



The College of Naturopaths of Ontario

Registration Accommodation Request Form

In accordance with the Ontario Human Rights Code, the College of Naturopaths of Ontario (the College) will consider all accommodation requests received from any Registrant to ensure they are provided with a fair opportunity to complete requirements within timelines provided by the College. Requests will be reviewed upon receipt of this form along with supporting documentation. For additional information about requesting an accommodation, including supporting documentation requirements and timelines for receipt of accommodation decisions please contact the Registration department.

For additional information about requesting an accommodation for the annual registration renewal, please refer to the accommodations section of the [Information Return Guides](#).

Note: The information disclosed for the purposes of seeking an accommodation may be used, at the discretion of the Chief Executive Officer (CEO) or their delegate, for other regulatory processes where there is a public interest in doing so. Such a situation arises if the information disclosed raises concerns regarding Registrant's physical or mental condition, or that they may have a disorder that would make it desirable in the public interest that a Term, Condition or Limitation (TCL) be placed on their certificate of registration. This includes, but is not necessarily limited to, use by the Inquiries, Complaints and Reports Committee to determine whether a Registrant has the capacity to practise the profession.

Submitting Form and Supporting Documentation

This form and all necessary supporting documentation must be received by the Registration Department. Registration Renewal accommodation requests must be received by March 2 annually. Documentation may be submitted one of the following ways:

By email: registration@collegeofnaturopaths.on.ca

By post: The College of Naturopaths of Ontario
Attn: Registration Department
150 John St., 10th Floor
Toronto, ON
M5V 3E3

By fax: 416-583-6011, attention Registration Department

1. Personal Information			
Name:	_____		
	<i>first name</i>	<i>middle name</i>	<i>surname</i>
Registration Number:	_____		
Mailing Address:	_____		
	<i>street</i>	<i>city</i>	<i>province</i>
			<i>postal code</i>
Phone:	_____	Email:	_____
2. Description of Grounds for Accommodation			
Please identify the ground(s) upon which you are seeking an accommodation. Select all of the following boxes that apply:			
<input type="checkbox"/> Cognitive Disability			
<input type="checkbox"/> Physical Disability			
<input type="checkbox"/> Religious Requirement			
<input type="checkbox"/> Pregnancy-Related Requirement			
<input type="checkbox"/> Breastfeeding-Related Requirement			
<input type="checkbox"/> Other: _____			
Please include any additional details related to the selected ground(s) in the space provided below. You must provide sufficient information to confirm the existence of a need for accommodation and the type(s) of accommodation requested.			
If you are requesting an accommodation for a disability or pregnancy-related requirement, you will be required to provide a Health Professional Recommendation form in addition to completing this form.			
3. Description of Accommodation Requested			

Please describe the accommodation(s) you are requesting. Be as specific as possible. For example, if you are requesting to complete the Information Return Form (renewal) via phone with College staff, indicate what is required to get in touch (e.g., if College staff can phone you or if you must be contacted via a specific phone number and availability considering office hours and the renewal deadline).



4. Requirements for Supporting Documentation

If you are requesting accommodation related to a disability, whether cognitive or physical, you will be required to provide in support of this request a **Health Professional Recommendation** form, completed by a Regulated Health Professional or other relevant regulated professional, qualified to make an assessment or diagnosis of the condition.

If you are requesting to have the Information Return Form completed over the phone with College staff, the supporting Health Professional Recommendation form should explain how your functional limitations are related to your disability or condition and provide any other relevant information which would provide a measurable basis to aid the College in substantiating the need for the accommodation.

Note: Supporting documentation must be dated within six months of the request for an accommodation and for the registration renewal must be within six months of the renewal launch date (February 14 annually). Proof of prior accommodation is not a guarantee that the same accommodation will be provided, as all requests are assessed on a case-by-case basis with reference to the specific conditions and requirements.

5. Consent

By signing below, I hereby consent to the disclosure, transmittal, and review of the information provided for the purposes of seeking a Registration Renewal accommodation.

I further consent to the College contacting the provider of any supporting documentation to obtain additional information or clarification as deemed necessary to make a determination on the requested accommodation.

Registrant Signature: _____ Date: _____

6. Applicant Confirmation and Signature

I, _____, confirm that the information provided is true and accurate to the best of my abilities.

Registrant Signature: _____ Date: _____