



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 the designated Registrant for all premises.

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, Ontario
M5V 3E3

By fax: 416-583-6011.

Change of Designated Registrant		
1. IVIT Premises Address		
Clinic name:		
Street:		
City:	Province:	Postal Code:
Telephone:	Premises email address:	
2. Designated Registrant Information		
<p>The designated Registrant is the Naturopathic Doctor who has been identified as the Registrant who is authorized to deliver and accept information on behalf of the premises. If there is only one Naturopathic Doctor authorized to perform IVIT and compounding for IVIT in the premises then that Registrant is the designated Registrant. In a premises where more than one Naturopathic Doctor is authorized to perform IVIT and compounding for IVIT in the premises one of the Registrants must be identified as the designated Registrant.</p>		

Previous Designated Registrant:		
Last name:		First name:
Registration number:	Email address:	Telephone number:
New Designated Registrant:		
Last name:		First name:
Registration number:	Email address:	Telephone number:
3. 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.		