



Office Use Only				
Date Received:				
Staff Reviewer:				
Registration Number:				

Resignation Form

College of Homeopaths of Ontario (CHO)

Please Note: Resigning a Certificate of Registration means that you will no longer be a Registrant of the CHO. **Resignation is permanent and a resigned Certificate of Registration cannot be reinstated.** If you resign your registration and then wish to resume using the title Homeopath in the future*, you will be required to re-apply to the CHO and meet all of the registration requirements that are in place at the time of the application. [*You may wish to consider moving instead to Inactive Class]. **Please read the CHO Guide to Transferring Registration Class before completing this form.** Please print clearly.

SECTION 1: REGISTRANT INFORMATION	
1.a) Information as it Currently Appears on the Public Register	
Registrant Name:	Registration Number:
1.b) Resignation Effective Date	
I wish to resign my registration with the College of Homeopaths of Ontario effective as of this date: _____ <div style="text-align: right; font-size: small;">(dd/mm/yyyy)</div>	

SECTION 2: DECLARATION	
Declaration of Resignation	
<p>I understand that by signing my name below I am resigning my membership with the CHO effective as of the date I have noted above.</p> <p>I understand that as of the effective date, I am no longer entitled to practice the profession of homeopathy in the province of Ontario or hold myself out as a person who is qualified to practice homeopathy in the province of Ontario.</p> <p>I understand that by resigning my registration with the CHO, I can no longer use the protected title(s) "Homeopath," "Homeopath (Inactive)," and/or "Homeopath (Transitional)," or the designation(s) "Hom.," "Hom(I)," and/or "Hom(T)," a variation or abbreviation or an equivalent in another language in the province of Ontario.</p> <p>I understand that by resigning my registration with the CHO, I must take reasonable steps to notify each patient for whom I have primary responsibility of my intended practice closure and ensure that the patient records are transferred to another Registrant or are otherwise retained or disposed in a secure manner, in accordance with <i>CHO Standard 11: Leaving a Practice</i>.</p> <p>I understand that I am required to return my original Certificate of Registration to the CHO by mail, courier or hand-delivery immediately before the effective date of my resignation.</p> <p>I understand that should I wish to become registered with the CHO again, I must re-apply for registration and will be required to satisfy the registration requirements in place at the time of re-application in order to become registered again.</p> <p>I understand that after I resign my registration I remain subject to the CHO for professional misconduct referable to the time when I was a Registrant.</p>	
_____ <i>Signature of Registrant</i>	_____ <i>Date of Signature</i>

Please Note: You are **required** to return your original Certificate of Registration to the office by mail, courier or hand-delivery on or immediately before the date of resignation. Once the resignation process is complete, you will receive formal verification of your resignation from the College.