

BOARD OF DIRECTORS OF DRUGLESS THERAPY – NATUROPATHY

112 Adelaide Street East, Toronto, ON, M5C 1K9 Tel. (416) 866-8383

2010 APPLICATION FOR REGISTRATION RENEWAL IN ONTARIO

Please complete this form in full and return it, along with all relevant documents and payment of the applicable registration fee, by **Monday, March 1, 2010**. As the Registration Renewal date of February 28, 2010 falls on a Sunday, renewals will be accepted on March 1. If received **after the deadline**, registration fees are increased. An incomplete form will be returned to the Registrant.

- Payment can be made by cheque or money order payable to **BDDT – Naturopathy** or by completing a Credit Card Authorization form. Payment in cash will not be accepted.
- A \$25 administrative fee will be charged for an N.S.F. cheque or declined credit card payment.
- **Mail to:** 112 Adelaide St. East, Toronto, ON, M5C 1K9 **Do not fax.**

PLEASE PRINT CLEARLY

Registrant's surname: _____ Given name(s): _____

Registration number: _____

Have you legally changed your name in the past year? Yes [] If yes, attach documents. No []

Has your business address or telephone number changed in the past year? Yes [] No []

Has your home address or telephone number changed in the past year? Yes [] No []

Have you opened or closed a practice/clinic in the past year? Yes [] No []

Please complete the following:

PRIMARY PRACTICE (if not in practice, go to page 2)

Practice name (if applicable): _____

Street address: _____

City: _____ Province: _____ Postal code: _____

Telephone: (_____.) _____ - _____ Fax: (_____.) _____ - _____

E-mail address: _____

SECONDARY PRACTICE (if applicable)

Practice name: _____

Street address: _____

City: _____ Province: _____ Postal code: _____

Telephone: (_____.) _____ - _____ Fax: (_____.) _____ - _____

For Registrants with additional practice locations, please include details on a separate page.

HOME: (This information is mandatory and will be kept confidential.)

Street address: _____

City: _____ Province: _____ Postal code: _____

Telephone: (_____.) _____ - _____ Cell: (_____.) _____ - _____

E-mail address: _____

Important: Registrants are required to notify the BDDT-N office within 30 days of any change to address or telephone number for business or residence.

ERRORS AND OMISSIONS INSURANCE INFORMATION (mandatory for all Active Registrants)

Insurance Carrier: _____ Policy number: _____

Insurance Broker/Agency: _____

Does the insurance provide the minimum of 2 million dollars coverage per occurrence? Yes [] No []

REGISTRATION CATEGORY AND FEE

Please check the appropriate registration category and fee below:

[] \$900.00 **Active Registrant Fee** (if paid by March 1, 2010)

[] \$1350.00 **Active Registrant Fee** (if paid **after** March 1, 2010)

[] \$250.00 **Inactive Registrant Fee*** (if paid by March 1, 2010)

[] \$350.00 **Inactive Registrant Fee*** (if paid **after** March 1, 2010)

[] "I do not wish to renew my registration with the Board of Directors of Drugless Therapy - Naturopathy." Note that correspondence will not be sent to you in the future. Applicants for re-registration will be required to meet the registration requirements in place at the time. Please provide the reason for not renewing registration:

In the event that an application is declined by the BDDT-N the registration fee will be returned, less a \$25 administrative fee.

INACTIVE REGISTRANTS

Please indicate the reason for registration in this category, e.g. practising out of province, retired, sabbatical, employed in another field, maternity or paternity leave, illness, etc. _____

I certify that I will **not be practising Naturopathic medicine in the province of Ontario for the 2010 registration year unless I notify the BDDT-N in advance and register as an Active Registrant.*

Signature: _____ Date: _____

If registered as a Naturopathic Doctor in another province or registered in another regulated profession, has there been any change (e.g. non-renewal, newly registered, inactive, etc) since your last registration renewal with the BDDT-N? Yes []* No []

If yes, please indicate the change: _____

Are you currently certified by the BDDT-N to practise Parenteral Therapy in Ontario? Yes [] No []

THE FOLLOWING QUESTIONS RELATE TO ANY/ALL PROCEEDINGS AGAINST YOU. THESE QUESTIONS MUST BE ANSWERED “YES” OR “NO”. *(The questions below do not relate to proceedings currently before the BDDT-N)*

If you have previously provided details to the BDDT-N in writing with respect to yes answers, please do not resubmit.

Have you ever been found guilty of any offence under a statute in any jurisdiction in Canada or abroad which has not previously been reported to the Board in writing? Yes []* No []

Has there ever been a finding made against you by a court or a tribunal in Canada or abroad in a civil, criminal or regulatory proceeding in respect to your professional conduct, competence or capacity, including professional negligence or malpractice, which has not previously been reported to the Board in writing? Yes []* No []

Are there any outstanding or pending civil or criminal proceedings against you in Canada or abroad which have not previously been reported to the Board in writing? Yes []* No []

Are there any outstanding complaints, investigations or inquiries regarding your conduct, competence or capacity under review by any regulatory body in Canada or abroad which have not previously been reported to the Board in writing? Yes []* No []

Are you the subject of any current proceedings for professional misconduct, incompetence or incapacity in Ontario or any other jurisdiction which have not previously been reported to the Board in writing? Yes []* No []

Have you ever agreed to a settlement to avoid any criminal, civil or regulatory proceeding or disciplinary action in respect to your professional conduct, competence or capacity including professional negligence or malpractice, which has not previously been reported to the Board in writing? Yes []* No []

Has there ever been a complaint against you lodged with another regulatory body that has resulted in a caution, undertaking or remediation which has not previously been reported to the Board in writing? Yes []* No []

Have you ever had any terms, conditions or limitations imposed on a certificate of registration or license issued by a regulatory body which have not previously been reported to the Board in writing? Yes []* No []

***If you answered “Yes” to any of the above questions please fill in the Detailed Information Form on page 5.**

Please note that providing false or misleading information is professional misconduct.

I understand that the Board of Directors of Drugless Therapy – Naturopathy for the Province of Ontario may make such inquiries as it deems appropriate for evaluating my application for renewal of registration to practise Naturopathic medicine in Ontario, Canada to address any issues or concerns arising from my answers.

I declare the information as recorded on this registration form to be true and complete.

Signature: _____ Date: _____

DETAILED INFORMATION FORM

The information included in the form is for regulatory purposes only.

Please provide the following: (attach additional pages if necessary)

Attach a copy of the decision and reasons issued to you.

If not clear from the attached decision and reasons, a **detailed description** of the event(s) in question including, where applicable, a description of the nature of the offence or finding:

If not clear from the attached decision and reasons, an outline of the **action taken** by the governing body (include: dates, name and location of any regulatory body, court or tribunal, the determination and order made and the status of any appeal).

The **contact information** of the representative of the official body involved, most familiar with the matter (i.e. police officer, crown attorney, Registrar of a regulatory body):

Name: _____

Street address: _____

City: _____ Province: _____ Postal code: _____

Telephone: (_____) _____ - _____ Cell: (_____) _____ - _____

E-mail address: _____