



The College of Naturopaths of Ontario

Applying to Change Class: General to Inactive

Registrants in the General class with the College of Naturopaths of Ontario (the College) may apply to change their class of registration to the Inactive class provided they will not be practicing the profession in Ontario. The purpose of the Inactive class is to allow non-practicing naturopathic doctors (e.g., those on parental, sick or educational leave) to maintain their registration with the College. Inactive Registrants may continue to use their professional designation but must indicate the status of their registration by using **ND (Inactive)**, **Naturopath (Inactive)**, **Naturopathic Doctor (Inactive)**, **DN (Inactif)**, **Naturopathe (Inactif)**, or **Docteur en naturopathie (Inactif)**.

When to Submit Your Application

Any Registrant wishing to change their class of registration should submit their documentation and payment no more than ten (10) business days prior to the date they intend to change class.

Registrants may change their class of registration during the Registration Renewal period; however, a black out period is imposed 10 business days prior to the close of registration renewal (on March 31). Registrants who have not submitted their completed application and fee prior to this black out period, will have their application processed on April 1, and will be expected to have renewed in their current class of registration. For specific dates pertaining to the current renewal schedule, please see the [Registration Renewal](#) page.

In order for you to proceed to renew in your new class, you must first receive notice from the College that your class change request has been completed.

Step 1: Completing Your Application

The application may be typed or completed neatly by hand; however, the Declaration and the Undertaking must include a handwritten signature. Electronic signatures will not be accepted.

After a Registrant ceases to practice the profession, patients may need to locate their records. In section ii) of this form, please provide information regarding the location of your patient files and how a patient may go about locating them.

The College requires that a Registrant's home address be included in their file. In section iii) of this form, please provide a residential address, including contact information that will be used for communication with the College. Your residential address will determine the electoral district in which you are eligible to vote and to run for College elections.

The By-laws of the College require that all NDs who hold an Inactive Class certificate of registration must carry enduring (tail) insurance for a minimum of five (5) years after they move into the Inactive Class. Section 19 of the By-laws describes the requirements for professional liability insurance.

Along with the application form, you are required to provide evidence of enduring (tail) insurance coverage, such as copy of your insurance certificate and proof of payment of the insurance premiums. Please ensure that your documentation is accurate and up to date.

Applications that are incomplete or are missing required documentation may result in processing delays.

Step 2: Submitting Your Documentation

Please submit the following documents to allow the College to process your application:

- Change of Registration Class application form.
- Copy of the insurance certificate and proof of payment of the insurance premiums.
- Payment of the Application Fee. *

*There is an application fee of \$113.00 (\$100 + HST) for processing your change of class request. The fee is non-refundable and may be paid online or by cheque, money order or bank draft payable to the **College of Naturopaths of Ontario**.

Please note that the College does not reimburse the difference in registration fees paid when changing from the General class to Inactive class.

You may submit the documentation by:

- Email: registration@collegeofnaturopaths.on.ca
- Mail: College of Naturopaths of Ontario
150 John Street, 10th Floor
Toronto, ON M5V 3E3
- Fax: 416-583-6011

Step 3: Confirmation of Class Change

Once your documentation is received and processed, you will receive a letter from the Chief Executive Officer (CEO) confirming your registration in the Inactive class. You will then be able to download your Inactive class certificate of registration from your account page on the College's website.

Should you require any further information regarding this process, please contact the Registration department at registration@collegeofnaturopaths.on.ca or by phone 416-583-6002.



Change of Registration Class Application Form: General to Inactive

i) Registrant Information		
Registrant Name:		
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
<i>Registration Number</i>		
Which <u>one</u> of the following best describes your situation?		
<input type="checkbox"/> Changing Profession <input type="checkbox"/> On Leave <input type="checkbox"/> Leaving Canada <input type="checkbox"/> Leaving Ontario		
The length of time you are likely to be Inactive: _____		
The date you intend to go Inactive: _____ (MM/DD/YYYY)		
ii) Location of Patient Files		
How can patients access their files in your absence?		
<input type="checkbox"/> By using the contact information currently associated with my practice location(s)		
<input type="checkbox"/> By contacting the Healthcare Information Custodian listed below		
Registrant Name:		
<i>First Name</i>	<i>Last Name</i>	<i>Registration Number</i>
Practice Address:		
City:	Province:	Postal Code:
Telephone:	Email:	
iii) Residential Address		
Home Address:		
City:	Province:	Postal Code:
Home Telephone:	Email:	

iv) Professional Liability Insurance

- I have enclosed a copy of my enduring (tail) insurance certificate and proof of premiums paid.

v) Declaration

Enduring Liability insurance

I understand that I must have evidence of my enduring liability protection available, in written or electronic form, to provide to the College if requested. I will notify the College within two (2) business days of any change to my enduring liability protection. I understand that my registration will be suspended if my coverage lapses.

- I understand and agree**

Good character

I agree and understand that I am responsible, at all times, for providing the Chief Executive Officer (CEO) with details of any new information pertaining to findings of guilt, current proceedings, other registrations, or any other issue related to good character. I understand I must provide any new information to the CEO within 30 days and that this requirement continues regardless of my class of registration.

- I understand and agree**

Information verification

I hereby understand the College of Naturopaths of Ontario may make such inquiries as it deems appropriate for evaluating my application.

- I understand and agree**

Complete and accurate

I hereby declare the contents of this application are true and complete to the best of my knowledge and belief. I understand and agree that if I make a false or misleading statement or representation in respect of my application, I shall be deemed not to have satisfied the requirements for a certificate of registration. I further understand and agree that if a certificate of registration is issued to me based upon a false or misleading statement or representation, the certificate may be revoked.

- I understand and agree**

vi) Undertaking

I, PRINT LEGAL NAME, hereby declare that I have no outstanding fees, penalties or other amounts owed to the College of Naturopaths of Ontario (the College), nor any outstanding requirements, orders or directions issued by a Committee of the College and I wish to change my class of registration to Inactive. I understand the following conditions will be imposed on my certificate of registration, as outlined in the Registration Regulation and By-laws of the College.

As a Registrant in the Inactive class of registration I agree to:

- a) not engage in providing direct patient care in the province of Ontario;
- b) not supervise the practice of the profession in the province of Ontario;
- c) maintain enduring insurance in accordance with the College by-laws;
- d) include **(Inactive)** or **(Inactif)** after each instance of use of my Naturopathic Doctor title or designation; and
- e) maintain and retain all records and files for no less than ten (10) years and in accordance with the College's Record Keeping Standard.

Handwritten signature of Registrant

Date: (Day/ Month/ Year)

vii) Application Fee - Payment Options (please select one)

I am paying by money order or personal cheque and have included the **\$113** application fee, made payable to the College of Naturopaths of Ontario. I understand this fee is non-refundable.

I will pay by credit card and wish to be notified by the College when the **\$113** application fee is available for me to pay online. I understand this fee is non-refundable.