second).	
Nature of Conflict:	

<b><i>Disclosure of Ownership or Possession of Outside Interests</i></b>	
Do you or a member of your family own or possess interests outside of the College?	No
If yes, interest held (first).	
If yes, interest held (second).	

Nature and extent of outside interests held:	
--	--

<b><i>Disclosure of Financial Compensation Received</i></b>	
Do you or a member of your family receive financial compensation (either for services performed, as an owner or part owner, trustee or employee) from an outside organization?	No
If yes, financial compensation received (first).	
If yes, financial compensation received (second).	
Nature and extent of conflict for financial compensation:	

<b><i>Disclosure of Relationships with External Organizations</i></b>	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decision-making independently and objectively and with a view to the public interest and best interests of the College?	No
If yes, what is the relationship with or interest in an outside organization (first).	
If yes, what is the relationship with or interest in an outside organization (second).	
Nature and extend of Outside organizational Conflict:	



DECLARATION AND SIGNATURE INFORMATION	
Declaration:	I declare that the information that I have provided on this form and in any follow up email to <a href="mailto:ceo@collegeofnaturopaths.on.ca">ceo@collegeofnaturopaths.on.ca</a> is complete and accurate to the best of my abilities.
Approval Outcome:	I have affixed my signature to this form and indicated that this form and the information contained herein is bound directly to me.