## **Category A Continuing Education Credit Applications**

Thank you for submitting your Continuing Education (CE) activity to the College of Naturopaths of Ontario (CONO). Once CONO approves courses, presentations and activities, NDs can use them to fulfill their CE requirements in Category A. Core Activities must be relevant to the practice of Naturopathy in Ontario, and should promote the Registrant's continuing competence and the maintenance of professional standards.

### **Course Criteria for Category A Credits**

Category A credits are structured learning activities that must be directly related to the core clinical competencies of Naturopathy in Ontario. Some topics might include: assessment and diagnostics, pharmacology, primary care management, patient-centered care, naturopathic modalities and referrals to other practitioners.

Wherever possible, courses should include active and/or interactive learning tools that help participants apply what they have learned to their practice.

When reviewing courses submitted for approval for Category A, the Quality Assurance Committee (QAC) will consider the following criteria:

- Course takes place in a structured learning environment.
- Course providers are recognized subject experts.
- Subject is directly related to the Scope of Practice of Naturopathy in Ontario.
- References or links are provided to support the educational materials.
- ❖ Absence of any commercial bias or product placement.
- Generic names are used in presentations whenever possible for all natural health products, devices, laboratory tests, etc.
- ❖ If brand names are used, the brand name appears after the generic name (e.g. in parenthesis). Every drug mentioned is referred to in a similar manner throughout the presentation.
- Activities are evidence-based.
- Clearly articulated and relevant learning outcomes for participants.
- Activities are accessible to all Registrants equally.

\*If you are applying for IVIT specific credits, please note that all approved IVIT courses must contain information regarding contraindications, management of adverse reactions and relevant emergency procedures.

### **Application Process**

Please complete and submit a CE Credit Application Form for each course that you wish the College to approve. This form provides the Quality Assurance Committee (QAC) with the information required to review and assign CE credits to your activity, and to list your activity on our website. We will only consider courses that meet the criteria for Category A.

The QAC will review applications within 60 days. All approved activities must meet the highest standards of education for Naturopathic Doctors in Ontario. Submitting an application does not guarantee its approval. The QAC reserves the right to deny approval to any activity, because of insufficient quality and/or relevance of the content, an incomplete submission or any other reason it sees fit.

# **CE Credit Application Form**

Please PRINT all information clearly if you are not filling out this form electronically. The College of Naturopaths of Ontario understands the importance of protecting personal information. We will use the information contained in this form in carrying out regulatory activities only. Please complete all sections.

A. Application Information				
Name of Organization ( <i>if applicable</i> ):				
Contact Name:				
Street Address:				
City:	Province/S	State:	Country:	
Postal Code/Zip Code:		Telephone:		
Email:				
B. Activity Information				
Activity Title:				
Date(s) of Activity:				
Length of Activity (teaching hours only; please do not include breaks, meals, Q&A etc.):  *Max. 30 credits per CE activity				
Intended Audience:				
Activity Type: Live event (in-person/online) Ongoing event (recorded and always accessible)				
The activity is related to:				
□ Intravenous Infusion Therapy (IVIT)				
□ Pharmacology				
□ Jurisprudence				
If you checked one of the above, please specify the number of hours:				

C. Activity Details				
The following documents are <b>required</b> to be submitted:				
☐ Biography or CV for the presenter(s).	Biography or CV for the presenter(s).			
☐ The course outline for the activity with a detailed breakdown of the timing. If you do not have a cours outline, please attach a detailed description of the content that will be covered in the course.	е			
☐ The Learning objectives for the activity. What do you hope participants will gain from your activity?	The Learning objectives for the activity. What do you hope participants will gain from your activity?			
□ The primary references used to develop the presentation content (A representative sample of the references is also acceptable – e.g., 5-10).				
☐ The participation evaluation form ( <i>if applicable</i> ).				
D. Conflict of Interest Declaration				
The possibility for bias or a conflict of interest occurs when the financial interests of a provider, author, presenter/speaker or expert reviewer precludes an unbiased, educational presentation of a subject. The disclosure of a possible conflict of interest is requested not to censor, but rather to inform the audience so they may decide for themselves whether or not a presentation is biased.				
Please check the boxes if the activity contains:				
□ Product placements or promotions? (e.g. trademarked drugs or therapies, proprietary products, etc.).				
☐ Affiliations/commercial, partnerships/sponsors.				
If you checked any of the boxes, please attach a separate document with an explanation for the product placement or promotion and/or the description for the nature of the sponsorship (e.g. logo on slides, 'breaks sponsored by', etc.)				
Do you have any additional conflicts of interest?  Yes No				
If "yes", please attach a separate document specifying the conflict of interest.				
Name: Signature: Date:				
□ Please check this box if you are completing this form electronically. This represents your signature.				

Disclaimer: Any required document or information that is missing from your application submission will result in the application being returned to you as incomplete. The Quality Assurance Committee <u>requires</u> all of the above information to be submitted in order to make an informed decision as to the qualification of the course and if it meets the College's Category A requirements.

You may submit the completed form and supporting documents by mail, email or by fax:

#### Mail:

College of Naturopaths of Ontario: Quality Assurance Department 10 King Street East, Suite 1001, Toronto, ON M5C 1C3

Email: QA@collegeofnaturopaths.on.ca

Fax: 416-583-6011