

Course Application: Approval for Initial Authorization to Perform Restricted Activities

The College reviews applications in the order in which they are received. You will be notified as to whether your application was successful, or if more information is required to process your application.

Course Provider Information		
Organization Name		
Name of Contact		
Address		
City/Town	Province/Territory	Postal Code
Telephone	Email Address	
Fax	Website	

Course Information	
Proposed Certification <input type="checkbox"/> Acupuncture <input type="checkbox"/> Colon Hydrotherapy <input type="checkbox"/> Emergency Medical Refresher Training <input type="checkbox"/> Hyperbaric Oxygen Therapy <input type="checkbox"/> Intravenous Chelation Therapy <input type="checkbox"/> Intravenous Vitamin Therapy	<input type="checkbox"/> Manipulation <input type="checkbox"/> Minor Surgery <input type="checkbox"/> Naturopathic Injection Therapies <input type="checkbox"/> Ozone Therapy <input type="checkbox"/> Prolotherapy <input type="checkbox"/> Other:
Name of Course <i>(as appears on certificate)</i>	
Dates <i>(if applicable)</i>	
Location <i>(if applicable)</i>	

Time Allocations

Practical / Hands-on Hours:	Didactic / Theoretical Hours:	Total Number of Hours:
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Course Delivery Format	
<input type="checkbox"/> In-person <i>(Participants practice with one another, with instructor guidance)</i>	Ratio of instructor(s) to participants:
<input type="checkbox"/> In-person <i>(Participants are taught in a group, led by instructor)</i>	Ratio of instructor(s) to participants:
<input type="checkbox"/> Lecture	
<input type="checkbox"/> Paced online course <i>(Completion of modules required to progress)</i>	
<input type="checkbox"/> Interactive webinar with course provider and participants	
<input type="checkbox"/> Hybrid <i>(Some components completed online; some components completed in-person)</i>	
Method of Attendance Verification	
<input type="checkbox"/> Sign-in sheet:	<input type="checkbox"/> For each day <input type="checkbox"/> For each session
<input type="checkbox"/> Other:	

Confirm the following supporting documentation is enclosed:

- Content overview: complete course materials, including those relevant to course content, format, or presenters.
- Sample certificate, including: name of provider, name of course, name of participant, total number of hours attended, date of successful completion, and name of course instructor(s).

List any courses offered by the organization that have previously obtained College approval, and the date approval was issued:

Course Instructor Information

(Affix completed copies of this page for each instructor, along with supporting documentation)

Name of Instructor

Qualifications *(enclose curriculum vitae)*

Professional Registration *(include license number and full name of regulatory body)*

Confirm the following supporting documentation is enclosed:

- Curriculum vitae for all instructors
- Student Evaluation/Student Exam
 - Written exam
 - Practical exam competency requirements
 - Video submission requirements (when appropriate)



Applicant Attestation

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 licenses and/or certified, and having at least 5 years of experience performing the procedures and/or treatments, in 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 CPR in 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
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.	<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)

