

## 2020 MEMBERSHIP SPECIAL STATUS CATEGORIES

### **Part-Time Practitioner Membership is open to:**

Naturopathic doctors (NDs) practising less than sixteen (16) hours per week. If you are employed on the basis of your qualifications as an ND outside of your practice (e.g. CCNM teacher or clinical staff), you must count these employed hours with your practice hours.

### **Associate Membership is open to persons:**

- a. Who are licensed or registered as an ND or who possesses some other equivalent designation in a jurisdiction other than Ontario; or
- b. Who are licensed or registered as an ND in Ontario but is not practising or employed as an ND for the year in question (e.g. maternity or sabbatical leave); or
- c. Who are currently registered as a Drugless Therapist (DT) in Ontario.

Associate Members do not have member voting privileges and are not eligible for the OAND referral system.

### **Retired Membership is open to:**

Naturopathic doctors who are no longer working for remuneration as an ND and are either currently registered with the BDDT-N under inactive status or those persons who were previously registered as an ND in Ontario. Retired members must have been OAND members in at least five (5) of the previous ten (10) years.

Retired Members do not have member voting privileges.

### **Returning from Leave (Returning to Active Practice):**

Those members who have been on Associate Member status due to maternity or sabbatical leave and who are returning to active practice must inform the OAND in writing. A Change of Membership Category Request must be completed and returned to the OAND at least one (1) month in advance of the change. For those returning from maternity or sick leave, the OAND will allow a four (4) month extension as an Associate Member, after which time the membership status will automatically increase to the Part-Time Practitioner Member status and dues.

### **Going on Leave:**

Those members who will be temporarily leaving their practice due to maternity, sickness or an extended sabbatical are required to inform their change of status in writing to the OAND. A Change of Membership Category Request must be completed and returned to the OAND at least one (1) month in advance of the change. Members going on leave are advised to continue as an Associate Member so that their insurance coverage will not be affected while they are on leave.

### **Membership Cancellation:**

Members who are requesting cancellation of their membership are required to inform the OAND of their request in writing. A Change of Membership Category Request must be completed and returned to the OAND at least one (1) month in advance of the requested cancellation date. Members cancelling their membership who are insured through ND Protect, our recommended insurance program, are advised that their insurance coverage will also be cancelled.

*Should you have any queries regarding the above, please contact the OAND at 416-233-2001 or [info@oand.org](mailto:info@oand.org).*

## 2020 SPECIAL STATUS DECLARATION FORM

Please review the membership categories and policies included in this package prior to completing this form.

### 2020 Request for Change of Membership Category - Declaration Form

I, the undersigned, declare that I am requesting a change of membership status, as follows:

From (current membership category): \_\_\_\_\_

To (new membership category): \_\_\_\_\_

Effective Date (month/day/year): \_\_\_\_\_

Reason for Change in Status: \_\_\_\_\_

I have reviewed the membership policies in this package and I understand the policies as they may apply to this declaration.

Name of Member (please print): \_\_\_\_\_

Signature of Member: \_\_\_\_\_

Date: \_\_\_\_\_

### 2020 Request for Continuance of Part-Time Practitioner Status - Declaration Form

I, the undersigned, declare that I am practising fewer than sixteen (16) hours per week as a naturopathic doctor. Should I increase the hours at my practice or obtain employment otherwise as a naturopathic doctor beyond sixteen (16) hours per week, I understand that I am no longer eligible for Part-Time Practitioner dues, and I will report any such change to the Association forthwith. I understand that Part-Time Practitioner dues entitle me to full benefits for the duration of the 2020 membership year.

Name of Member (please print): \_\_\_\_\_

Signature of Member: \_\_\_\_\_

Date: \_\_\_\_\_

### 2020 Request for Continuance of Associate Status - Declaration Form

I, the undersigned, declare that I am not practising as a naturopathic doctor in Ontario for one of the following reasons:

Retired

Maternity Leave

Sabbatical

Should I return to practice in Ontario, I understand that I will no longer be eligible for Associate Membership and I will report any such change to the Association forthwith. I understand that Associate Membership dues entitle me to regular membership benefits (excluding the OAND referral service) for the duration of the 2020 membership year.

Name of Member (please print): \_\_\_\_\_

Signature of Member: \_\_\_\_\_

Date: \_\_\_\_\_