



## 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 Members and the naturopathic health profession corporations that are providing IVIT procedures at a 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](mailto:inspections@collegeofnaturopaths.on.ca)

By post: College of Naturopaths of Ontario  
Inspection Department  
150 John St, 10<sup>th</sup> Floor  
Toronto, ON  
M5V 3E3

By fax: 416-583-6011.

Change of IVIT Registrants or Health Profession Corporations			
<b>1. IVIT Premises Information</b>			
Clinic Name:			
Street address:			
City:		Province:	Postal Code:
Telephone number:		Premises email address:	
<b>2. Designated Registrant Information</b>			
Last Name:		First Name:	Middle Name:
Registration Number:	Email Address:		Phone Number:

### 3. Naturopathic Doctors No Longer Providing IVIT Procedures

List the name(s) of all **Naturopathic Doctors** who were previously providing IVIT procedures and are **no longer performing IVIT procedures at this premises**. (If you require more room please attach a separate sheet.)

Last name:	First name:	Registration number:
Last name:	First name:	Registration number:
Last name:	First name:	Registration number:
Last name:	First name:	Registration number:
Last name:	First name:	Registration number:
Last name:	First name:	Registration number:

### 4. Naturopathic Doctors Newly Providing IVIT Procedures

List the name(s) of all **Naturopathic Doctors** who were not previously listed as providing IVIT procedures at this clinic and **have now started or will soon start providing IVIT procedures**. (If you require more room please attach a separate sheet.)

Last name:	First name:	Registration number:
Last name:	First name:	Registration number:
Last name:	First name:	Registration number:
Last name:	First name:	Registration number:
Last name:	First name:	Registration number:
Last name:	First name:	Registration number:

### 5. Health Profession Corporations No Longer Providing IVIT Procedures

List the name(s) of all **naturopathic health profession corporations** that were previously providing IVIT procedures and are **no longer providing IVIT procedures at this premises**. Please ensure that the name and registration number are those that appear on the College's Professional Corporations Register. (If you require more room please attach a separate sheet.)

Corporation Name:	Registration Number:
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Corporation Name:	Registration Number:
Corporation Name:	Registration Number:
Corporation Name:	Registration Number:
Corporation Name:	Registration Number:
Corporation Name:	Registration Number:

### 6. Health Profession Corporations Newly Providing IVIT Procedures

List all **naturopathic health profession corporations** that were not previously listed as providing IVIT procedures at this clinic and **have now started or will soon start providing IVIT procedures**. Please ensure that the name and registration number are those that appear on the College's Professional Corporations Register. (If you require more room please attach a separate sheet.)

Corporation Name:	Registration Number:
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Corporation Name:	Registration Number:
Corporation Name:	Registration Number:
Corporation Name:	Registration Number:

### 7. 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:
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Please check this box if you are completing this form electronically. This represents your signature.