

BOARD OF DIRECTORS OF DRUGLESS THERAPY - NATUROPATHY

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

APPLICATION FOR INITIAL REGISTRATION

PROVINCE OF ONTARIO

Please Print Clearly and Answer All Questions on this Form.

Refer to the list of Application Requirements on page 4.

Surname _____ Given Name (s): _____

Please provide any previous/other name(s) along with a certified copy of the legal document (e.g. marriage certificate, Legal Name Change Decree):

Date of Birth: Month _____ Day _____ Year _____ Sex (M/F) _____

Citizenship: _____

Are you legally entitled to work in Canada as a Naturopathic Doctor? (Yes/No) _____

HOME ADDRESS

Street Address: _____ Apt. No.: _____

City _____ Province _____ Postal Code _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

BUSINESS ADDRESS

Name of Clinic (if any): _____

Address: _____

City _____ Province _____ Postal Code _____

Phone: _____ Fax: _____ Email: _____

BDDT-N mailings will be sent to the business address unless otherwise requested.

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

THE FOLLOWING QUESTIONS MUST BE ANSWERED “YES” OR “NO”.

Are you currently, or have you ever been registered in any other jurisdiction as a Naturopathic Doctor?

No [] Yes* []

**If currently registered, verification of Licensure/Registration and a Letter of Good Standing must be sent directly to the BDDT-N from the Regulatory Authority.*

**If previously registered, you must provide the name of the jurisdiction, the dates of registration and resignation.* _____

Are you currently, or have you ever been licensed or registered in any other profession?

No [] Yes* []

**If yes, please name the profession and regulatory body with whom you are (or were) licensed/registered, your registration/licence number and dates of registration:* _____

What is the present status of your other licence/registration? (e.g. active, inactive, practicing, non-practicing, retired, suspended, revoked, etc.) _____

THE FOLLOWING QUESTIONS RELATE TO ANY/ALL PROCEEDINGS AGAINST YOU. THESE QUESTIONS MUST BE ANSWERED “YES” OR “NO”.

Have you ever been found guilty of any offence under a statute in any jurisdiction in Canada or abroad? 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 of your professional conduct, competence or capacity, including professional negligence or malpractice? Yes [] No []

Are there any outstanding or pending civil or criminal proceedings against you in Canada or abroad? 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? Yes [] No []

Are you the subject of any current proceedings for professional misconduct, incompetence or incapacity in Ontario or any other jurisdiction in Canada or abroad? Yes [] No []

- Have you ever been the subject of a finding of professional misconduct, incompetence, incapacity or an equivalent finding, by a regulatory body in Canada or abroad? Yes [] No []
- Have you ever had any terms, conditions or limitations imposed on a certificate of registration or licence issued by a regulatory body? Yes [] No []
- Have you ever agreed to a settlement to avoid any proceeding or disciplinary action in respect to your professional conduct, competence or capacity including professional negligence or malpractice? Yes [] No []
- Have you ever voluntarily surrendered your registration or licence to practice a profession for any reason other than avoidance of the renewal fee? Yes [] No []
- Have you ever been refused registration in any profession? Yes [] No []
- Have you ever been denied or had revoked any licence or permit to practice a profession? Yes [] No []
- Have you ever disobeyed any Order of any court requiring you to do or refrain from any act? Yes [] No []
- Have you ever been suspended or expelled from any post-secondary educational institution? Yes [] No []
- Do you currently suffer from a physical or mental condition or disorder that could impair your ability to practice Naturopathy safely, ethically and competently or which, if left untreated, would impair your ability to practice Naturopathy safely, ethically and competently? Yes [] No []
- Do you intend to practice Parenteral (IV) Therapies in Ontario at this time? (If yes, please refer to the BDDT-N Parenteral Therapy Policy.) Yes [] No []
- Is there any event, circumstance, condition or matter not disclosed in your replies to the preceding questions touching upon your conduct, character, competence or capacity that might be an impediment to your ability to practice naturopathic medicine? Yes [] No []

If you answered “Yes” to any of the above questions please fill in the “Detailed Information” form on page 6.

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

I hereby 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 registration to practice Naturopathic Medicine in Ontario, Canada

Signature: _____ Date: _____

REGISTRATION APPLICATION REQUIREMENTS

The following items must be included with this application:

- ❑ a standard passport photo taken within the past 60 days and notarized (see affidavit form on next page); please sign your photo in the space provided
- ❑ proof of malpractice liability insurance which includes your insurance policy number and particulars of coverage
- ❑ the original document of a Canadian Police Information Centre (CPIC) Criminal Record Synopsis from the applicant's local police department
- ❑ full payment of the applicable fee for registration.

FEES FOR REGISTRATION

Active Registrants:

\$900.00 per year, payable in advance in one lump sum.

The registration year runs from March 1 to February 28 of the following year. For initial registration beginning after March, the fee is prorated at \$75 per month (or part thereof) for the remainder of the registration year.

Inactive Registrants:

\$250.00 per year. Note that there is no pro-rated fee for inactive registration in mid-year. This category applies to Registrants who are **not** practicing in the province of Ontario.

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Affidavit and passport photo to be signed by applicant in the presence of a Notary Public, Justice of the Peace, or Commissioner entitled to take such an Affidavit:

I, _____ the applicant, of the City/Town of _____
in the Municipality/District of _____ do solemnly declare that the contents of
my application for initial registration with the Board of Directors of Drugless Therapy-Naturopathy,
dated _____ are true and complete to the best of my knowledge and belief. I understand
and agree that if my application contains a false or misleading statement or representation, my
application and any certificate of registration issued to me on the basis of false or misleading
information will be subject to immediate cancellation.

Applicant's Signature: _____

Declared before me at the City/Town of _____
in the Municipality/District of _____
this _____ day of _____ 20 _____

Commissioner's Signature: _____

Affix Seal, Stamp or Business Card Here

**(Not valid unless sealed, stamped or
accompanied by a business card)**

DETAILED INFORMATION FORM. If you answered yes to any of the questions regarding proceedings against you, please complete this form. Please attach additional pages if more space is required.

A **detailed description** of the event(s) in question including, where applicable, a description of the nature of the offence, the date of the finding, the name and location of the court that made the finding, the status of any appeal initiated in respect of the finding and a copy of any decisions, Orders and reasons issued:

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) and a copy of any decision, Orders and reasons issued. **

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 _____ Position _____

Address: _____

City _____ Province _____ Postal Code _____

Phone: _____ Fax: _____ Email: _____

****Attach a copy of the decision and reasons issued**