



**College of Homeopaths of Ontario**  
163 Queen Street East, 2<sup>nd</sup> Floor, Toronto, Ontario, M5A 1S1  
TEL 647-749-4952  
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## Application Checklist for Registration in the Full Class

Check off the documents on this page that you will be submitting, and email both the checklist and documents to the Registration Department at the College of Homeopaths of Ontario (the College).

**Please Note:** Submitting this application and your documents for registration **does not imply**, in any manner, that you are registered with the College. Without an approved Certificate of Registration from the College you may not use the restricted title and designation “Homeopath” and “Hom,” or an equivalent in any language, or hold yourself out as a homeopath in Ontario.

The following documents are required to complete this application:	
<input type="checkbox"/>	<b>Application Fee:</b> E-transfer payment to “College of Homeopaths of Ontario” at <a href="mailto:fees@collegeofhomeopaths.com">fees@collegeofhomeopaths.com</a> for <b>\$333.35</b> (\$295 + HST). Or, <b>Form G – Credit Card Payment Form</b> for <b>\$333.35</b> , or submit this fee online through the Portal system with your online application form (electronic version of Form A)– all applicants
<input type="checkbox"/>	<b>Form A – Application for Registration in the Full Class (online form)</b> – all applicants
<input type="checkbox"/>	<b>Form B – Certificate of Dean or Principal</b> – all applicants For every program of homeopathic education, <u>send Form B</u> to the educational institution you attended. Once completed, Form B can be sent directly to the CHO from the educational institution by email or mail.
<input type="checkbox"/>	<b>Form C – Certificate of Professional Conduct</b> (if applicable) For every health profession regulatory affiliation, <u>send Form C</u> to the appropriate address of the licensing body.
<input type="checkbox"/>	<b>Form D – Authorization to Release Information</b> – all applicants
<input type="checkbox"/>	<b>Form E – Statutory Declaration</b> signed and <b>notarized</b> – all applicants
<input type="checkbox"/>	A <b>notarized</b> copy of my government-issued identification – all applicants
<input type="checkbox"/>	A <b>notarized</b> copy of government-issued documentation supporting my legal name change (if applicable)
<input type="checkbox"/>	A copy of proof of successful completion of Individual Assessment – all applicants
<input type="checkbox"/>	A copy of my Jurisprudence Course certificate of completion – all applicants
<input type="checkbox"/>	A <b>notarized</b> copy of proof of Standard First Aid certification – all applicants
<input type="checkbox"/>	A <b>notarized</b> copy of proof of Healthcare Provider CPR certification – all applicants
<input type="checkbox"/>	My <b>original</b> Criminal Background Check documentation – all applicants
<input type="checkbox"/>	A <b>notarized</b> copy of my Canadian Language Benchmark certificate (if applicable)
<input type="checkbox"/>	Translated documents and translations, <b>notarized</b> (if applicable)
<input type="checkbox"/>	A copy of my professional liability insurance certificate (if currently insured)

\*If you have previously undergone the CHO SECA process, you are not required to submit duplicates of the items previously submitted (Form B, Form D & Form E).

**Submit this checklist with the documents in one email to:**

**[registration@collegeofhomeopaths.com](mailto:registration@collegeofhomeopaths.com)**