



The College of Naturopaths of Ontario

The Inspection Program of the College of Naturopaths of Ontario inspects the premises where compounding for and the administration of IVIT are performed. It is necessary for the College to have an up-to-date record of all premises where these services are actively being offered. This requires being informed by the designated Registrant where a premises that only provided one procedure, either only compounding for IVIT or only the administration of IVIT, is now offering both procedures.

The addition of a new procedure at a premises does not require an inspection to be conducted before the new procedure can be performed. The procedure will be included in the inspection of the premises at the next scheduled inspection.

Information provided on this form must be complete and preferably typed into the necessary fields. If completing the form by hand please ensure it is legible. Submitting an incomplete or illegible form will result in it being returned. In order to avoid this and subsequent delays, please review the form and the information you have provided carefully.

This form may be submitted in one of the following ways:

By email: inspections@collegeofnaturopaths.on.ca

By mail: College of Naturopaths of Ontario,
Inspection Department,
150 John St, 10th Floor,
Toronto, ON
M5V 3E3

By fax: 416-583-6011

Adding an IVIT Procedure		
1. IVIT Premises Information		
Clinic name:		
Street:		
City:	Province:	Postal Code:
Telephone:	Premises email address:	

2. Designated Registrant Information		
Last name:	First name:	
Registration number:	Email address:	Telephone number:
3. New Procedure		
Please check the appropriate box that applies to the above premises:		
<input type="checkbox"/> The premises has/will be adding compounding for IVIT to the IVIT procedures being performed as of _____ (dd/mm/yyyy)		
<input type="checkbox"/> The premises has/will be adding administering by IVIT to the IVIT procedures being performed as of _____ (dd/mm/yyyy)		
4. Declaration and Signature		
I hereby declare that, to the best of my knowledge, the information on this form is true and complete. I understand and agree that it is professional misconduct to make a false or misleading statement.		
Name:	Signature:	Date:
<input type="checkbox"/> Please check this box if you are completing this form electronically. This represents your signature.		