

BOARD OF DIRECTORS OF DRUGLESS THERAPY - NATUROPATHY
112 Adelaide Street East
Toronto, ON M5C 1K9
tel. 416-866-8383

**APPLICATION FOR RENEWAL OF
PARENTERAL THERAPY CERTIFICATION 2009**

Please complete this form in full and return it with payment of \$400 for the annual P.T. Certification fee by **Friday, May 1, 2009***. Make your cheque payable to **BDDT – Naturopathy**, or complete the enclosed Credit Card Authorization for payment by credit card, and send it with your completed form to our office at the address above. *Note: Renewal applications not received by the deadline will be subject to a late fee of \$100.

Registrant's Name: _____ Registration # _____

CLINIC ADDRESS (for Parenteral Therapy practice)

Name of Clinic (if any): _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

Malpractice Liability Insurance Policy:

Insurance Company: _____ Policy # _____

CPR Training Certification:

CPR Course taken from which Organization: _____

Date of last CPR course or re-certification: _____ (include the year)

Note: the BDDT-N Parenteral Therapy Policy requires that Registrants who practice P.T. must take CPR re-certification **every 12 months**. If your last CPR course was taken earlier than May 1, 2008 you must arrange for update training within 30 days and provide proof of the CPR re-certification to the Board office.

For Continuing Education requirements pertaining to Parenteral Therapy, see page 2

“I declare that the information recorded on this form is true and complete.”

Signature: _____ Date: _____, 2009

Registrant's Name: _____ Registration # _____

Continuing Education Requirement for Parenteral Therapy:

The Parenteral Therapy Policy stipulates that Registrants who are certified for PT practice must complete **five (5) hours** of continuing education (CE) related to Parenteral Therapy each year. The applicable period for PT CE hours for the 2009 PT Renewal is from **May 1, 2008 to April 30, 2009**. This CE is in addition to the standard Continuing Education requirements for ND registration.

Please list the particulars of your Continuing Education course(s) for Parenteral Therapy in the space below and attach a copy of the course completion certificate or confirmation of attendance from the presenting organization. If you are using self-study materials such as recordings/DVDs or books/journal articles on Parenteral/IV therapy topics, you must provide a written summary report of each material, including the title of the lecture/book and the name of the speaker/author.

In addition, all PT-certified registrants are required to complete the BDDT-N Emergency Procedures for Parenteral Therapy course by April 30, 2010 (next year).

CONTINUING EDUCATION HOURS FOR PARENTERAL THERAPY

Course/Seminar Title: _____ Date taken: _____

Presenting Organization: _____ No. of credit hours: _____

Course/Seminar Title: _____ Date taken: _____

Presenting Organization: _____ No. of credit hours: _____

Course/Seminar Title: _____ Date taken: _____

Presenting Organization: _____ No. of credit hours: _____

Total credit hours of C.E. for Parenteral Therapy: _____

You must include a copy of the course certificate or confirmation of attendance from the presenting organization for each C.E. course/seminar with this form.