



College of Homeopaths of Ontario
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Form E

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

Statutory Declaration

All applicants must complete this form of statutory declaration as part of their application for registration with the CHO. All applicants must submit this form directly to the CHO. Complete this form in the presence of a Notary Public or Commissioner for taking affidavits, who will verify your identity. Please print clearly.

Message to the Notary Public or Commissioner: *the Declarant whose name appears below is applying for registration with the College of Homeopaths of Ontario (CHO), a statutory regulatory body created under the authority of the Regulated Health Professions Act, 1991 and the Homeopathy Act, 2007. Kindly verify his or her identity and have the Declarant make this declaration in your presence.*

Section 1

I, the undersigned, solemnly declare:

- That the information and supporting documents provided in my application for registration with the College of Homeopaths of Ontario (CHO), are truthful, accurate and complete to the best of my knowledge;
- I understand that a false or misleading statement, by commission or omission, may disqualify me from registration or may be cause for revocation of any registration which may be granted to me;
- If I am granted registration with the CHO, I will comply with all regulations, standards and policies of the CHO;
- I understand that once proclamation occurs, I may not hold myself out to be a homeopath in Ontario until a Certificate of Registration has been issued to me;
- I understand that the CHO reserves the right to request additional information in support of my application for registration.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Printed Name of Applicant

Signature of Applicant

Section 2

Declared before me, _____,
 Printed Name of Notary Public or Commissioner for taking affidavits

At the _____ of _____ this _____ of _____, 20____.

Municipality Type Municipality Name Day Month Year

Signature of Notary Public or Commissioner

Telephone Number of Notary Public or Commissioner

Address of Notary Public or Commissioner

Message to Notary Public or Commissioner for taking affidavits: *Please affix your seal, stamp or business card to this document.*