



College of Homeopaths of Ontario
 163 Queen Street East, 2nd Floor, Toronto, Ontario, M5A 1S1
 TEL 647-749-9366
 EMAIL registration@collegeofhomeopaths.com
 www.collegeofhomeopaths.com

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

Moving to Inactive Class Transfer Request Form

College of Homeopaths of Ontario (CHO)

For detailed information on how to complete this form, please see the Guide to Transferring Registration Class. Please print clearly.

SECTION 1: REGISTRANT INFORMATION	
Information as it Currently Appears on the Public Register	
Registrant Name:	Registration Number:

SECTION 2: CONTACT INFORMATION WHILE INACTIVE (If different from current contact information)			
Home Address			
Street Number and Name:			Apartment / Suite:
City:	Province:	Country:	Postal Code:
Phone:	Fax:	Email:	

SECTION 3: EFFECTIVE DATE & REASON FOR TRANSFER TO INACTIVE CLASS					
3.a) Effective Date					
I wish to transfer my registration to the Inactive Class effective as of this date: _____ <div style="text-align: right; font-size: small;">(dd/mm/yyyy)</div>					
3.b) Indicate the Reason for Transferring to the Inactive Class					
<input type="checkbox"/> Moving to another province	<input type="checkbox"/> Moving to another country	<input type="checkbox"/> Working in another profession	<input type="checkbox"/> Leave of absence (parental, medical, academic, other)	<input type="checkbox"/> Retirement from the labour force	<input type="checkbox"/> Not specified

SECTION 4: FEE PAYMENT	
Method of Payment	
I am submitting my payment for the transfer fee of \$100 + HST in the following method:	
<input type="checkbox"/> Certified Cheque / Money Order	<input type="checkbox"/> Credit Card <i>(If box is checked, you must submit the Credit Card Payment Form G [see online].)</i>

SECTION 5: DECLARATION



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Registrant's Declaration *You must check one box for each statement below.*

I have ensured that all of my information on the Public Register is correct.	<input type="checkbox"/> Yes
I hereby attest that during the period of time while I am registered in the Inactive Class, I will not:	
practise the profession of homeopathy in the province of Ontario;	<input type="checkbox"/> Yes
supervise the practice of the profession of homeopathy in the province of Ontario;	<input type="checkbox"/> Yes
make any claim or representation to having any competence in the profession of homeopathy in the province of Ontario;	<input type="checkbox"/> Yes
use the title "Homeopath" or the designation "Hom," but instead will only use the title "Homeopath (Inactive)" and the designation "Hom(I)."	<input type="checkbox"/> Yes
I understand that:	
I must return my current Certificate of Registration to the CHO on or immediately before the effective date of my transfer to the Inactive Class;	<input type="checkbox"/> Yes
in order to return to my former class of registration, I will be required to submit a transfer form, transfer fee, pay the amount difference in the registration fee, and submit any other documentation required by the CHO at the time of my transfer;	<input type="checkbox"/> Yes
I may not resume practice as a Homeopath in Ontario until the CHO informs me in writing that I have successfully transferred to the Full Class and has re-issued my former Certificate of Registration;	<input type="checkbox"/> Yes
the length of time that I am registered in the Inactive Class may affect the process for transferring to the Full Class and that I may be required to take a refresher course or engage in other activities relating to currency before returning to practice;	<input type="checkbox"/> Yes
as a Registrant of the CHO in the Inactive Class, I have the duty to self-report any finding of guilt related to an offence, any finding of professional misconduct, incompetence or incapacity, any finding of professional negligence / malpractice, any refusal of licensure in another health profession, any failure to pass a registration exam in another health profession, any failure to comply with another health regulatory body, and any other event or similar finding in Ontario or any other jurisdiction within 30 days after the event occurs.	<input type="checkbox"/> Yes

SECTION 5: AUTHORIZATION SIGNATURE

The information contained in this form is accurate and true to the best of my knowledge.

Signature of Registrant *Date of Signature*

Please Note: The transfer of your Certificate of Registration to the Inactive Class is not complete until you have received written notification from the College. Registrants who transfer their class must return their current Certificate of Registration to the College before a new Certificate of Registration can be issued.