

**College of Naturopathic Physicians of British Columbia**

FORM

**Course Application (Certification / Continuing Education)**

**Privacy and Security**

The information you provide here relates to the operations of the College of Naturopathic Physicians of British Columbia (the "College") under the *Health Professions Act* of British Columbia for the purpose of regulating the practice of naturopathic medicine in British Columbia. As a public body under the provisions of the *Freedom of Information and Protection of Privacy Act (FOIPPA)*, the College provides security and confidentiality of your personal information.

**IMPORTANT:** The College reviews applications in the order in which they are received. Application fees are processed prior to review. You will be notified as to whether your application was successful.

**COURSE PROVIDER INFORMATION**

Organization Name		
Name of contact		
Address		
City/Town	Prov./Terr.	Postal Code
Telephone (       )	Email Address	
Fax (       )	Website	

**For administrative use only**

Received		
QA Committee Review		
Board Review		

**College of Naturopathic Physicians of British Columbia**

<b>COURSE INFORMATION</b>		
Name of course <i>(as appears on certificate)</i>		
Dates:		
Location:		
<i>Time allocations:</i>		
<b>Practical / Hands-on Hours</b>	<b>Didactic / Theoretical Hours</b>	<b>Total Number of Hours</b>
<b>Proposed Category of Hours</b> (see: Continuing Education Policy)		Number of Category F (Prescriptive Authority) hours (if applicable)
<b>Proposed Certification</b> (see: Standards & Requirements for Certifications)		
<b>Course Delivery Format</b>		
<input type="checkbox"/> <b>In person</b> <i>(Participants practice with one another, with instructor guidance)</i>		<b>Ratio of instructor(s) to participants:</b>
<input type="checkbox"/> <b>In person</b> <i>(Participants are taught in a group, led by instructor)</i>		<b>Ratio of instructor(s) to participants:</b>
<input type="checkbox"/> <b>Lecture</b>		
<input type="checkbox"/> <b>Paced online course</b> <i>(Completion of modules required to progress)</i>		
<input type="checkbox"/> <b>Interactive webinar with course provider and participants</b>		
<input type="checkbox"/> <b>DVD or books, with home study guide</b>		
<b>Method of Attendance Verification</b>		
<input type="checkbox"/> <b>Sign-in sheet</b>	<input type="checkbox"/> For each day	<input type="checkbox"/> For each session
<input type="checkbox"/> <b>Quiz questions</b>		<input type="checkbox"/> <b>Scenarios (role playing)</b>
<i>(For any content that is not in person, at least 5 questions for each 1.0 hour of education.)</i>		

1. Format (e.g. course, conference or seminar, in person, live webinar, recorded video)
2. Number of hours allocated to each of didactic/theoretical and practical/hands-on training and, specifically, how many hours apply to prescriptive authority
3. Method of verification of attendance (e.g. sign-in sheet for day, for each session; quiz questions for sessions attended online or by video)



**College of Naturopathic Physicians of British Columbia**

**APPLICANT ATTESTATION (required):**

I, \_\_\_\_\_,  
*Name of Course Provider Representative*

on behalf of \_\_\_\_\_, declare that:  
*Course Provider*

All course instructors have the appropriate credentials for providing this education, including being licensed and/or certified, and having at least 5 years of experience performing the procedures and/or treatments, in the aspect of practice in which they are educating attendees.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All course instructors have completed a course in Advanced Cardiac Life Support (ACLS), Naturopathic Cardiac Life Support (NCLS), or Naturopathic Advanced Life Support (NALS) within the past two years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attendees of the course who have satisfied the competency criteria will receive a certificate of course completion, a sample copy of which is included in this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to all legitimate and reasonable uses of the information contained within this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I certify that the information contained in this application is true, complete, and accurate to the best of my knowledge. Additionally, I will notify the College: 1) of any future changes to the information contained in this application; and 2) if I wish the course to be approved in future years.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
The course provider maintains professional liability insurance with a limit of liability not less than \$3,000,000 per occurrence insuring against liability arising from an error, omission, or negligent act of the course provider, its instructors, and course participants.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will provide the College with a current version of the course’s examination on an ongoing basis.	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date Applied (yyyy/mm/dd)*

**INFORMATION FOR SUBMITTING THIS FORM**

**Sign and return form to the College of Naturopathic Physicians of British Columbia.**

- By mail: 840-605 Robson Street, Vancouver BC V6B 5J3
- By fax: (604) 688-8476
- By email: [office@cnpbc.bc.ca](mailto:office@cnpbc.bc.ca)

***If you have any questions regarding this process, please feel welcome to contact the College and staff will be pleased to assist you.***

Phone: (604) 688-8236

**APPLICATION CHECKLIST – In support of this application, please attach the following:**

- Certificate of course completion (sample)
- Copy of the course's examination

**INFORMATION FOR SUBMITTING YOUR APPLICATION**

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