

COUNCIL OR COMMITTE	E MEMBER INFO	DRMATION
First Name:	Felicia	
Last Name:	Assenza	
Status:	Registrant	
Date Submitted:	25-05-02 2:58	PM
Positions Held:	Council membe	er
CONFLICT OF INTEREST	NFORMATION	
Disclosure of Appointed		es Held
Do you or a member of your family		No
hold appointed or electe If yes, title and organizat		
held (first).	ion of offices	
If yes, title and organizat	ion of offices	
held (second).		
Nature of Conflict:		
Disclosure of Ownership or Possession of Outside Interests		
Do you or a member of your family No		
own or possess interests outside of the		
College?		
If yes, interest held (first	).	
If yes, interest held (seco	ond).	

Nature and extent of outside interests	
held:	
Disclosure of Financial Compensation Re	eceived
Do you or a member of your family	No
receive financial compensation (either	
for services performed, as an owner or	
part owner, trustee or employee) from	
an outside organization?	
If yes, financial compensation received	
(first).	
If yes, financial compensation received	
(second).	
Nature and extent of conflict for	
financial compensation:	
Disclosure of Relationships with Externo	
Do you have any relationships or	No
Do you have any relationships or interests that could compromise or be	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decision-	
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DECLARATION AND SIGNATURE INFORMATION	
Declaration:	I declare that the information that I have provided on this form and in any follow up email to ceo@collegeofnaturopaths.on.ca 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.



COUNCIL OR COMMITTEE MEMBER INFORMATION	
First Name:	Amy
Last Name:	Armstrong
Status:	Registrant
Date Submitted:	25-05-05 6:50 PM
Positions Held:	Council member, Discipline/FTP Committee, Governance Committee, Risk Committee

Disclosure of Appointed or Elected Offices Held	
Do you or a member of your family hold appointed or elected offices?	Yes
If yes, title and organization of offices held (first).	Dad - elected Municipal Council member (Quinte West)
If yes, title and organization of offices held (second).	None
Nature of Conflict:	Unlikely to impact

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

Nature and extent of outside interests	
held:	
Disclosure of Financial Compensation Re	eceived
Do you or a member of your family	No
receive financial compensation (either	
for services performed, as an owner or	
part owner, trustee or employee) from	
an outside organization?	
If yes, financial compensation received	
(first).	
If yes, financial compensation received	
(second).	
Nature and extent of conflict for	
financial compensation:	
Disclosure of Relationships with Externo	
Do you have any relationships or	No
Do you have any relationships or interests that could compromise or be	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability	
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DECLARATION AND SIGNATURE INFORMATION	
Declaration:	I declare that the information that I have provided on this form and in any follow up email to ceo@collegeofnaturopaths.on.ca 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.



COUNCIL OR COMMITTEE MEMBER INFORMATION		
First Name:	Naomi	
Last Name:	Bussin	
Status:	Public member (appointed by OIC/Government)	
Date Submitted:	25-10-27 6:14 PM	
Positions Held:	Council membe	er
	1	
CONFLICT OF INTEREST	INFORMATION	
Disclosure of Appointed		es Held
Do you or a member of your family hold appointed or elected offices?		No
If yes, title and organizat		
held (first).		
If yes, title and organization of offices		
held (second).		
Nature of Conflict:		
Disclosure of Ownership or Possession of Outside Interests		
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own or possess interests outside of the		
College?  If yes, interest held (first	١	
ii yes, iiiterest neid (first	J·	
If yes, interest held (seco	ond).	

Nature and extent of outside interests	
held:	
Disclosure of Financial Compensation Re	eceived
Do you or a member of your family	No
receive financial compensation (either	
for services performed, as an owner or	
part owner, trustee or employee) from	
an outside organization?	
If yes, financial compensation received	
(first).	
If yes, financial compensation received	
(second).	
Nature and extent of conflict for	
financial compensation:	
Disclosure of Relationships with Externo	
Do you have any relationships or	No
Do you have any relationships or interests that could compromise or be	
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DECLARATION AND SIGNATURE INFORMATION	
Declaration:	I declare that the information that I have provided on this form and in any follow up email to ceo@collegeofnaturopaths.on.ca 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.



COUNCIL OR COMMITTEE MEMBER INFORMATION	
First Name:	Dean
Last Name:	Catherwood
Status:	Public member (appointed by OIC/Government)
Date Submitted:	25-05-01 7:44 AM
Positions Held:	Council member, Discipline/FTP Committee, Quality Assurance Committee

Disclosure of Appointed or Elected Offices Held	
Do you or a member of your family	No
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:	

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

Nature and extent of outside interests		
held:		
Disclosure of Financial Compensation Received		
Do you or a member of your family	No	
receive financial compensation (either		
for services performed, as an owner or		
part owner, trustee or employee) from		
an outside organization?		
If yes, financial compensation received		
(first).		
If yes, financial compensation received		
(second).		
Nature and extent of conflict for		
financial compensation:		
Disclosure of Relationships with Externo		
Do you have any relationships or	No	
Do you have any relationships or interests that could compromise or be		
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability		
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decision-		
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DECLARATION AND SIGNATURE INFORMATION	
Declaration:	I declare that the information that I have provided on this form and in any follow up email to ceo@collegeofnaturopaths.on.ca 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.



COUNCIL OR COMMITTEE MEMBER INFORMATION	
First Name:	Lisa
Last Name:	Fenton
Status:	Public member (appointed by OIC/Government)
Date Submitted:	25-05-02 12:44 PM
Positions Held:	Council member, Discipline/FTP Committee, Registration Committee

Disclosure of Appointed or Elected Offices Held	
Do you or a member of your family	No
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:	

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

Nature and extent of outside interests		
held:		
Disclosure of Financial Compensation Received		
Do you or a member of your family	No	
receive financial compensation (either		
for services performed, as an owner or		
part owner, trustee or employee) from		
an outside organization?		
If yes, financial compensation received		
(first).		
If yes, financial compensation received		
(second).		
Nature and extent of conflict for		
financial compensation:		
Disclosure of Relationships with Externo		
Do you have any relationships or	No	
Do you have any relationships or interests that could compromise or be		
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability		
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decision-		
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decisionmaking independently and objectively		
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decisionmaking independently and objectively and with a view to the public interest		
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Declaration:	I declare that the information that I have provided on this form and in any follow up email to ceo@collegeofnaturopaths.on.ca 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.



COUNCIL OR COMMITTEE MEMBER INFORMATION	
First Name:	Brenda
Last Name:	Lessard-Rhead
Status:	Registrant
Date Submitted:	25-05-09 9:37 AM
Positions Held:	Council member, Governance Committee, Governance Policy Review Committee, Inquiries, Complaints & Reports Committee

Disclosure of Appointed or Elected Offices Held	
Do you or a member of your family	No
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:	

Disclosure of Ownership or Possession of Outside Interests	
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).	

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
	and audio recordings.

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

Disclosure of Relationships with External Organizations		
Do you have any relationships or	No	
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?		
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 ceo@collegeofnaturopaths.on.ca 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.



COUNCIL OR COMMITTEE MEMBER INFORMATION		
First Name:	Denis	
Last Name:	Marier	
Status:	Registrant	
Date Submitted:	25-04-30 2:04 PM	
Positions Held:	Council member, Equity, Diversity, Inclusion and Belonging Committee, Patient Relations Committee	

Disclosure of Appointed or Elected Offices Held	
Do you or a member of your family	No
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:	

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

Nature and extent of outside interests	
held:	
Disclosure of Financial Compensation Re	eceived
Do you or a member of your family	No
receive financial compensation (either	
for services performed, as an owner or	
part owner, trustee or employee) from	
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If yes, financial compensation received	
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(second).	
Nature and extent of conflict for	
financial compensation:	
Disclosure of Relationships with Externo	
Do you have any relationships or	No
Do you have any relationships or interests that could compromise or be	
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DECLARATION AND SIGNATURE INFORMATION	
Declaration:	I declare that the information that I have provided on this form and in any follow up email to ceo@collegeofnaturopaths.on.ca 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.



COUNCIL OR COMMITTEE MEMBER INFORMATION		
First Name:	Marija	
Last Name:	Pajdakovska	
Status:	Public member (appointed by OIC/Government)	
Date Submitted:	25-04-29 3:06 PM	
Positions Held:	Council member	
CONFLICT OF INTEREST I	NFORMATION	
Γ		
Disclosure of Appointed		es Held
Do you or a member of your family hold appointed or elected offices?		No
If yes, title and organizat held (first).	ion of offices	
If yes, title and organizat	ion of offices	
held (second).		
Nature of Conflict:		
Disclosure of Ownership or Possession of Outside Interests		
Do you or a member of y	of your family No	
own or possess interests	outside of the	
<u> </u>	College?	
If yes, interest held (first)	).	
If yes, interest held (seco	ond).	

Nature and extent of outside interests	
held:	
Disclosure of Financial Compensation Re	eceived
Do you or a member of your family	No
receive financial compensation (either	
for services performed, as an owner or	
part owner, trustee or employee) from	
an outside organization?	
If yes, financial compensation received	
(first).	
If yes, financial compensation received	
(second).	
Nature and extent of conflict for	
financial compensation:	
Disclosure of Relationships with Externo	
Do you have any relationships or	No
Do you have any relationships or interests that could compromise or be	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability	
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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.



COUNCIL OR COMMITTEE MEMBER INFORMATION	
First Name:	Paul
Last Name:	Philion
Status:	Public member (appointed by OIC/Government)
Date Submitted:	25-04-29 7:53 PM
Positions Held:	Council member, Discipline/FTP Committee, Registration Committee

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

Disclosure of Ownership or Possession of Outside Interests	
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:	
Disclosure of Financial Compensation Re	eceived
Do you or a member of your family	No
receive financial compensation (either	
for services performed, as an owner or	
part owner, trustee or employee) from	
an outside organization?	
If yes, financial compensation received	
(first).	
If yes, financial compensation received	
(second).	
Nature and extent of conflict for	
financial compensation:	
Disclosure of Relationships with Externo	
Do you have any relationships or	No
Do you have any relationships or interests that could compromise or be	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability	
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<b>DECLARATION AND SIGN</b>	DECLARATION AND SIGNATURE INFORMATION	
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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.	



COUNCIL OR COMMITTE	E MEMBER INFO	DRMATION	
First Name:	Jacob		
Last Name:	Scheer		
Status:	Registrant		
Date Submitted:	25-04-29 10:1	4 AM	
Positions Held:	Council membe Committee, Re	er, Discipline/FTP Committee, Examination Appeals gistration Committee	
CONFLICT OF INTEREST I	CONFLICT OF INTEREST INFORMATION		
Disclosure of Appointed	or Elected Office	es Held	
Do you or a member of your family hold appointed or elected offices?			
If yes, title and organizat held (first).			
If yes, title and organizat held (second).	ion of offices		
Nature of Conflict:			
Disclosure of Ownership	•	f Outside Interests	
Do you or a member of y	our family	No	

own or possess interests outside of the

If yes, interest held (first).

If yes, interest held (second).

College?

Nature and extent of outside interests	
held:	
Disclosure of Financial Compensation Re	eceived
Do you or a member of your family	No
receive financial compensation (either	
for services performed, as an owner or	
part owner, trustee or employee) from	
an outside organization?	
If yes, financial compensation received	
(first).	
If yes, financial compensation received	
(second).	
Nature and extent of conflict for	
financial compensation:	
Disclosure of Relationships with Externo	
Do you have any relationships or	No
Do you have any relationships or interests that could compromise or be	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decision-	
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<b>DECLARATION AND SIGN</b>	DECLARATION AND SIGNATURE INFORMATION	
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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.	



COUNCIL OR COMMITTEE MEMBER INFORMATION			
First Name:	Twydell		
Last Name:	Amy		
Status:	Public Representative (appointed by Council)		
Date Submitted:	25-06-13 10:40 AM		
Positions Held:	Council membe	er	
CONFLICT OF INTEREST I	NFORMATION		
Diadagus of Associated	an Flastad Office	an Hald	
Disclosure of Appointed		es Heia	
Do you or a member of y hold appointed or electe	•	No	
If yes, title and organizat held (first).	ion of offices		
	ion of offices		
If yes, title and organization of offices held (second).			
Nature of Conflict:			
Disclosure of Ownership	-		
Do you or a member of your family		No	
own or possess interests	outside of the		
College?	١		
If yes, interest held (first	).		
If yes, interest held (seco	ond).		

Nature and extent of outside interests	
held:	
Disclosure of Financial Compensation Re	eceived
Do you or a member of your family	No
receive financial compensation (either	
for services performed, as an owner or	
part owner, trustee or employee) from	
an outside organization?	
If yes, financial compensation received	
(first).	
If yes, financial compensation received	
(second).	
Nature and extent of conflict for	
financial compensation:	
Disclosure of Relationships with Externo	
Do you have any relationships or	No
Do you have any relationships or interests that could compromise or be	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decision-	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decisionmaking independently and objectively	
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<b>DECLARATION AND SIGN</b>	DECLARATION AND SIGNATURE INFORMATION	
Declaration:	I declare that the information that I have provided on this form and in any follow up email to ceo@collegeofnaturopaths.on.ca 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.	



COUNCIL OR COMMITTEE MEMBER INFORMATION	
First Name:	Erin
Last Name:	Psota
Status:	Registrant
Date Submitted:	25-05-02 11:20 AM
Positions Held:	Council member, Examination Appeals Committee, Inquiries, Complaints & Reports Committee

Disclosure of Appointed or Elected Offices Held	
Do you or a member of your family	No
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:	

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

Nature and extent of outside interests	
held:	
Disclosure of Financial Compensation R	eceived
Do you or a member of your family	No
receive financial compensation (either	
for services performed, as an owner or	
part owner, trustee or employee) from	
an outside organization?	
If yes, financial compensation received	
(first).	
If yes, financial compensation received	
(second).	
Nature and extent of conflict for	
financial compensation:	
Disclosure of Relationships with Externo	
Do you have any relationships or	nl Organizations No
Do you have any relationships or interests that could compromise or be	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decision-	
Do you have any relationships or interests that could compromise or be perceived to compromise, your ability to exercise judgement or decisionmaking independently and objectively	
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DECLARATION AND SIGNATURE INFORMATION		
Declaration:	I declare that the information that I have provided on this form and in any follow up email to ceo@collegeofnaturopaths.on.ca 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.	