



Canadian Free Trade Agreement Application Instructions **For applicants currently registered to practice naturopathy in Canada**

Please review the following application and exam requirements carefully. Incomplete applications will not be processed.

Note: non-practicing registration is not available for new applicants.

1. Completion of the application form for registration in Manitoba. Applications must be returned by mail to the Manitoba Naturopathic Association (Attention: Registrar).
2. **Certificate of Good Standing:** to be completed by all current regulatory bodies. If you plan to practice advanced therapies in Manitoba, the certificate must state that you are certified to practice: acupuncture, oxidative therapies, manipulation, IV therapies and prolotherapy.
3. **Application Fees:** With your completed application, please include a cheque payable to the Manitoba Naturopathic Association for the following or e-transfer at mnapayments@gmail.com

1. Application Fee	\$350
2. Jurisprudence Fee	\$150
Total	\$500
4. **Annual Registration Dues** **\$1800.00** Registration fees will be prorated to the first of the month of registration and must be submitted when registration is approved. An application for registration expires 12 months after the date on which the applicant receives written notification from the registrar of the applicant's eligibility for registration.
5. **Record Checks:**
 1. Criminal Record Check with a Vulnerable Sector Search
 2. Child Abuse Registry Check (or provincial equivalent) conducted by the jurisdiction you have resided most recently. Sealed results to be forwarded to the MNA. Please contact your local police or RCMP detachment directly.
6. **CPR:** Requirement: *CPR Level C for Health Care Providers with AED* in-person or online from an accredited program: St. John's Ambulance, Canadian Red Cross etc.
7. **Personal Health Information Act (PHIA) Online Training Program (Direct PHI Version)** new members are required to complete the PHIA Online Training Course for Health Professionals within three months of registration and show proof of successful completion (certificate). Applicants are encouraged to complete the training upon submission of their application to the MNA. Five Continuing Education credit hours will be provided upon receipt of course certificates. <https://trainingtodo.com/mbhealth/secure/phia-for-individuals.asp>
8. **Insurance:** Proof of professional liability insurance coverage; \$2-million dollars and \$3-million for those working in advanced certifications (IV Therapies)

**MANITOBA NATUROPATHIC ASSOCIATION (MNA)
CANADIAN FREE TRADE AGREEMENT (CFTA)
APPLICATION FOR ND'S CURRENTLY REGISTERED IN ANOTHER JURISDICTION**

DISCLAIMER: You must be registered with the MNA before commencing the practice of naturopathic medicine in Manitoba

Please complete this application and mail to **(no couriers or registered mail)**
The Manitoba Naturopathic Association
1661 Portage Ave., Suite 307
Winnipeg, MB R3J 3T7

PERSONAL INFORMATION: First Name(s): _____ Last Name(s): _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Home Phone: _____ Date of Birth: ____/____/____
Email: _____ (dd) (mm) (yyyy)
Current Naturopathic Licensing Body: _____ License #: _____

PRACTICE LOCATION: (if available at time of application)

Practice name (if applicable): _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Business Phone: _____ Cell: _____
Clinic e-mail: _____

***Important: Registrants must notify the MNA within 30 days of any changes to name, address, phone or email**

- Languages I can use in my practice: _____
- Name as you would like it to appear on your MNA certificate: Dr. _____, ND

Authorization: I authorize the MNA to share my email with the Manitoba Alliance of Naturopathic Doctors Initial _____

REGISTRATION REQUIREMENTS:

1. **Identification**-Two copies must be submitted with application (one must be current photo I.D.)
2. **Fees:** One cheque or etransfer payable to the *Manitoba Naturopathic Association, mnapayments@gmail.com*
 1. Application Fee: \$350
 2. Jurisprudence Exam Fee \$150
 3. **After** Confirmation of Registration Submit:
Annual Registration Fees: **\$1800** prorated to the first of the registration month with two payment instalments based on registration date. The office will inform you of exact fees after the practical exam is passed and proof of insurance is submitted.
3. **Certificate of Good Standing:** from all current licencing bodies declaring certifications
4. **Record Checks:** 1. **Criminal Record Check with Vulnerable Sector Search** (original)
2. **Child Abuse Registry Check or provincial equivalent** (original)
5. **CPR Certification** (see page 2)
6. **Liability Insurance:**
Registrants must have professional liability insurance in place and provide evidence before registration will be approved and it must adequately cover all clinics, the registrant and staff.
Members must have \$2-million coverage. I.V. Therapy registrants must have at least \$3-million coverage.

I currently have insurance coverage through _____ Policy #: _____

I understand that I must always have liability insurance coverage (for each clinic) while registered. I will be required to submit proof of insurance before my license number will be issued. _____(Initial)

CERTIFICATIONS AND EDUCATION REQUIREMENTS-APPLICANTS MUST COMPLETE THE FOLLOWING:

1. CPR:

Applicants are required to have current (within two years) **CPR Level C for Health Care Providers with AED** certification from an accredited program: St. John's Ambulance, Canadian Red Cross etc.

- I have included proof of CPR Level C for Health Care Providers with AED with my application
- I will send proof of CPR Level C for Health Care Providers with AED at a later date

2. Personal Health Information Act (PHIA) Online Training Program (Direct PHI Version) new members are required to complete the PHIA Online Training Course for Health Professionals within three months of registration and show proof of successful completion (certificate). <https://trainingtodo.com/mbhealth/secure/phia-for-individuals.asp>

- I agree to complete the PHIA Online Training Program within three months of my registration and will submit proof of completion to the MNA Signed: _____ Date: _____

Current Certifications:

Certifications granted in Manitoba are based on your current licensure and must be declared on your verification form.

3. Acupuncture Registrants:

- I plan to practice Acupuncture when I am licensed to practice Naturopathic Medicine in Manitoba
- I do not plan to practice Acupuncture when I am licensed to practice Naturopathic Medicine in Manitoba (should you wish to practice at a future date please notify the Manitoba Naturopathic Association)

4. Manipulation Registrants:

- I plan to practice Manipulation when I am licensed to practice Naturopathic Medicine in Manitoba
- I do not plan to practice Manipulation when I am licensed to practice Naturopathic Medicine in Manitoba (should you wish to practice at a future date please notify the Manitoba Naturopathic Association)

5. Prolotherapy Registrants:

- I plan to practice Prolotherapy when I am licensed to practice Naturopathic Medicine in Manitoba
- I do not plan to practice Prolotherapy when I am licensed to practice Naturopathic Medicine in Manitoba (should you wish to practice at a future date please notify the Manitoba Naturopathic Association)

6. Ozone/Oxidative Therapy Registrants:

- I plan to practice Ozone/Oxidative therapies when I am licensed to practice Naturopathic Medicine in Manitoba
- I do not plan to practice Ozone/Oxidative therapies when I am licensed to practice Naturopathic Medicine in Manitoba (should you wish to practice at a future date please notify the Manitoba Naturopathic Association)

7. IV Therapy Registrants:

- I plan to practice IV Therapy when I am licensed to practice Naturopathic Medicine in Manitoba
- I do not plan to practice IV Therapy when I am licensed to practice Naturopathic Medicine in Manitoba (should you wish to practice at a future date please notify the Manitoba Naturopathic Association)

8. EMERGENCY MEDICINE FOR IV CERTIFICATION:

Applicants planning to practice IV therapies must complete the *Emergency Medicine for IV Certification* every three years.

- I have included proof of completion of Emergency Medicine for IV Certification with my application
- I will send proof of completion of Emergency Medicine for IV Certification at a later date

PREVIOUS HISTORY AND CONDUCT:

The following questions relate to any/all proceedings against you and must be answered “yes” or “no”.

Have you ever been denied an application for registration, licensure or any authorization to practice? Yes []* No []

Have you ever failed an entry-to-practise or licensing examination in any jurisdiction for any profession including naturopathic medicine? Yes []* No []

Have you ever been found guilty of any offence under a statute in any jurisdiction in Canada or abroad which has not previously been reported to the Board in writing? Yes []* No []

Has there ever been a finding made against you by a court or a tribunal in Canada or abroad in a civil, criminal or regulatory proceeding in respect to your professional conduct, competence or capacity, including professional negligence or malpractice, which has not previously been reported to the Board in writing? Yes []* No []

Are there any outstanding or pending civil or criminal proceedings against you in Canada or abroad which have not previously been reported to the Board in writing? Yes []* No []

Are there any outstanding complaints, investigations or inquiries regarding your conduct, competence or capacity under review by any regulatory body in Canada or abroad which have not previously been reported to the Board in writing? Yes []* No []

Are you the subject of any current proceedings for professional misconduct, incompetence or incapacity in Canada which have not previously been reported to the Board in writing? Yes []* No []

Have you ever agreed to a settlement to avoid any criminal, civil or regulatory proceeding or disciplinary action in respect to your professional conduct, competence or capacity including professional negligence or malpractice, which has not previously been reported to the Board in writing? Yes []* No []

Has there ever been a complaint against you lodged with another regulatory body that has resulted in a caution, undertaking or remediation which has not previously been reported to the Board in writing? Yes []* No []

Have you ever had any terms, conditions or limitations imposed on a certificate of registration or license issued by a regulatory body which have not previously been reported to the Board in writing? Yes []* No []

Do you have a physical or mental condition, disorder or addiction to alcohol or drugs that may compromise your ability to practice? Yes []* No []

Have you previously pled guilty or have been convicted of an offence under the Criminal Code of Canada or any narcotic or controlled substances legislation? Yes []* No []

***If you answered “Yes” to any of the above questions, the Manitoba Naturopathic Association will contact you. Providing false or misleading information is professional misconduct.**

DECLARATION:

By signing this application form, I state that the information provided on this application and in the attached documents is true, correct and complete. I agree to practice according to the Manitoba Naturopathic Act and any regulations enacted pursuant thereto, the Regulations, Standards of Practice and Code of Ethical Conduct of the Manitoba Naturopathic Association.

Signature _____ Date _____ Page 3