



COLLEGE OF NATUROPATHIC PHYSICIANS OF BRITISH COLUMBIA

2012 Full/Practising Registrant Annual Renewal Application

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

The annual Full/Practising registration fee deadline for 2012 is January 1, 2012.

Your payment goes toward the expense of running the College: office, Board and Committee expenses, staff, legal fees and annual or special general meetings. Funds are also used to meet legislated requirements and to increase public awareness in relation to the CNPBC mandate. (*See other side for payment instructions*).

* **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. _____

Annual Renewal Declaration

I understand that as a Full/Practising 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, phone and fax numbers, and email address and authorize the CNPBC to use this information in compliance with these Acts. (web-site addresses are optional but should be included.) If I am or have been charged with or convicted of a criminal offence at any time, I agree to report the charge or conviction to the Registrar of the CNPBC in a timely manner, and will provide the CNPBC with an explanation of the charge or conviction. The annual Full/Practising 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.

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

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