



COLLEGE OF NATUROPATHIC PHYSICIANS OF BRITISH COLUMBIA

2010 Full/Practicing Registrant Annual Renewal Application

(Please read and complete **both sides** of this form)

The annual Full/Practicing registration fee deadline for 2010 is January 1, 2010.

I understand that as a Full/Practicing registrant, I shall be in active practice and pay an annual renewal fee, have malpractice insurance and pay any assessments, fines, late fees levied by the Board, fulfill continuing education requirements, and adhere to the Health Professions Act, current bylaws and current Code of Ethics and Standards of Practice. I further understand that to comply with the Health Professions Act, Criminal Records Review Act and bylaws, I must supply to the College all contact information including my current home and office; address, fax and phone numbers and authorize the CNPBC to use this information in compliance with these Acts. (Email or website addresses are optional but should be included.)

The annual Full/Practicing registrant renewal fee is \$1500.00. I understand the total amount is an annual fee and is not contingent on the number of hours, days or months that I practice in this year. (See other side for payment instructions).

Your payment goes toward the expense of running the College: office and Board expenses, staff salary, legal fees and annual or special general meetings. Monies will also be used to increase public awareness in relation to the CNPBC mandate.

* **REQUIRED INFORMATION - Please Print**

Last Name : _____ First Name : _____

Age : _____ Date of Birth : _____
(dy)____/(mo)____/(yr)____ Clinic Name _____

Clinic Address : _____

City : _____ Postal Code : _____ - _____

Telephone : (Work) _____ Fax : (Work) _____

Home Address : _____

City : _____ Postal Code : _____ - _____

Telephone : (Home) _____ Fax : (Home) _____

Email : _____ Website: www. _____

PAYMENT OPTIONS

Please check the box of your choice for the method of payment.

- I elect to pay the annual Full/Practicing registration fee in one payment of \$1500.00: my cheque dated on or before January 1, 2010 is enclosed.
- I elect to pay the annual Full/Practicing registration fee in four (4) installments each of \$375.00 (all cheques are enclosed and dated January 1, April 1, July 1, and October 1, 2010.)
- I elect to pay the annual Full/Practicing registration fee in one payment of \$1500.00 from my Visa/MC account (as identified below) on or before January 1, 2010.
- I elect to pay the annual Full/Practicing registration fee in four (4) \$384.62* quarterly payments from my Visa /MC account (as identified below) on January 1, April 1, July 1, and October 1, 2010. *(2.5% credit card surcharge).

Visa/MC Account # _____ Expiry: (mo)____/(yr)_____

The CNPBC appreciates your cooperation in this matter.

Registrant's signature: _____ Date : ____/____/____
day mo year



IMPORTANT NOTE - *Renewal* fees must be submitted to the College office by the deadline of January 1, 2010.