



The College of Naturopaths of Ontario

## Health Professional Recommendation Form

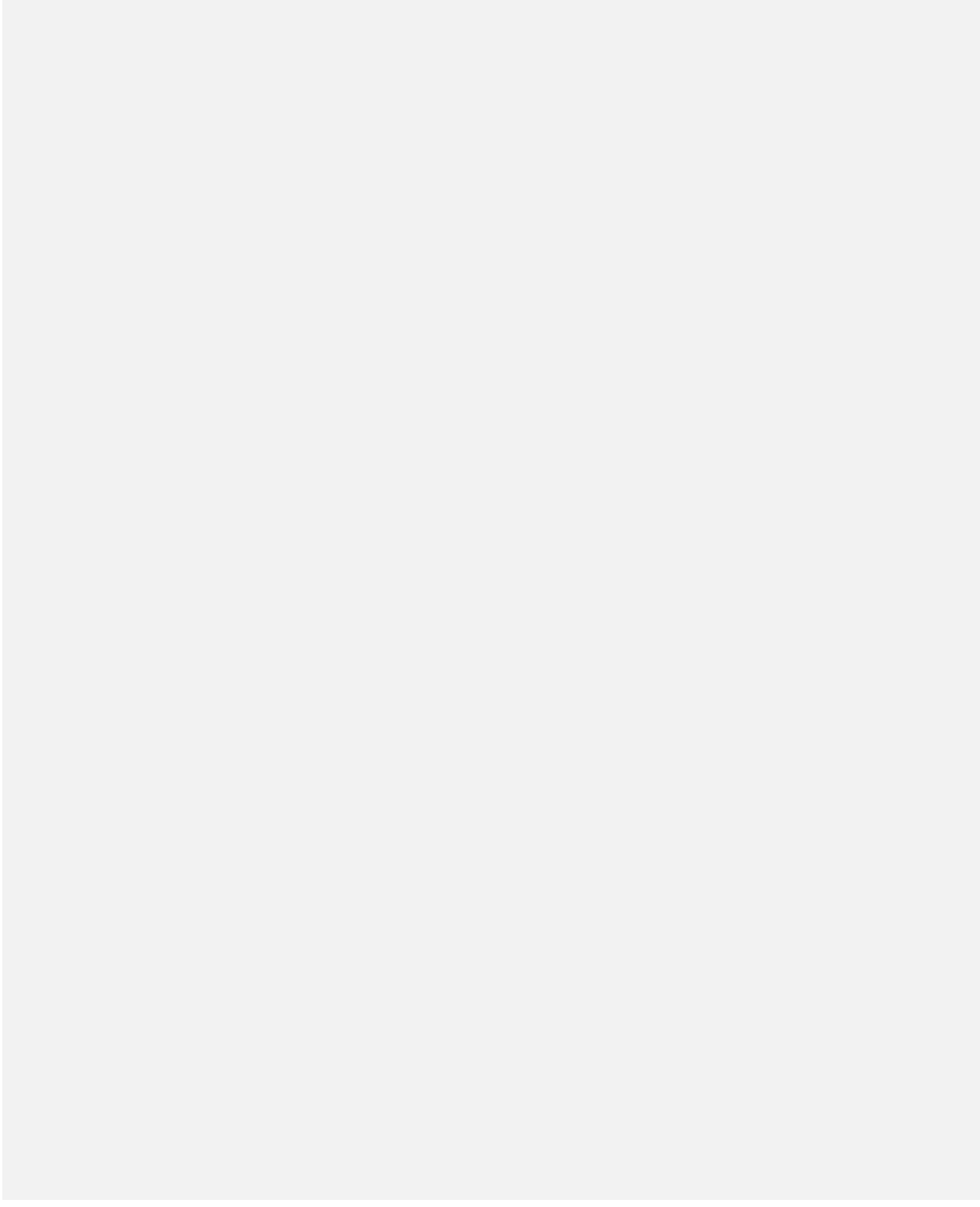
This form must be completed by a registered, Regulated Health Professional<sup>1</sup>. Please attach any additional information (where additional space or supporting documentation is required) as appendices to this form.

1. Requestee Information (Individual Seeking Accommodation)	
Name:	_____
	<i>first name middle name surname</i>
Mailing Address:	_____
	<i>street city province postal code</i>
Phone:	_____
Email:	_____
2. Regulated Health Professional Information	
Name:	_____
Profession:	_____
Office/Clinic Name:	_____
Mailing Address:	_____
	<i>street city province postal code</i>
Phone:	_____
Email:	_____

<sup>1</sup> Regulated Health Professional means a member/registrant, registered in good standing with an [Ontario health regulatory colleges](#) (as established pursuant to Schedule I of the *Regulated Health Professions Act, 1991*) who is qualified to make an assessment or diagnosis of the condition.

### 3. Confirmation of Grounds for Accommodation

Please provide information regarding the condition, disability or disorder, including information as to how that condition, disability or disorder adversely affects the named individual (see requestee information). Individuals requesting accommodation due to disability (physical or cognitive) or a pregnancy-related condition or issue are required to provide medical confirmation that a condition exists; however, they are not required to provide a formal diagnosis where that information is not reasonably necessary to the provision of the accommodation.



**4. Description of Recommended Accommodation(s)**

Please describe any specific accommodation(s) you are recommending. Recommendations should be based on your assessment of the individual's condition, disability or disorder and must explain how that accommodation will negate or mitigate the adverse effect of the individual's condition, disability or disorder. All recommended accommodations should be as specific as possible.

For example, if the individual (i.e., your patient) is requesting materials in an alternative format, we require that the recommended type of alternative format is noted along with your supporting rationale (i.e., how that relates to the individual's need and how it will help to negate or mitigate the condition, disability or disorder). If you are providing a recommendation for a specific accommodation (e.g., alternate format, additional time), please indicate the recommendation and the supporting rationale, such as how the individual's functional limitations are related to the condition, disability or disorder or any other relevant information which would provide a measurable basis to aid the College in substantiating the need for accommodation.

**5. Regulated Health Professional Confirmation and Signature**

I confirm that the foregoing information I have provided is true and accurate to the best of my knowledge and expertise.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Submissions of the Form

Once you have entered all the necessary information, please mail or e-mail the form to the corresponding department below.

### Entry-to-Practise (Applications) Department

- Mail: College of Naturopaths of Ontario  
Attn: Entry-to-Practise Department  
150 John Street, 10th Floor  
Toronto, ON M5V 3E3
- Email: [applications@collegeofnaturopaths.on.ca](mailto:applications@collegeofnaturopaths.on.ca)

Should you have any questions, you may also phone the ETP Department at 416-583-5997.

### Examination Inquiries:

- Mail: College of Naturopaths of Ontario  
Attn: Examinations Department  
150 John Street, 10th Floor  
Toronto, ON M5V 3E3
- Email: [exams@collegeofnaturopaths.on.ca](mailto:exams@collegeofnaturopaths.on.ca)

Should you have any questions, you may also phone the Examinations Department at 416-583-5996 or 416-583-5979.

### Registration Inquiries (Post-Initial Registration)

- Mail: College of Naturopaths of Ontario  
Attn: Registration Department  
150 John Street, 10th Floor  
Toronto, ON M5V 3E3
- Email: [registration@collegeofnaturopaths.on.ca](mailto:registration@collegeofnaturopaths.on.ca)

Should you have any questions, you may also phone the Registration Department at 416-583-6002.

*Please be aware that due to the on-going COVID-19 pandemic, the College's office is closed to the public and all operations are being performed remotely. Courier packages cannot be received by the College. Please use regular or registered mail (Canada Post only).*