



The College of Naturopaths of Ontario

Extension Request for Peer and Practice Assessment

Registrants of the College of Naturopaths of Ontario may formally request an extension for the date by which a peer and practice assessment is to be completed.

Application Process

All extension requests must be made in writing by completing the attached request form. The form may be submitted by email, fax or mail. **Applications for extensions must be received within 30 days of being notified of your selection to participate in a peer and practice assessment**, unless there are mitigating factors that prevent you from submitting the request within this timeframe.

You may submit an extension request if you are currently on parental leave, are seriously ill, are on a leave of absence, or if there are other extenuating circumstances. Extension requests should include supporting documentation, where applicable, that would assist the College in making its decision. Some examples of supporting documents may include medical certificates, notes or letters to support a medical reason for the request, letters from other sources or persons, or any other documentation that is relevant to the request.

Decision

The Quality Assurance Committee will consider all requests in a fair and objective manner, and will make a determination based on your individual situation. Please submit your request as far in advance as possible, to give the Committee sufficient time to review the request and make a decision. The decision may be delayed or the extension request denied if there is insufficient information included with the request. In this situation, you will be notified in writing and may choose to provide further information.

You will be notified in writing once the QA Committee has made a decision regarding your extension request. If an extension request is granted and you require an additional extension, you will be required to submit a new request.

You may submit the completed form by email, fax or mail:

Email

qa@collegeofnaturopaths.on.ca

Fax

416-583-6011

Mail

College of Naturopaths of Ontario
Quality Assurance Department
150 John St., 10th Floor
Toronto, ON,
M5V 3E3

Extension Request Form

Please PRINT all information clearly if you are not completing this form electronically. The College of Naturopaths of Ontario understands the importance of protecting personal information. We will use the information contained on this form in carrying out regulatory activities only. Please complete all sections.

Registrant Information

Registrant name:

Registration number:

Primary practice address:

City:

Postal code:

Telephone:

Email:

Extension Request Details

Length of extension requested (*e.g. 30 days, 90 days, etc.*):

Reason for extension request:

- Illness / current hospitalization Leave of absence Bereavement
 Personal hardship Maternity / parental leave Other

If you selected 'other', please specify:

Please provide a description of the reason(s) you are requesting an extension.

Please attach any relevant documentation (e.g. medical certificates, letters, etc.) that supports your request and would assist the College in making its decision.

Supporting documentation attached: Yes No

Declaration and Signature

I hereby declare that, to the best of my knowledge, the information on this request form is true and complete. I understand and agree that if I make a false or misleading statement, the College may deny my request for an extension without further consideration of the request.

Name:

Signature:

Date:

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