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Form D

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

Authorization to Release Information

All applicants must complete this form of authorization to release information as part of their application for registration with the CHO. All applicants must submit this form directly to the CHO. Please print clearly.

Section 1

I, _____, hereby certify that the
(Print Full Legal Name)

College of Homeopaths of Ontario (CHO), and the authorized persons acting on its behalf, may contact any educational institution; assessment, examination or credentialing agency; previous or present employers; or governing regulatory body to obtain information which would assist the CHO in determining whether I am eligible to be registered as a homeopath in Ontario.

I hereby give my consent to any institution, agency, employer or governing or regulatory body to release such information upon request of the CHO which may in any way be relevant to my application for registration.

Signature of Applicant

Date of Signature