



College of Homeopaths of Ontario
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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.

NOTE: Please send this completed form to the CHO Registration Department by email to registration@collegeofhomeopaths.com

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: _____
(dd/mm/yyyy)

SECTION 2: DECLARATION

Declaration of Resignation

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.

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.

I understand that by resigning my registration with the CHO, I can no longer use the protected title(s) "Homeopath," or "Homeopath (Inactive)" or the designation(s) "Hom," or "Hom(l)" a variation or abbreviation or an equivalent in another language in the province of Ontario.

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 *CHO Standard 11: Leaving a Practice*.

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.

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.

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.

Signature of Registrant

Date of Signature

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.