



## College of Homeopaths of Ontario

163 Queen Street East, 4<sup>th</sup> Floor, Toronto, Ontario, M5A 1S1

TEL 416-862-4780 OR 1-844-862-4780

FAX 416-874-4077

Email: [registration@collegeofhomeopaths.on.ca](mailto:registration@collegeofhomeopaths.on.ca)

[www.collegeofhomeopaths.on.ca](http://www.collegeofhomeopaths.on.ca)

# Individual Assessment Application Form

## College of Homeopaths of Ontario (CHO)

### Steps for Completion:

1. Check eligibility for registration with the College of Homeopaths of Ontario.
  - a. Have you graduated from an approved program in homeopathy in Ontario in the last 12 months?  
 Yes (proceed to Step 2 and complete this form.)  
 No (Contact the CHO for more information on next steps.)
  - b. Have you received pre-approval from CHO to complete the Individual Assessment?  
 Yes (proceed to Step 2 and complete this form.)  
 No (Contact the CHO for more information on next steps.)
  - c. Did you submit an application for registration to CHO prior to April 2, 2016 and have not yet completed your IA or are resubmitting your IA?  
 Yes (proceed to complete this form.)  
 No (Contact the CHO for more information on next steps.)
  - d. If you answered "yes" to any of the above, proceed to complete this form and the individual assessment. If you answered no to all three, please contact CHO Registration Staff at [registration@collegeofhomeopaths.on.ca](mailto:registration@collegeofhomeopaths.on.ca), 416-862-4804 or visit the College's website at [www.collegeofhomeopaths.on.ca](http://www.collegeofhomeopaths.on.ca) for more details on determining eligibility.
2. If you are eligible, then complete and submit this form with your payment to Human Resource Systems Group Ltd. (HRSG).
3. When HRSG confirms receipt of form and payment, then submit the three cases, the essay, supporting documents, copy of photo ID, proof of payment and the Individual Assessment Consent Form to HRSG.
4. HRSG will notify you directly of your IA results.

### PERSONAL & CONTACT INFORMATION

First Name:		Middle Name(s) (if applicable):		Last Name:	
Home Address:					
Street No. & Name:			Apartment/Suite:		City:
Province:	Country:	Postal Code:	Telephone:	Fax:	
E-mail:					
Gender:	<input type="checkbox"/> Female		<input type="checkbox"/> Male		
Preferred Language:	<input type="checkbox"/> English		<input type="checkbox"/> French		

**Please Note:** You must provide one legible photocopy of a government-issued photo ID (for example: driver's license, passport) with an original signature on the photocopy that must match the signature on the document.



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Print Name: \_\_\_\_\_

First time applying for Individual Assessment?  **Yes** (proceed to page Fee Schedule)  **No** (complete section below)

**PREVIOUS INDIVIDUAL ASSESSMENT**

**Previous Individual Assessment Results:**

I have successfully completed three cases and HRSG has sent me confirmation. I am submitting my essay only for assessment.

Date of successful completion of three cases (dd/mm/yyyy): \_\_\_\_\_

I did NOT successfully complete the cases or essay on my previous attempt. I am re-submitting materials for reassessment to address the gaps noted in my previous results.

Date of previous submission (dd/mm/yyyy): \_\_\_\_\_

**Individual Assessment Fees – Effective December 5, 2014**

**Please Note:** All Individual Assessment fees are non-refundable.

**FEE SCHEDULE**

Standard Fees	Fee	HST	Total
Individual Assessment of <b>three cases and one essay</b> <sup>1</sup>	\$650.00	\$84.50	\$734.50
Request for IA Review for reason of an appeal (three cases and one essay)	\$650.00	\$84.50	\$734.50
Individual Assessment of <b>one essay</b> <sup>2</sup> <i>only</i>	\$350.00	\$45.50	\$395.50
Request for IA Review for reason of an appeal (one essay only)	\$350.00	\$45.50	\$395.50

Reassessment of any component(s) following previous attempt	Fee	HST	Total
Request for reassessment to address gaps noted in previous results	\$350.00	\$45.50	\$395.50

**All Individual Assessment fees must be submitted directly to the HRSG office in Ottawa.**

Acceptable methods of payment include:

**Payment by Certified Cheque or Money Order (post-dated payments are not accepted)**  
If paying by certified cheque or money order, please make the payment payable to "Human Resource Systems Group Ltd.", and mail your payment and this form to the address below:

Human Resource Systems Group Ltd.  
c/o Administrator (Homeopathy Individual Assessment)  
6 Antares Drive, Phase 2, Suite 100  
Ottawa, Ontario, K2E 8A9

**Payment by Credit Card (only Visa or Mastercard accepted)**  
If paying by credit card, please call:  
Valerie Mullen, HRSG Accounting Dept., Toll-free: 1-866-574-7041, ext. 246, Telephone: 613-745-6605, ext. 246

<sup>1</sup> Eligibility requirement for Full Class of Registration, when three cases are submitted in conjunction with essay.

<sup>2</sup> Individuals can only submit the essay on its own if they have already successfully completed the three cases.



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Print Name: \_\_\_\_\_

**DECLARATION**

I certify that the statements made by me on all pages of my Individual Assessment application package, including all supporting documents, are true and complete to the best of my knowledge and belief. I understand that making a false or misleading statement in my application submission could result in the rejection of my application or discipline measures including, but not limited to, revocation of registration. I agree to notify HRSG in writing within 7 days if there are any change(s) to the information contained in this form.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

Please keep a copy of all materials submitted with this form for your records.

**Privacy Statement**

Human Resource Systems Group, Ltd. (HRSG) will be administering the Individual Assessment program. In accordance to section 36.1 of the Regulated Health Professions Act, 1991, HRSG will ensure confidentiality of practitioner and patient information contained within the application. HRSG will be required to provide certain information to the College of Homeopaths of Ontario that arises from your Individual Assessment including, but not limited to, assessment criteria that have not been demonstrated, the request for a reassessment, and the request for an appeal. Anonymized information for statistical purposes will also be provided by HRSG to the College.



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### SUBMITTING YOUR INDIVIDUAL ASSESSMENT DOCUMENTS TO HRSG (For Eligible Individuals)

First, complete this entire form (*pages 1-4*) and submit this form with your payment to HRSG. Make sure to photocopy the form for your own records before you send it. Then, once HRSG confirms that your payment has been processed you can submit your three cases, essay, supporting documents, copy of photo ID, proof of payment and the consent form in one package to the HRSG office. It is best to submit these documents by email. In order to avoid delays and to ensure accuracy in assessment, all information should be typed.

#### Checklist of all Required Documents for the Individual Assessment (Application Package):

- Individual Assessment Application Form (this form, pages 1 – 4), complete with signed declaration
- Individual Assessment fee payment (enclose a copy of proof of payment)
- Individual Assessment Consent Form, signed and dated
- One legible photocopy of a government-issued photo ID (for example: driver's license, passport) with an original signature on the photocopy that must match the signature on the document
- One essay on homeopathy theory and principles (**2 copies**: including one non-editable .pdf **AND** one editable Microsoft Word document, .doc or .docx)
- Three homeopathic patient cases (**2 copies**: including one non-editable .pdf **AND** one editable Microsoft Word document, .doc or .docx)
- Supporting documents including anonymized patient intake forms, confidentiality forms and/or brochures
- A copy of the Applicant Summary Form from your previous assessment (*if applicable*)

**IMPORTANT:** Do **NOT** include any identifying information **WITHIN** any part of your submission, this includes: your own name, patient names, patient addresses, name of your clinic, your business address, and any names of other practitioners or clinics you may be affiliated with. Your application submissions will be anonymized before being assessed in order to ensure impartial and objective review; therefore, please remove all identifying information.

Please ensure that HRSG has received your Individual Assessment Application Form and payment before sending additional documents. Then, when you are prepared to send your cases and essay to HRSG, make sure you have enclosed all the materials required as noted in the checklist above. It is your responsibility to ensure that you submit a complete Individual Assessment application package. It is not the responsibility of HRSG to ensure that you submit a complete package.

**Failure to submit the required materials may result in your application being returned, a delay in the assessment of your application, and/or additional costs to you.**

Email your complete Individual Assessment application package to Administrator (Homeopathy Individual Assessment) at: [homeopathyassessment@hrsg.ca](mailto:homeopathyassessment@hrsg.ca)

If you are not able to submit by email, the application package can be prepared on paper and submitted by mail to the HRSG office. Make sure information is clear and easy to read.

If you wish to mail a paper application package, please enclose **one (1) copy** of each of the homeopathic cases, **one (1) copy** of the essay and **one (1) copy** of each supporting document to the address below:

Human Resource Systems Group Ltd.  
c/o Administrator (Homeopathy Individual Assessment)  
6 Antares Dr., Phase 2, Suite 100  
Ottawa, ON K2E 8A9

Fax: 613-745-4019  
Telephone: 613-745-6605, ext. 370  
Toll free: 1-866-574-7041, ext. 370