

## CERTIFICATE OF STANDING (VERIFICATION OF REGISTRATION)

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

#### A.1 Requested by:

Last Name:

First Name:

Former Name(s):

Registration Number:

#### Primary Practice Location

Name:

Street Address:

City:

Province:

Postal Code:

How long have you practised at this location?: \_\_\_\_\_

On average, how many hours per week have you practised:

In the past year from the application date: \_\_\_\_\_

In the past three years from application date: \_\_\_\_\_

Of these hours practised, how many related to direct, in-person patient care (performing in-person assessments or treatments)? \_\_\_\_\_

What modalities/therapies/activities that require additional authorization do you currently use in practise?

#### A.2 Declarations

A.2.1	Do you have any pending criminal or civil complaints or proceedings that remain outstanding?	<input type="checkbox"/> YES <input type="checkbox"/> NO
A.2.2	Have you ever been 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

A.2.3	Are you presently 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
A.2.4	Have you 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
A.2.5	Have you ever been the subject of a finding of professional negligence, or malpractice by any court or tribunal?	<input type="checkbox"/> YES <input type="checkbox"/> NO
A.2.6	Are you currently under investigation or involved in any proceedings for conduct that might constitute professional misconduct, incompetence, or incapacity in any jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
A.2.7	Have you ever been unsuccessful in an attempt to pass a registration examination, in any jurisdiction, required for the purposes of being licensed or certified to practice any profession?	<input type="checkbox"/> YES <input type="checkbox"/> NO
A.2.8	Has you ever been refused registration or licensure by anybody (e.g. Regulatory College or Association) responsible for the regulation of any profession, in any jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
A.2.9	For any declarations notes as Yes, please provide details:	

### A.3 Authorization to Release Information

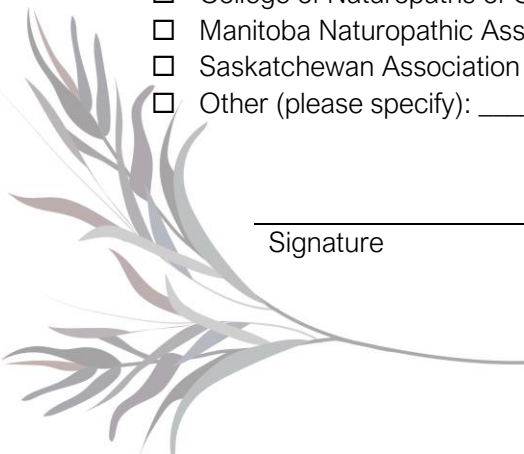
I, \_\_\_\_\_, declare that the information provided in this form is accurate and true to the best of my abilities and I hereby authorize the Regulatory Authority noted below, to provide the information requested in this form, and any other information relevant to my application for registration in another regulated jurisdiction under the Canada Free Trade Agreement,

Regulatory Authority:

- 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
- Other (please specify): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**To be completed by the Regulatory Authority**

**Part B – CERTIFICATE OF STANDING**

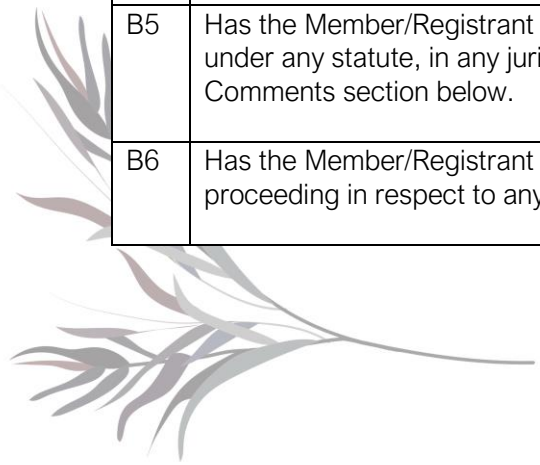
This Certificate of Standing is being completed by the:

- 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
- Other (please specify): \_\_\_\_\_

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
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 anybody (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 license 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
B15	Comments	

**B16 – Authorizing Official**

Form completed by: \_\_\_\_\_  
(Official's Name and Title)

\_\_\_\_\_  
Official's Signature

\_\_\_\_\_  
Date

