



The College of Naturopaths of Ontario

Continuing Education and Professional Development Reporting Amendment and Extension Request

Members of the College of Naturopaths of Ontario may request:

- an amendment to their continuing education and professional development (CE & PD) reporting requirements, or
- an extension for the submission of their continuing education and professional development (CE & PD) log.

Application Process

Any request(s) must be made in writing by completing the attached request form. The form may be submitted by email, fax or mail. Applications must be received a minimum of **60 days** prior to the deadline for submitting your CE & PD log, unless there are mitigating factors that prevent you from submitting the request within this timeframe.

You may submit a request if you were previously, or are currently:

- on maternity/parental leave,
- seriously ill/hospitalization,
- bereavement,
- on a leave of absence,
- other extenuating circumstances.

Requests should include supporting documentation, where applicable, that would assist the College in making its decision. Some examples of supporting documents may include medical certificates, notes or letters to support a medical reason for the request, letters from other sources or persons, or any other documentation that is relevant to the request.

Decision

The Quality Assurance Committee will consider all requests in a fair and objective manner, and will make a determination based on each individual situation. Please submit your request as far in advance as possible, to give the Committee sufficient time to review it and make a decision. The decision may be delayed or the request denied if there is insufficient information included with the request. In this situation, you will be notified in writing and may choose to provide further information.

You will be notified in writing once the QA Committee has made a decision regarding your request. If a request is granted and you require an additional request at any point, you will be required to submit a new form.

You may submit the completed form by:

Email:ga@collegeofnaturopaths.on.ca**Fax:**

416-583-6011

Mail:

College of Naturopaths of Ontario
 Quality Assurance Department
 150 John St., 10th Floor
 Toronto, ON,
 M5V 3E3

Please PRINT all information clearly if you are not filling out this form electronically. The College of Naturopaths of Ontario understands the importance of protecting personal information. We will use the information contained on this form in carrying out regulatory activities only. Please complete all sections.

Member Information	
Member Name:	Registration #:
Reporting Cycle (i.e. Group I, Group II, Group III):	Submission Due Date:
Type of Request	
Amendment Request Details	
Specific amendment being requested (e.g. # of CE Credits):	
Extension Request Details	
Length of extension requested (e.g. 30 days, 90 days, etc.):	
Original due date:	
Requested submission date:	

Reason for Request

Reason for request:

- Illness / current hospitalization Leave of absence Bereavement
 Personal hardship Maternity/parental leave
 Other

If you selected 'other', please specify:

Please provide a description of the reason(s) for your request.

Please attach any relevant documentation (e.g. medical certificates, letters, etc.) that supports your request and would assist the College in making its decision.

Supporting documentation attached:

Yes No

Declaration and Signature

I hereby declare that, to the best of my knowledge, the information on this request form is true and complete. I understand and agree that if I make a false or misleading statement, the College may deny my request without further consideration of the request.

Name:

Signature:

Date:

Please check this box if you are completing this form electronically. This represents your signature.