

Saskatchewan Association of Naturopathic Practitioners

Office of the Registrar
2A - 2146 Robinson St.
Regina SK, S4T 2P7
Phone: (306) 757-4325; Fax: (306) 522.0745; email: registrar@sanp.ca

**CERTIFICATE OF GOOD STANDING - FOR APPLICANTS APPLYING FOR
TRANSFER UNDER THE AGREEMENT ON INTERNAL TRADE**

NOTE: Section 2 of this form must be completed by the regulatory/licensing body in the jurisdiction in which you are currently registered as a naturopathic doctor. If you are registered in more than one jurisdiction, please copy this form to be forwarded to the appropriate bodies. Please have the regulatory body forward their form directly to us.

Section 1 -- to be completed by the Applicant

Surname: _____ Given Name(s): _____

Former Name(s): _____

Name and Address of the Current Regulatory/Licensing Authority:

If registered with any other regulatory authorities, please list here:

Authorization to Release Information

I authorize _____ to
(current regulatory authority)
provide the information requested below and any additional information
relevant to my character including any information requested by the **Saskatchewan
Association of Naturopathic Practitioners (SANP)**
in order to process my application and I acknowledge that any information obtained by
Saskatchewan Association of Naturopathic Practitioners (SANP) may be disclosed to
other regulatory authorities for regulatory purposes.

Applicant's Signature

Date

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Section 2 - To be completed by the Current Regulatory Authority and forwarded directly to:

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Name of Applicant: _____

Certificate of Registration/License Number: _____

Date of Initial Registration: _____

Category of Registration: _____
(practicing/non-practicing or active/inactive)

Does the applicant have any outstanding obligations including those related to unpaid fees, currency, continuing education, quality assurance or requirements for information? Yes No

Does your organization require members to carry professional liability insurance? Yes No

If so, does the applicant meet your professional liability insurance requirements? Yes No

To your knowledge, does the applicant have any pending criminal or civil complaints or proceedings outstanding? Yes No

Has the applicant ever had a finding in the nature of professional misconduct, incompetency or incapacity, or a like finding made against her/ him? Yes No

Is the applicant currently under investigation or involved in any proceedings for conduct in the nature of professional misconduct, incompetency or incapacity or any like investigation or proceeding? Yes No

Does the applicant have any terms, limits or conditions on the practice or certificate of registration or licence other than those that apply to all members? Yes No

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Does your organization have any other information relevant to the character of the applicant that is not disclosed above? Yes No

Is the applicant registered to practice as a naturopathic doctor in your jurisdiction? Yes No

Does the applicant have any additional certifications?
Yes No

If Yes, please list:

I, _____ (name), _____ (title), acting on behalf of the
_____ (regulatory body), do hereby certify that the
forgoing statements are true statements of the registration record for
_____ (name of Applicant).

Signature _____ Date _____