

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 2010**

Please complete this form in full and return it, along with relevant documentation and payment of \$400 for the annual P.T. Certification fee, by **Monday, May 3, 2010**. Payment of the fee may be made by cheque payable to **BDDT – Naturopathy**, or by completing the enclosed Credit Card Authorization form. An incomplete application will be returned to the Registrant. Please note that renewal applications received after May 3 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: _____

Professional Liability Insurance Policy:

Insurance Company: _____ Policy # _____

BDDT-N Emergency Procedures for Parenteral Therapy Course (required for renewal):

Date of Course attended: _____

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 PT-certified Registrants take CPR re-certification **every 12 months**. If your last CPR course was taken prior to May 1, 2009 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: _____, 2010

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 2010 PT Renewal is from **May 1, 2009 to April 30, 2010**. 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 using self-study materials such as recordings/DVDs or books/journal articles on Parenteral/IV therapy topics, provide a written summary report of each, including the title of the lecture/book and the name of the speaker/author.

In addition, all PT-certified registrants are required to have completed the BDDT-N Emergency Procedures for Parenteral Therapy course in the past two years.

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: _____

Registrants must include with this form a copy of the course certificate or confirmation of attendance from the presenting organization for each CE course/seminar listed above.