College of Homeopaths of Ontario
TEL 647-749-4952
www.collegeofhomeopaths.com

**Form B**

| Office Use Only | |
|---|---|
| Date Received: | |
| Staff Reviewer: | |
| Application Number: | |

# Certificate of Dean or Principal of College/University Granting Diploma/Degree of Homeopathy

Applicants who are completing a SECA application or a Full Class application form must provide evidence of their graduation from a program in homeopathy. Applicants must complete Section 1 and send the form to their college/university of graduation. **Section 2 of this form must be completed by the Dean or Principal of the college/university in which you obtained your diploma/degree in homeopathy and emailed directly from the institution to the CHO.**

A separate form must be completed for each educational institution. Please print clearly.

## Section 1

First Name: _____ Middle Name(s): _____

Last Name: _____ Student Number: _____

College/University of Graduation: _____

College/University Address: _____
Street City

_____
Province Postal Code Country

I, the undersigned, authorize the educational institution listed above to provide the information requested below to the College of Homeopaths of Ontario (CHO) and any additional information requested by the CHO in order to process my application for registration.

_____ _____
Signature of Applicant Date of Signature

## Section 2

To be completed by the college/university of graduation and forwarded **along with an official transcript of records** directly to:

**registration@collegeofhomeopaths.com**

Name of Graduate: _____

*(continued on page 2)*

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Name of Education Program: _____

Start Date of Education Program: _____

Date of Successful Completion of Education Program: _____

Did the education program include a structured, comprehensive, supervised and evaluated program of clinical experience? ☐ Yes ☐ No

If "yes," total number of **weeks** of clinical experience program: _____

If "yes," total number of **hours** of direct client contact: _____

Name of Dean or Principal: _____

Signature of Dean or Principal: _____

Date of Signature: _____

Affix seal or stamp of college / university here.