



College of Homeopaths of Ontario

163 Queen Street East, 4th Floor, Toronto, Ontario, M5A 1S1
Tel: 416-862-4780 Toll-Free: 1-844-862-4780
Fax: 416-874-4077
www.collegeofhomeopaths.on.ca

Change of Registrant Contact Information College of Homeopaths of Ontario (CHO)

If you need to update your contact information with the CHO, please read the following information from the CHO Bylaws. Submit your Change of Registrant Contact Information Form located on page 2 of this document.

21.04 – Business Address

A Registrant's business address in the register shall be the address for receiving business communications designated by the Registrant, which address may be different than the Registrant's address for communications with the College. If the Registrant does not designate a business address the Registrar may assign any address for the Registrant known to the College as the business address. A Registrant's business address shall include the name of the business or entity that employs the Registrant or, if the Registrant is self-employed or is not practising, the Registrant's business address shall include a notation to that effect.

21.05 – Business Telephone Number

A Registrant's business telephone number shall be the telephone number for receiving business communications designated by the Registrant, which telephone number may be different than the Registrant's telephone number for communications with the College. If the Registrant does not designate a business telephone number the Registrar may assign any telephone number known to the College as the business telephone number.

21.09 – Providing Information to the College

If requested, the Registrant shall immediately provide the College with the following information, in the form requested by the College:

- (i) information required to be maintained in the register in accordance with subsection 23(2) of the Code and these bylaws;
- (ii) the address and telephone number of the Registrant's primary residence in Ontario and, if the Registrant does not reside in Ontario, the address and telephone number of the Registrant's primary residence;
- (iii) the Registrant's e-mail addresses; [...]

21.10 – Notification of College

The Registrant shall notify the College, in writing, of any changes to the following information within 30 days of the effective date of the change:

- (i) the Registrant's name,
- (ii) the address and telephone number of the Registrant's primary residence in Ontario and, if the Registrant does not reside in Ontario, the address and telephone number of the Registrant's primary residence,
- (iii) the Registrant's business address or business telephone number,
- (iv) the name, address or telephone number of any business or entity that employs the Registrant as a practitioner of homeopathy, and, if the Registrant is self-employed as a practitioner of homeopathy, any changes to the address or telephone number of the location where the Registrant practises other than addresses of individual clients, and
- (v) the Registrant's email address.

According to the Regulated Health Professions Act, all Registrants must have a business address listed on the Public Register. If a Registrant is not practising and does not have a current business address, they may provide a post office box as a business address. If no business address is supplied, the home address will appear on the Public register.

The Registrar is empowered to withhold information from the Public Register if the safety of an individual is at risk. If this situation applies to you, please notify the College immediately.



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Complete all sections and submit this form to the Registration Department at: registration@collegeofhomeopaths.on.ca or by mail, courier or hand-delivery. **Updated information will appear within 3 business days.** If the update has not occurred after 3 business days, please contact the CHO directly. Please print clearly. Signatures must be hand-signed.

REGISTRANT INFORMATION			
Registrant Name and Number			
Registrant Name:		Registration Number:	
New Home Address			
Street number and name:			Apartment/Unit:
City:	Province:	Country:	Postal Code:
Phone:	Mobile:	Email:	
New Business Location #1 All business addresses must be listed. Attach additional sheets, if needed.			
Business Name:			
Street number and name:			Unit/Suite:
City:	Province:	Country:	Postal Code:
Phone:	Fax:	Email:	
New Business Location #2			
Business Name:			
Street number and name:			Unit/Suite:
City:	Province:	Country:	Postal Code:
Phone:	Fax:	Email:	
Preferred Contact			
Preferred mailing address for communication with the College:		<input type="checkbox"/> New Home <input type="checkbox"/> New Business #1 <input type="checkbox"/> New Business #2	

AUTHORIZATION SIGNATURE	
I declare that the above information is true and correct. I authorize the CHO to make the above noted changes to my Registrant account.	
_____	_____
<i>Signature of Registrant</i>	<i>Date of Signature</i>