



College of Homeopaths of Ontario  
163 Queen Street East, 4<sup>th</sup> Floor, Toronto, Ontario, M5A 1S1  
TEL 416-862-4775 OR 1-844-862-4780  
FAX 416-874-4077 EMAIL [programs@collegeofhomeopaths.on.ca](mailto:programs@collegeofhomeopaths.on.ca)  
[www.collegeofhomeopaths.on.ca](http://www.collegeofhomeopaths.on.ca)

| Office Use Only |  |
|-----------------|--|
| Date Processed: |  |
| Processed by:   |  |

## Credit Card Payment Form for Academic Program Review and Approval Fees (FORM G)

- \$565.00 = \$500.00 + \$65.00 HST                      Application Fee
- \$2,825.00 = \$2,500.00 + \$325.00 HST                      Assessment Fee
- \$1,356.00 = \$1,200.00 + \$156.00 HST                      Site Visit Fee (plus site visitor travel and accommodations as required)

Institution Name:

| Method of Payment             |                                      |
|-------------------------------|--------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> Master Card |
| Credit Card Number            | Expiry date                          |
| <input type="text"/>          | <input type="text"/>                 |
| Authorized amount:            | Name on Card:                        |
| Date:                         | Signature of Cardholder:             |

**This form will be destroyed once payment has been processed and cleared. The College does not retain credit card information.**