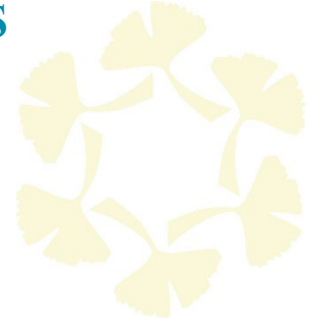




The College of Naturopaths of Ontario

# GUIDE

## INFORMATION RETURN: GENERAL CLASS



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## GENERAL INFORMATION

Each year, registrants of the College of Naturopaths of Ontario (the College) are required to renew their registration to continue practising naturopathy in Ontario.

Renewal includes completing the online **Information Return Form** and paying the **annual registration fee**. **Both the form and payment must be successfully completed by the deadline for your renewal to be complete.**

Renewal opens at **9:00 a.m. ET on February 14, 2024**, and closes at **5:00 p.m. ET on March 31, 2024**.

**IMPORTANT: The College will be closed on Friday March 29, 2024, through to April 1, 2024, for Good Friday and Easter Monday, Statutory holidays in Ontario. Email and phone support will not be available during this time.** To ensure you can pay your fee/enrol in the payment plan by the March 31, 2024 deadline, we encourage you to complete your Information Return Form early, as there are scenarios where College staff must review and validate the data you've provided (please refer to the [Information Changes Requiring Review by College Staff](#) section of this guide for additional information). **Forms submitted after 5:00 pm ET on March 28, 2024 run the risk of incurring the late fee should a staff review of changes to your information be required while the College is closed.**

This guide has been prepared to help you, as a General class Registrant of the College, to complete your 2024 renewal by providing details on a) paying the registration fee and b) completing the Information Return form. We strongly encourage you to read through the guide before completing your Information Return form and having it available when completing the renewal process.

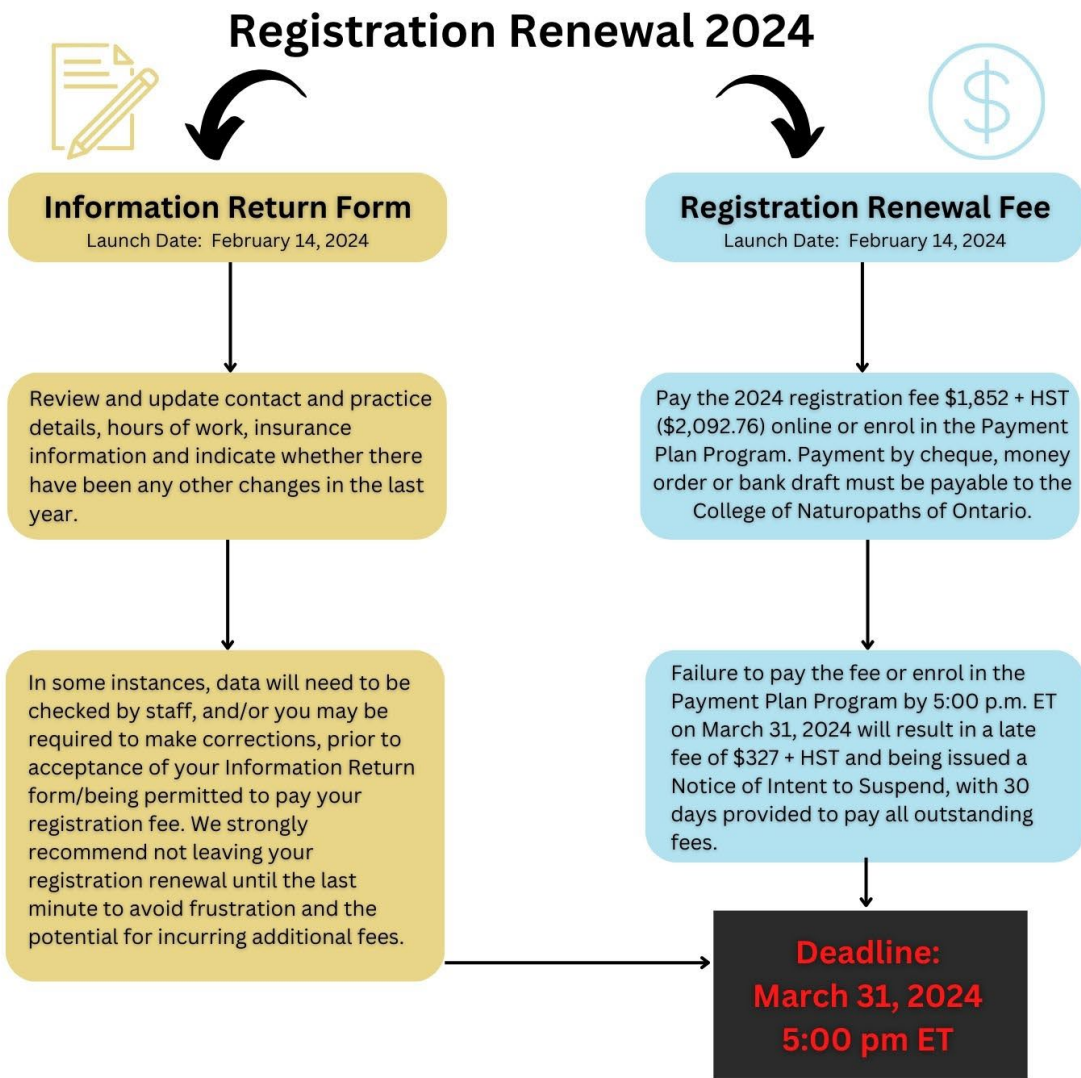
### College collection of information

Information that the College collects on an annual basis is required in order to effectively support the profession in providing safe, ethical and competent care to Ontarians and to assist the government, through [HealthForceOntario](#), in ensuring that Ontarians are receiving the health services they need.

### HealthForceOntario

Each of Ontario's regulated health professions provide information to the [Ministry of Health](#) (the Ministry) as part of their registration and annual renewal process, as required under the [Regulated Health Professions Act, 1991](#). To protect your privacy, all data submitted to the Ministry is anonymized.

The demographic, geographic, educational and employment information being collected supports HealthForceOntario, the province's health human resources strategy. Your answers will help the Ministry develop policies and programs that address supply and distribution, education, recruitment, and retention for the profession.



## Overview of the Renewal Process

### Getting started – Items you will need:

1. **This Guide.**
2. **To complete the Information Return form:**
  - a calculator,
  - **your scheduler or appointment book (to obtain information regarding your practise hours and patient visits over the last year).** *Please ensure your reported practise hours are accurate as these are reviewed annually. For additional information regarding currency, please refer to the Practice Hours section of this guide.*
  - **contact information for all practice location(s),**
  - **your Professional Liability Insurance certificate,**
  - **your CPR certificate,**
  - **any information and documentation about any findings of guilt or current proceedings,**
  - **any information about other registrations (both ND and non-ND) that you currently hold or have previously held** [including date of registration, current status, and any applicable end dates related to your other registration(s)].
3. **To pay the registration fee:**
  - your credit card information (if paying your fee in full), or banking information if enrolling in the [Payment Plan Program](#). Additional information about the fee is noted in the [Payment Plan](#) section of this guide.

## Accessing the Information Return form

To access your Information Return form:

- go to the Registrant [Login page](#) on the College website,
- enter your username and your previously created password; note:
  - your username is your current email address on file with the College.
  - if you don't remember your password, click on **Forgot my Password** to have a reset link sent to the email address on file with the College.
- once you are logged in, click on the **Renew** button on your account dashboard under "Complete My Renewal For 2024/2025."

## Multi-Factor Authentication

Each time you log into your College account a one-time code will be automatically generated and sent to the email address on file with the College, as part of the Multi-Factor Authentication (MFA). To complete the login process, you will be prompted to enter this code. MFA is a secure and effective added layer of protection on top of your username and password to limit the potential for unauthorized access to your College account. Please make sure to check your junk/spam folders for the code prior to contacting the Registration Department at [registration@collegeofnaturopaths.on.ca](mailto:registration@collegeofnaturopaths.on.ca) for assistance.

## Information changes requiring review by College staff

- **The following changes to your information will require review by College staff, prior to you being able to complete your renewal** (i.e., before being able to successfully submit your form and pay your registration fee):
  - changes to your name (including previous name or alias).
  - changes and additions to your education information.
  - changes and additions to your employment Information section.
  - changes and additions with respect to other professional registrations that you hold.
  - changes to your Professional Liability Insurance information.
  - changes to your CPR certification information.
  - selecting “yes” to any of the declaration questions.
- If at the review point it’s determined that a correction or clarification about the information you provided is needed, you’ll receive an email directing you to review the comments made by College staff on your form. To review these comments:
  - [login](#) to your Registrant account,
  - click on the “Renewal Update” button,
  - click on the orange comment bubble to review the comments from College staff,
  - **if a correction is needed:** make the correction and resubmit your form,
  - **if clarification is needed:** respond to the comments by clicking on the orange bubble and typing in your response. Alternatively, you can send an email to the Registration Department at [registration@collegeofnaturopaths.on.ca](mailto:registration@collegeofnaturopaths.on.ca) with the requested details.

If you encounter technical difficulties, please contact the Registration Department at [registration@collegeofnaturopaths.on.ca](mailto:registration@collegeofnaturopaths.on.ca) before 5:00 p.m. ET on March 28, 2024.

## Paying your fee

The 2024 registration fee for renewing your registration with the College is \$2092.76 (HST included) as set out in Schedule 3 of the College by-laws.

Your fee may be paid by:

- credit card (Visa and MasterCard only, excluding debit cards),
- cheque, money order or bank draft made payable to the **College of Naturopaths of Ontario**. Please do not use abbreviations or acronyms as this will result in your payment being returned to you, **OR**
- you may elect to enrol in the College’s Payment Plan Program (the Program) to pay in 10 installments rather than in one lump sum (refer to the [Payment Plan](#) section of this guide for additional information).

If choosing to pay by credit card, payment can be completed after you have successfully submitted the online Information Return form.

If additional review of the information you provided is required, you will not be able to submit your credit card payment or enrol in the Program until the review has been completed by College staff and your Information Return Form has been successfully submitted. Following submission of payment or Program enrolment details, you will receive a confirmation email.

### **Mailed-in Payment**

If preferring to pay by cheque, money order or bank draft, please ensure that your payment is received by the College **before 5:00 p.m. ET on March 28, 2024, and that payment is made payable to the College of Naturopaths of Ontario** (no abbreviations). An additional fee of \$35 + HST will be issued to any Registrant whose payment is returned due to non-sufficient funds (NSF).

*For efficient processing, please include your registration number on the cheque or money order and consider sending payment through a postal service option that allows you to track delivery without requiring a signature.*

Please submit your payment to:                      College of Naturopaths of Ontario  
Attn: Registration Department  
10 King St. East, Suite 1001  
Toronto, ON M5C 1C3

### **Late fee**

A late fee of \$369.51 (HST included) will be applied if your renewal is completed after the deadline. After 30 days, a Notice of Intent to Suspend is issued to those who have not completed their renewal and a reinstatement fee of \$322.05 (HST included) will also be applied at that time.

### **Payment Plan Program**

Registrants preferring to pay their registration fee in 10 installments, rather than in one lump sum, can do so through the College's Payment Plan Program (the "Program").

Program enrolment will be **available** at launch of renewal **at 9:00 a.m. ET on February 14, 2024, until close of renewal at 5:00 p.m. ET on March 31, 2024**. Enrolment requires signing up for pre-authorized debit (PAD) and entering your banking information as part of completing your Information Return form.

### **How to enrol in the Program**

Please have your banking information available before you begin the Information Return form.

1. Under the "Payment Plan Program" header, review the Program information.
2. Click "Yes" if enrolling in the Program, or "No" if choosing to pay the full fee. If you opt out of enrolling in the payment plan program, you will **not** be permitted to change your selection and must pay the annual fee in full following successful submission of the form.
3. Review the "[Terms and Conditions](#)" of the Payment Plan Program.
4. Provide your banking details as indicated on the form.
5. Click on the "I agree to the terms and conditions" button.
6. Complete the remaining Declaration sections of the Information Return Form and select "submit."

Late enrolments in the Program cannot be granted.

### **Program payment schedule**

Payments are withdrawn on the 1st of each month, or the first business day following the 1<sup>st</sup> of the month (if falling on a holiday or weekend). 10 payments in total will be withdrawn, the first on April 2, 2024, the final on January 2, 2025.

The payment installment for April 2024 is \$209.33 (HST included).

The payment installment for May 2024 to January 2025 will be \$209.27 (HST included).

For additional information, please review the [Payment Plan Program Fact Sheet](#).

### **Registrant accommodations – renewal assistance**

In carrying out its statutory obligations under the *Ontario Human Rights Code*, the College has a duty to accommodate the needs of Registrants with disabilities (physical and psychosocial).

The College's duty to accommodate is limited only by undue hardship. The *Ontario Human Rights Code* specifies three factors to be considered in assessing whether the requested accommodation would cause undue hardship to the College: cost, availability of outside sources of funding, and health and safety requirements (such as would pose a risk to health and public safety).

To ensure Registrants are provided with a fair and equal opportunity to complete their Registration Renewal within the timelines provided to all Registrants, the College will consider all accommodation requests received from any Registrant. Granted accommodations will be made on an individual basis and will reflect the nature and extent of the identified need.

### **Requesting accommodation**

To request an accommodation, the completed online [Accommodation Request form](#) must be submitted to the College no later than **5:00 p.m. ET on March 1, 2024**. The information you input on the form must specify the type of accommodation being requested, the reason for the request and be accompanied by appropriate supporting documentation. Requests received after the noted deadline cannot be granted.

### **General requirements for supporting documentation**

Any supporting documentation submitted to validate a request for an accommodation must:

- be dated within six months of the registration renewal launch date (February 14, 2024),
- be submitted with supporting documentation by March 1, 2024,
- substantiate the reason for the accommodation,
- contain contact information for the individual providing supporting documentation on your behalf, and authorization for the College to contact them if more information is needed to validate the accommodation request.

### **Supporting documentation for disability accommodations**

In addition to the general requirements, supporting documentation for disability (as defined in s. 10(1) of the *Ontario Human Rights Code*) accommodation requests, such as the ability to complete the Information Return Form over the phone with staff, must:

- be submitted via the online [Health Professional Recommendation form](#) by a regulated health care practitioner qualified/able to (e.g., within their scope of practise) to make an assessment or diagnosis on the condition, as defined in the *Regulated Health Professions Act, 1991* (RHPA), who has or has had a patient-practitioner relationship with you,
- provide information about how the requested accommodation relates to the disability,
- substantiate the reason for the accommodation and the specific accommodations being sought, and
- contain the title and professional credentials of the regulated health care practitioner.



Notices of decision regarding accommodation requests are sent within 10 business days of the date of receipt unless more information is required either from the Registrant or the individual providing supporting documentation; in these instances, a revised timeframe for receipt of decision will be communicated. If the request is granted, the notice of decision will provide details about the accommodation. If the request is denied, the grounds for refusal will be noted.

Paper-based copies of noted online forms to support an accommodation request are available upon request for individuals whose accommodation needs relate to the use of electronic devices.

### **Class changes during renewal**

If you wish to renew in a different class of registration (i.e., change to the Inactive class) for 2024, you have until 5:00 p.m. ET on **March 18, 2024** to submit a [class change application](#) and pay the associated fee. This deadline factors in the time needed for College staff to review and approve documentation prior to the March 31, 2024 renewal deadline. Class changes must be approved before you can renew your registration in the requested class.

When inputting the “effective date” for when you want the class change to take effect, please keep in mind that the Information Return Form for your new class of registration will not be available before this date. As Information Return forms can require review by College staff prior to being granted access to the payment gateway, we strongly advise against applying an effective date which falls at the end of the renewal period as this may result in missing the renewal deadline and incurring additional fees.

Not submitting your class change prior to the renewal class change deadline of March 18 will result in having to renew in your current class and potentially having to pay more (e.g., if changing from General to Inactive class) as the registration fee is non-refundable.

Class change applications received after March 18, 2024 will be processed starting April 2, 2024.

Incomplete applications will not be accepted; please take the time to ensure your forms are complete and accurate before submitting them.

### **Resigning your registration during renewal**

Resigning your registration means you are giving up your certificate of registration with the College and will no longer be authorized to practise naturopathy in Ontario.

Registrants who resign their certificate of registration, and later wish to practise naturopathy in Ontario, must re-apply to the College as a new applicant and will be required to meet all entry-to-practise registration requirements in effect at that time, including completion of [entry-to-practise examinations](#).

To resign your certificate of registration, the following documents must be submitted to the Registration Department:

- a completed [resignation request](#) form, and
- proof of professional liability enduring (tail) insurance for a minimum of five years from the date of your last patient encounter, with premiums paid in full.

Before requesting a resignation, **any outstanding requirements related to your registration must be resolved**, whether those are related to Registration, Quality Assurance, or Complaints and Discipline.

If seeking to resign registration during the renewal period, please submit the required documentation no more than 10 business days before the end of the renewal period on March 31 (if the resignation effective date is to be March 31). It is recommended you submit your documentation no more than 10 business days from the date you want to have your request take effect (resignation effective date) if you intend to resign before March 31. Submitting a resignation request after renewal closes may result in needing to pay the non-refundable registration fee for the year and completion of the Information Return form before your resignation can be processed.

A resignation is not complete until it has been processed and confirmed by the College.

### Accuracy of Information

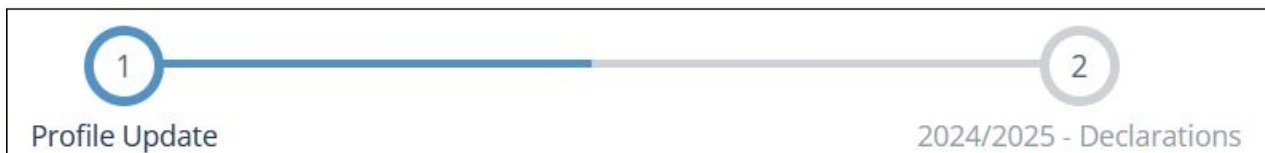
A few minutes spent double checking your Information Return Form for completeness and accuracy before submission will save you time and money. If your Information Return Form contains errors, you will be required to correct them before your Information Return can be accepted. If corrections happen after the renewal deadline, a late fee will be incurred.

### Completing the Information Return Form

Where applicable, the Information Return Form is pre-populated with information you have previously reported to eliminate the need to re-enter information which is not anticipated to change (e.g., the date you graduated from your naturopathic program). Where the field is blank you will need to enter the requested information before being able to proceed to the next section of the form. Please double check pre-populated and entered data to ensure the information presented is correct.

Certain pre-populated data can be updated by you (e.g., CPR certification information) while other data is locked and can only be updated by College staff. To have any incorrect data amended in a locked field, please send corrections to the Registration Department at [registration@collegeofnaturopaths.on.ca](mailto:registration@collegeofnaturopaths.on.ca).

To navigate through the form, use the "Next" button at the bottom of the page. If you wish to leave the form and continue at a later time, click "Save for later" on the bottom of the page. If you need to return to the first portion of the form to check or amend your information, click on the **profile update** option at the top of the page, that looks like this:



If there is no activity on the form for over 20 minutes, you will be logged out and required to log back in. The data you entered prior to being logged out will be saved to allow you to resume completion of the form.

## SECTION 1: REGISTRANT INFORMATION

### Your registered name

This section displays the name you are registered under to practise naturopathy as well as any previous or other names you are known by. This information appears on the College's Public Register.

If you have legally changed your name since the last renewal and wish to practise the profession under this name (i.e., change that name that appears on the public register) you will need to complete and submit a [Name Change Request](#) form to the College. Changing your name is not part of the Information Return process and cannot be done in the renewal form. This process carries an associated fee of \$56.50 (\$50 + HST) and requires documentary proof. It may take the College up to 10 business days to process your name change request. Please leave sufficient time for processing to ensure you can complete your renewal on time.

**To add any previous names, aliases, or nicknames, click the “Add” button.**

#### **Residential address (“current home address”)**

The College requires that a home address be included in each registrant’s file. This information is not published on the Public Register unless a registrant’s residential address is also used as their practice location (see section 4 [“Employment Information”](#)). This address is also your mailing address with the College. Due to the confidential nature of the information that is occasionally required to be mailed (e.g., Notices of Intent to Suspend or Notices of Suspension), we do not mail to practice locations.

To update your residential address, click the “Add” button.

#### **Contact Information**

College communications are sent primarily via email. This includes fee notices, registration renewal notices and other time sensitive information. For this reason, it is important that the College always has your current email address on file.

You can make changes to your email address and/or contact phone number(s), if they differ from what’s listed on the Information Return Form.

Please note that changing your contact email address will result in a change to your login email address. To ensure your account is secure, we strongly recommend that every account holder use their own personal email address and avoid using general business email addresses (general@, contact@, info@).

#### **Language fluency and preferred language of communication**

This section reflects information that you have previously provided to the College regarding the primary language you use when practising the profession, and any other languages (up to five) that you can competently provide professional services in. You are also asked in this section to provide your language of preference (English or French) for communications with the College. While new language information can be added, any corrections to displayed language information in this section need to be emailed to [registration@collegeofnaturopaths.on.ca](mailto:registration@collegeofnaturopaths.on.ca).

## **SECTION 2: EDUCATION**

#### **Highest level of education (Non-Naturopathic)**

The information in this section lists the highest level of formal, **non-naturopathic education** you previously declared as having completed (i.e. education you completed prior to your naturopathic training or subsequent, higher non-naturopathic education you have since completed). If your highest level of non-naturopathic education is not listed, click the “Add” button and begin typing in the name of your institution to bring up the available list to select from.

If the name of your institution does not appear, click “not listed”. The Unlisted Institution Information section will populate allowing you to enter the information required. You must include city/state/province/territory **and** country when adding an institution. Do not enter information for a program from which you have not yet graduated.

### **Naturopathic education**

The information in this section lists your formal education completed **in the field of naturopathy**. Please review the graduation date and ensure it’s accurate; IF the graduation date is incorrect, click on the “change” box to amend the date. If the program information listed is incorrect, please contact registration staff ([registration@collegeofnaturopaths.on.ca](mailto:registration@collegeofnaturopaths.on.ca) ) to make the change. Please note that a staff review of this information will be required and you will be asked to provide proof to support changes to this information.

If you have completed additional formal education in naturopathy in addition to that listed, please add it (this does not include continuing education courses, or programs of study not specifically naturopathy).

To add new naturopathic education (i.e., you have completed additional naturopathic training, click on the “Add” button. Begin typing the name of your institution. If the name of your institution does not appear, click “not listed”. The Unlisted Institution Information section will populate allowing you to enter the information required. You must include city/state/province/territory **and** country.

## **SECTION 3: OTHER PROFESSIONAL REGISTRATIONS**

### **Registration in another non-naturopathic regulated profession**

If you hold or have previously held registration/licensure to practice another profession (inside or outside of Ontario) other than naturopathy, this information must be reported to the College. The College must also be notified if you cease to be in good standing with another regulatory body.

This section of the form will pre-populate with any non-naturopathic professional registrations you have previously reported to the College. Please review this information carefully and double check to make sure the ‘status’ noted for your other registration is your current status with that other regulatory body. To update the status of your other professional registration, select the “yes” option to the “has your status changed?” prompt, and select the appropriate status from the drop-down menu provided. If you have resigned or where your certificate of registration/license has been revoked, you will be required to enter an **expiry date** as well.

To add information about a new non-naturopathic registration, click on the “Add” button.

If your regulatory body is not listed in the dropdown menu, click on the “not listed” box. The Unlisted Regulatory Body Information section will populate allowing you to enter the information required. You **must** type in the full correct name of the regulatory body (acronyms are not accepted). You must include city/state/province/territory **and** country when adding a regulatory body.

### **ND registrations outside of Ontario**

If you hold or have previously held a certificate of registration/license with another naturopathic regulatory body (anywhere outside of Ontario), select the name of the regulatory body you are/were registered with, enter your current registration status with that body and effective date of registration. If you have resigned or were revoked, you must enter an **expiry date** as well. Please make sure the 'statuses noted for your other ND registration is your current status with that other naturopathic regulatory body.

To add a naturopathic regulatory body, click on the "Add" button.

If your regulatory body is outside of Canada, click on the "not listed" box. The Non-Canadian ND Registration section will populate allowing you to enter the information required. You **must** type in the full correct name of the regulatory body (acronyms are not accepted).

You must also inform the College of any change to your registration/license in another regulated profession or another jurisdiction, including if you cease to be in good standing with another regulator.

### **SECTION 4: EMPLOYMENT INFORMATION**

The information in this section will display your current practice locations(s), as previously reported to the College. All General class Registrants must provide full contact information for each practice location. This includes clinics, private practice, educational institutions, etc. All current practice location information will be published on the College's Public Register.

If you practise out of your home, your home address must be entered in both the residential address section and in one of the practice location(s) sections. If you prefer that your residential address, not be publicly available, a PO Box address may be provided instead along with your business phone number and/or email.

It is important that you always keep your work information current with the College. Information must be updated via your account page with the College within 14 days of the change.

#### **Current role in naturopathy**

To assist the Ministry in identifying current and potential numbers of Ontario NDs who were working or hoping to work in the profession last year, please use the dropdown menu to indicate which option best describes your role in the profession as of December 31, 2023.

You must also make a selection from the **Preferred Work Status** dropdown menu.

While the College recognizes that Registrants practice in a variety of roles and settings, **General Class Registrants are expected to provide direct professional services and patient care as part of maintaining their certificate of registration.** For additional information, please refer to the Practice Hours section of this guide.

### **Practice history in naturopathy**

For the questions in this section, HealthForceOntario requires details regarding your initial practise of the profession. The information in this section is meant to capture your naturopathic practise history (anywhere in the world) and will be pre-populated with information previously provided to the College (e.g., during a previous renewal or at entry to practise). IF your first time practising the profession was in Ontario, Canada, ensure the year listed is accurate and leave the remaining fields blank. Otherwise please make the necessary changes to your practise history information by selecting “yes” to the “do you need to make changes to your employment history?” option.

### **Employment location**

The practice information you previously provided will appear in this section. The College requires Registrants to provide accurate and current employment information. Should any of the employment information be inaccurate, or have changed, please make the necessary changes.

For each of your practice locations, HealthForceOntario requires information about your employment status, employment category, primary role, area of practice, employment setting and the age range of clients. Each drop down menu is populated using descriptors provided by HealthForceOntario. Please select the option which best describes your practice at the listed locations. Should you require further clarification, please refer to the [Glossary of Terms](#) section of this guide.

As a General class Registrant, your primary practice address will be used to determine the electoral district in which you are eligible to vote and to run for College elections.

To add a new practice location, click the “Add” button and check to see if the employer is already listed in the organization section by typing the name of the employer. If it is not listed, click the “not listed” box to add the employer’s name and complete the details required.

If the location of your employer has changed and it is a sole practice location (i.e., you are the owner and/or the only naturopath working under this employer) email [registration@collegeofnaturopaths.on.ca](mailto:registration@collegeofnaturopaths.on.ca) to make changes to the address.

If the location of your employer has changed and you are not the sole naturopath working for this employer, you are required to add it as new employment. To do so:

- Make changes to your current employer by adding an end date.
- Click “Add” for additional employers, then click the “not listed” box.
- The Unlisted Employer Information section will populate allowing you to enter the organization details. IF the name of the organization is the same as the previous one, you must add the street of the employer to the employment name (e.g., changing it from Dr. Jane Doe, ND **to** Dr. Jane Doe, ND – King Street) to allow the system to differentiate between the past and new location.

A business name must be provided for your practice/work locations. Any Registrant who is practising independently and does not have a business or clinic name should enter the name they list at the top of receipts issued to clients (e.g., Dr. Sally Smith, ND) as the business name.

**Please do not list Professional corporations as the name of the practice location or select “professional corporation” as the organization type when adding employment information.**

## Practice hours

In accordance with the [Registration Regulation](#), and the College's [Registration Policy](#), all General class Registrants must practise the profession a minimum of 750 hours during a continuous three-year period in order to maintain currency. **As a Registrant in the General class, your practice activities must include direct patient care** unless there is a non-clinical Term, Condition or Limitation (TCL) on your certificate of registration. Declared practice hours as well as the breakdown of professional activities are reviewed by the College on an annual basis. The currency year runs from January 1<sup>st</sup> to December 31<sup>st</sup> annually, to align with HealthForceOntario datasets.

In this section of the form, provide the number of hours worked for each employer from January 1, 2023 to December 31, 2023. If you did not practice the profession during this period (e.g., you were registered in the Inactive class or not yet registered to practise the profession), please enter "0".

There is a total of 168 hours in a week. To avoid having to make corrections, please be mindful of the data you provide and ensure it is a realistic representation of your hours worked. The College may request evidence of practice hours.

**The numbers provided in this section must be entered as whole numbers only.** Do not include decimals as this will result in an error.

## Weeks worked and on call hours

When answering questions in this section, please consider all aspects of your work related to naturopathy. In addition to providing information for the Health Professions Database, the information you provide also helps the College assess your currency for the purpose of fulfilling the requirements of a General class certificate of registration.

In this section of the form, provide the number of weeks you worked from January 1, 2023, to December 31, 2023, as a naturopath. There are 52 weeks in a calendar year. To avoid having to make corrections, please be mindful of the data you provide and ensure it is a realistic representation of your practice activities. **The numbers provided in this section must be entered as whole numbers only.** Do not include decimals as this will result in an error.

If you indicate having not practised any weeks last year, the average number of hours must be "0" in the employment section. If you indicate that your number of weeks worked was "0", the on-call hours must be "0" as well.

*On-Call hours are a time when you are not under an obligation to work but are required to be available when the need arises.*

## Percentage of time spent in all areas (professional activities breakdown)

When completing your professional activities breakdown, please consider all aspects of how you practised naturopathy in the past year (it's recommended that you have your appointment scheduler or professional calendar from 2023 on hand before completing this section).

For each of the activities listed, provide the percentage of your time based on the hours that you indicated having practised in 2023. If there is an activity that does not apply to you, please enter "0" into the field.

1. Percentage of time spent on direct patient services (e.g., Patient interactions, supervision of patient interactions & patient case-specific research/admin).

2. Percentage of time spent on practice-related administration (e.g., administrative work unrelated to a specific patient case).
3. Percentage of time spent on clinical education (e.g., mentoring, providing clinical training, updating clinical training/education).
4. Percentage of time spent teaching naturopathic students (e.g., naturopathic instruction of students without direct patient interactions).
5. Percentage of time spent on naturopathic research (e.g., research unrelated to a direct patient case).
6. Percentage of time spent on “other” naturopathic activities (i.e., any activities not captured in the above breakdown).

The numbers provided for this section must be entered as whole numbers only, with no decimals or special characters, and must total 100 or 0. Do not enter letters or a range (e.g., 5–10). If you did not spend any time on one of the areas of practice listed, enter “0” in the field.

#### **Allocating Time Example: Direct Patient Services**

Dr. Jane Doe, ND has an appointment with her patient Sam. Prior to the appointment, Dr. Smith, ND spends 15 minutes reviewing Sam’s patient file. Sam’s appointment is an hour in length and Dr. Smith, ND spends another 15 minutes following the patient’s visit to deal with charting/billing.

As all of the activities in the example above are directly related to the patient interaction, the full one and a half hours would be considered time spent on direct patient services.

## **SECTION 5: \*NEW\* PATIENT DATA AND THE PERFORMANCE OF CONTROLLED ACTS**

Additional information is being collected this year in support of new regulatory approaches and understanding the breadth of the profession in Ontario. Please note that completion of this section is mandatory, even if you were Inactive for the entirety of 2023.

For question 1, please use the yes/no checkboxes to indicate which of the presented controlled acts you performed in between January 1, 2023, and December 31, 2023.

For question 2, please provide the following information:

- Total number of patients in your practice(s), i.e., the number of patients you have over all practice locations.
- Total number of patient visits in the past year.

If you held an Inactive certificate of registration, were not yet registered or did not engage in direct patient care in 2023, you may enter “0” in both fields and select the corresponding option under question 3.

For question 3, use the drop-down options provided to tell us how you practised at your **primary practice** location in 2023.



## SECTION 6: PROFESSIONAL LIABILITY INSURANCE

The *Registration Regulation* and the [by-laws](#) of the College require that all NDs who hold a General class certificate of registration must carry Professional Liability Insurance (PLI). The by-laws establish the type of insurance and the amount of insurance that NDs must carry.

Registrants who hold a General class certificate of registration must carry both a minimum of \$2 million per claim and a minimum of \$2 million aggregate.

Registrants who hold a General class certificate of registration who have met the [Standard of Practice for Intravenous Infusion Therapy](#) must carry an additional \$3 million per claim and \$3 million aggregate. This means that the total coverage amount required is \$5 million per claim and \$5 million aggregate.

Information in this section of the form will pre-populate with the professional liability insurance information you last provided to the College. Please review this information carefully to make sure the displayed information is correct. To change this information, select the “add” option, and provide the following information:

- the name of the insurance company (e.g., Lloyd’s of London, CNA, etc.),
- the policy number,
- the amount of coverage,
- the expiry date of the policy,
- the name of the insurance brokerage firm (e.g., Holman Insurance Brokers Ltd, Paisley Partners Inc., etc.).

You will also be required to upload a copy of your professional liability insurance policy.

If you need help gathering this information, please check with your broker before completing your Information Return Form.

Please review your insurance policy carefully before entering data into this form. Submitting incorrect information (e.g., incorrect broker, coverage amount or incorrect policy document) will result in being notified of required corrections and may delay your ability to complete the renewal process.” When uploading a copy of the insurance policy, please ensure it is NOT the invoice or insurance application form.

## SECTION 7: CPR

General class Registrants must comply with CPR requirements, as set out in the [Registration Regulation](#) and Registration Policy, at all times (without lapses in certification coverage periods).

For your CPR to be valid and compliant, it must meet these four requirements:

1. training must be completed within the past 24 months;
2. certification must not be expired;
3. training must be completed at an in-person class (on-line courses are not accepted); and
4. must be a Healthcare Provider level or its equivalent Basic Life Support (BLS) (however, please review the course description to ensure it is geared towards a healthcare professional level course) and include training on the use of an Automated External Defibrillator (AED).

CPR certification is valid for two years (only) under the College regardless of the date of expiry on the CPR card (a College CPR expiry date which is two years from the date of issuance is applied to your CPR certificate).

## SECTION 8: GOOD CHARACTER

This section includes questions about professionalism, conduct, character, and suitability to practise naturopathy. Answer each question truthfully. If you do not fully understand a question or how it should be answered, please contact the Registration Department at: [registration@collegeofnaturopaths.on.ca](mailto:registration@collegeofnaturopaths.on.ca).

In accordance with section 4 of the [Registration Regulation](#), reporting offences, findings of guilt and proceedings which occur while you are registered with the College is a term, condition and limitation on every Registrants certificate of registration. Registrants must provide the College with written details of any offences, findings or proceeding no later than 14 days after the date of the occurrence. You must report any offence even if it does not relate to the practice of the profession. This includes minor offences such as parking tickets.

For your reference:

- 1) An “offence” is any breach of law or provincial statute that is prosecuted in a court. An offence can be criminal in nature (e.g., a breach of the *Criminal Code*), or contrary to another federal or provincial statute (e.g., *Controlled Drugs and Substances Act*, *Child and Family Services Act*, *Health Protection and Promotion Act*, *Health Care Consent Act*).
- 2) A “finding” occurs after a formal hearing or by a formal admission by you of wrongdoing or of incapacity (e.g., before a Discipline Committee or Fitness to Practise Committee).
- 3) You are the “subject of a current proceeding” if you have been notified that a hearing will be held in respect to allegations of professional misconduct, incompetence, incapacity, or a similar issue (different words are used by different regulators to describe the same concept).
- 4) Being “found guilty” means a court has found that you committed the offence. You can be found guilty of an offence but not be convicted of it if you are given a discharge. Even if you were not convicted, you must report any finding of guilt.

**If you have already reported any of these matters to the College, you are not required to do so again.** If in doubt, it is safer to report a finding of guilt than to risk failing to make a required report.

### Additional supporting information

If you answered “yes” to any questions about good character, please provide a brief explanation in the text box on the form and upload any supporting documents. College staff will review this and may contact you to request additional information if needed, which may include:

- A more detailed description of the event(s) in question including, where applicable, a description of the nature of the offence or finding.
- An outline of the action taken by the governing body, including dates, name and location of any regulatory body, court or tribunal, the determination and order made and the status of any appeal.
- A copy of any order and Decision and Reasons issued to you by the court or governing body.

## SECTION 9: DECLARATION

This section includes a series of statements and agreements that Registrants of the College must review and answer in order to finalize their renewal. These statements and agreements make up your declaration to the College, in the following areas:

1. **Professional Liability Insurance** – Confirming that you have evidence of PLI in your office and will notify the College within 2 business days if your coverage changes.
2. **Good character** – Confirming that the information you have submitted is accurate and that if any new information arises pertaining to good character, you will notify the College within 14 days.
3. **Information verification** – You understand that the College may make necessary inquiries to evaluate your registration with the College.
4. **Quality Assurance** – Confirming that you have completed your [Annual Self-Assessment](#) (required of all General class Registrants). In agreeing with this statement, you are attesting that you completed your Annual Self-Assessment before completing your Information Return Form.
5. **Complete and Accurate** – Confirming that the information you submitted is true and complete and that making false or misleading statements may result in the certificate of registration being revoked.

The declaration is **legally binding**. By checking off “I acknowledge and accept the above declaration”, you indicate that you will abide by the terms of the declaration and that you understand it may be considered an act of professional misconduct if you fail to abide by the terms.

If you are not able to agree to all of the terms of the declaration, please contact the Registration Department by email at [registration@collegeofnaturopaths.on.ca](mailto:registration@collegeofnaturopaths.on.ca) or by phone at (416) 583-5998 **prior** to the renewal deadline.

### Submitting your Information Return form

Once you have entered all the necessary information, click the “Submit” button at the bottom of the page. If your information has been successfully submitted, you will be directed to the payment gateway.

**Once you have successfully submitted your form, you will not be able to make any further edits or changes.** If you need assistance, please phone the Registration Department at (416) 583-5998 or email us at [registration@collegeofnaturopaths.on.ca](mailto:registration@collegeofnaturopaths.on.ca).

If your information requires further review by staff, you will receive a message box that reads:

***Payment cannot be accepted for your Renewal at this time.***

*Thank you for submitting your renewal form.*

*Your renewal form requires review and approval by College staff as the next step due to changes/updates made on the form. IF additional information is required you will be notified via email, OTHERWISE your form will be approved. Once approved you will be notified by email to return to this site to complete payment of the annual registration fee. Please be sure to check your junk/spam email folder for messages.*

*Thank you.*

A confirmation email will be sent to you when both the Information Return Form and payment have been successfully completed.

## **Your Opinion Matters**

A confirmation email upon complete submission of the renewal will be sent to you which includes a short satisfaction survey about your renewal experience. Your input is important and helps us continue to make improvements.

HealthForceOntario GLOSSARY OF TERMS

<p><b>Section 4:</b></p> <p><b>Current role in naturopathy</b></p>	<ul style="list-style-type: none"> <li>• Practising in the profession in some capacity</li> <li>• Working outside of the profession, seeking work in the profession</li> <li>• Working outside of the profession, not seeking work in the profession</li> <li>• Not working, seeking work in profession</li> <li>• Not working, not seeking work in the profession</li> <li>• On leave—Not practising in the profession</li> <li>• Working outside of Ontario</li> </ul>
<p><b>Section 4:</b></p> <p><b>Characteristic of your work—Amount of time spent at practice location</b></p>	<p><b>Full-Time</b> Official status with employer is full-time or equivalent, or usual hours of practice are equal to or greater than 30 hrs./week.</p> <p><b>Part-Time</b> Official status with employer is part-time, or usual hours of practice are less than 30 hours per week.</p> <p><b>Casual</b> Status with employer is on an as-needed basis, with employment that is not characterized by a guaranteed or fixed number of hours per week. There is no arrangement between employer and employee that the employee will be called to work on a regular basis.</p>
<p><b>Section 4:</b></p> <p><b>Characteristic of your work—the nature of your employment</b></p>	<p><b>Permanent</b> Status with employer is permanent with no specified end date of employment and guaranteed or fixed practice hours per week.</p> <p><b>Temporary</b> Status with employer is temporary with fixed duration of employment, based on a defined start and end date, and guaranteed or fixed practice hours per week.</p> <p><b>Casual</b> Status with employer is on an as-needed basis, with employment that is not characterized by a guaranteed or fixed number of hours per week. There is no arrangement between employer and employee that the employee will be called to work on a regular basis.</p> <p><b>Self-Employed</b> A person who operates their own economic enterprise in the profession. The individual may be the owner of a business or professional practice, or an individual in a business relationship in which they agree to perform specific work for a payer in return for payment.</p>

<p><b>Section 4:</b></p> <p><b>Characteristic of Your work—Your primary role at the practice location</b></p>	<p><b>Administrator</b> A person whose primary role is involved in administration, planning, organizing and managing.</p> <p><b>Consultant</b> Major role is the provision of expert guidance and consultation, without direct patient-care, to a third-party.</p> <p><b>Instructor/Educator</b> Major role is as an educator for a particular target group.</p> <p><b>Manager</b> Major role is in the management of a particular team/group that delivers services.</p> <p><b>Owner/Operator</b> An individual who is the owner of a practice site and who may or may not manage or supervise the operation at that site.</p> <p><b>Quality Management Specialist</b> Major role is the assurance and control of the quality of procedures and/or equipment.</p> <p><b>Researcher</b> Major role is in knowledge development and dissemination of research.</p> <p><b>Salesperson</b> Major role is in the sales of health-related services and products.</p> <p><b>Service Provider</b> Major role is in the delivery of professional services specific to the profession.</p>
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<p><b>Section 4:</b></p> <p><b>Characteristic of your work—Client age range</b></p>	<p><b>Paediatrics</b> The majority of your patients are between the ages of 0 to 17.</p> <p><b>Adults</b> The majority of your patients are between the ages of 18 and 64 years inclusive.</p> <p><b>Seniors</b> The majority of your patients are over the age of 65.</p> <p><b>All ages</b> You do not treat more patients in one (1) age group than another</p>
<p><b>Section 4:</b></p> <p><b>Characteristic of your work— Employment setting at the practice location</b></p>	<p><b>Assisted Living Residence/Supportive Housing</b> A retirement home or supportive housing that provides varying degrees of care to assist individuals/couples to live independently. Services include home making, meal preparation, low to daily personal care and availability of a personal support worker or staff on a 24-hour basis. These facilities include group homes, retirement homes, community care homes, lodges, supportive housing and congregate living settings.</p> <p><b>Association/Government/ Regulatory Organization/Non-Government Organization (e.g., Diabetes Association)</b> An organization or government that deals with regulation, advocacy, policy development, program development, research and/or the protection of the public, at a national, provincial/territorial, regional or municipal level.</p> <p><b>Blood Transfusion Centre</b> Refers to a facility that collects, screens, tests, processes, stores and/or supplies blood, blood products, or its alternatives for the purposes of transfusion (e.g., Canadian Blood Services).</p> <p><b>Board of Health or Public Health Laboratory or Public Health Unit</b> A public health laboratory or official health unit that administers health promotion and disease prevention programs to inform the public about healthy lifestyles, communicable disease control including education in STDs/AIDS, immunization, food premises inspection, healthy growth and development including parenting education, health education for all age groups and selected screening services.</p> <p><b>Cancer Centre</b> A facility that specializes in services related to the treatment, prevention and research of cancer.</p> <p><b>Centralized Diagnostic Laboratory Facility</b>—A laboratory (public or community) that serves as the centralized focus of specialized or broadly-based human health related diagnostic laboratory services, as part of a distributed system that includes collection, transportation, testing and results reporting. Excludes any public health or blood transfusion service laboratory.</p> <p><b>Children Treatment Centres (CTC)</b> This centre is a community-based organization that serves children</p>

	<p>with physical disabilities and multiple special needs. The centre provides physiotherapy, occupational therapy and speech therapy along with other additional services.</p> <p>There are 21 CTCs in Ontario (2016).  <a href="http://www.children.gov.on.ca/htdocs/English/specialneeds/rehabilitation.aspx">http://www.children.gov.on.ca/htdocs/English/specialneeds/rehabilitation.aspx</a></p> <p><b>Client's Environment</b>  The professional travels to one or more sites that may be the client's home, school and/or workplace environment to provide services (e.g., Homecare or LHIN contracts).</p> <p><b>Community Health Centre (CHC)</b>  A CHC employs physicians and other interdisciplinary providers, such as nurse practitioners, nurses, mental health counsellors, chiropractors, community workers and dietitians to serve high-risk communities and populations who may have trouble accessing health services because of language, culture, physical disabilities, socioeconomic status or geographic isolation. CHCs emphasize health promotion, disease prevention and chronic disease management based on local population health needs. The organisation must be recognized as a CHC and there are 101 CHCs throughout Ontario (2019).  <a href="http://www.health.gov.on.ca/en/common/system/services/chc/">http://www.health.gov.on.ca/en/common/system/services/chc/</a></p> <p><b>Local Health Integration Network (LHIN) home and community care services (formally provided through Community Care Access Centres)</b>  LHINs arrange all government-funded services and work with health care providers to enhance access and co-ordination for people who need care in their own homes in the community, in supportive housing, or in a long-term care home. LHINs also provide information about local community support service agencies and can link people to these agencies to arrange services.</p> <p><b>Community Pharmacy</b>  A retail setting where drugs and related products are distributed primarily through direct face-to-face client contact (e.g., Shoppers Drug Mart).</p> <p><b>Dental Laboratory</b>  An independent dental laboratory that specializes in the design, construction, repair or alteration of a dental prosthetic, restorative or orthodontic device.</p> <p><b>Dental Practice Laboratory</b>  A dental laboratory within an established dental practice that specializes in the design, construction, repair or alteration of a dental prosthetic, restorative or orthodontic device.</p> <p><b>Family Health Team (FHT)</b>  A Family Health Team is a group that includes physicians and other interdisciplinary providers, such as nurse practitioners, nurses, pharmacists, mental health workers, and dietitians. The FHT provides comprehensive primary health care (PHC) services. The FHT provides services on a 24/7 basis through a combination of</p>
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	<p>regular office hours, after-hours services, and access to a registered nurse through the Telephone Health Advisory Service (THAS). The FHT emphasizes health promotion, disease prevention and chronic disease management based on local population health needs. The FHT must enrol patients. The group must be recognized as a FHT and there are 184 FHTs in Ontario (2016).  <a href="http://www.health.gov.on.ca/en/pro/programs/fht/">http://www.health.gov.on.ca/en/pro/programs/fht/</a></p>
<p><b>Section 4:</b></p> <p><b>Characteristic of your work—Area of practice at the practice location</b></p>	<p><b>Acute Care</b>  Services provided primarily to clients who have an acute medical condition or injury that is generally of short duration.</p> <p><b>Administration</b>  Focus of activities is management or administration.</p> <p><b>Cancer Care</b>  Services provided primarily to clients with a variety of cancer and cancer related illnesses.</p> <p><b>Chronic Disease Prevention and Management</b>  Services are provided primarily to address chronic diseases early in the disease cycle to prevent disease progression and reduce potential health complications. Diseases can include diabetes, hypertension, congestive heart failure, asthma, chronic lung disease, renal failure, liver disease, and rheumatoid and osteoarthritis.</p> <p><b>Comprehensive Primary Care</b>  Services provided primarily to a range of clients, possibly at first-contact, to identify, prevent, diagnose and/or treat health conditions (e.g., oral care, foot care, etc.).</p> <p><b>Consultation</b>  Expert consultation is provided on the profession related to medical and/or legal matters.</p> <p><b>Continuing Care</b>  Services provided primarily to clients with continuing health conditions for extended periods of time (e.g., long-term care or home care).</p> <p><b>Critical Care</b>  Services provided primarily to clients dealing with serious life-threatening and/or medically complex conditions who require constant care, observation and specialized monitoring and therapies.</p> <p><b>General Service Provision</b>  Services provided primarily to clients across a range of service and/or consultation areas specific to the profession (e.g., general rehabilitation, laboratory work etc.).</p> <p><b>Geriatric Care</b>  Services provided primarily to care for elderly persons and to treat diseases associated with aging through short-term, intermediate or long-term treatment/interventions.</p> <p><b>Mental Health and Addiction</b>  Services provided primarily to clients with a variety of mental health and addiction conditions.</p>

**Palliative Care**

Services provided primarily to clients with the aim of relieving suffering and improving the quality of life for persons who are living with or dying from advanced illness or who are bereaved.

**Post-Secondary Education**

Focus of activities is directed at providing post-secondary teaching to individuals registered in formal education programs.

**Primary Maternity Care**

Services provided primarily to assess and monitor women during pregnancy, labour, and the post-partum period and of their newborn babies, the provision of care during normal pregnancy, labour, and post-partum period, and to conduct spontaneous normal vaginal deliveries.

**Public Health**

Services are provided primarily with the purpose of improving the health of populations through the functions of health promotion, health protection, health surveillance and population health assessment.

**Quality Management**

Focus of activities is on the assurance of the operational integrity, based on compliance with staffing, technical and organizational requirements.

**Research**

Focus of activities is in knowledge development and dissemination of research including clinical and non-clinical.

**Sales**

Focus of activities is in the sales and/or service of health-related apparatuses or equipment.

**Other Area of Service/Consultation**

Other area of service/consultation not otherwise identified.

**Other Areas**

Other area of employed activity not otherwise mentioned.