

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 2011**

Please complete this form in full and return it, along with the required documentation and payment of \$400 for the annual P.T. Certification fee, by **Monday, May 2, 2011**. Payment 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 2 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:

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**

Registrant's Name: _____ Registration # _____

Continuing Education Requirement for Parenteral Therapy:

The Parenteral Therapy Policy stipulates that PT Certified Registrants must complete **five (5) hours** of continuing education (CE) related to Parenteral Therapy within each Certification period (**May 1 to April 30**). This CE is in addition to the standard CE requirements for ND registration.

Please list the particulars of the PT CE course(s) 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 PT topics, provide a written summary for each, including the title of the lecture/book and the name of the speaker/author.

CONTINUING EDUCATION 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 a copy of the course certificate or confirmation of attendance for each CE course/seminar listed above.

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

Signature: _____ Date: _____, 2011