College of Homeopaths of Ontario
163 Queen Street East, 4th Floor, Toronto, Ontario, M5A 1S1
TEL 647-749-9366
Email registration@collegeofhomeopaths.com
www.collegeofhomeopaths.com

Office Use Only	
Date Received:	
Staff Reviewer:	

Practice Hours Tracking Submission Form
College of Homeopaths of Ontario (CHO)

For details on allowable practice hours please see Registration Policy REG CS04 Full Class Breakdown of Hours or REG CS05 Grandparented Class Breakdown of Hours. If submitting by paper, please print clearly. Completing this form is mandatory. Upon request submit page 1 and 2 of this form to the College of Homeopaths of Ontario.

SECTION 1: PERSONAL INFORMATION

1.a) Name

Registrant Name:	Registration Number:
Telephone Number:	Email Address:

SECTION 2: REPORTING PERIOD

The first reporting period date starts on date of registration and ends 36 months following that date.

2.a) START date of Hours Cycle *(mm/dd/yy)*:		2.b) END date of Hours Cycle *(mm/dd/yy)*:	

2.c) Clinical Practice Hours in the 3-year post-registration reporting period. *(Attach additional sheets, if needed.)*

Year	Intake Visits *(2 hours accepted per visit)*	Follow-up Visits *(1 hour accepted per visit)*	Total Hours
2020	X 2 = 0	X 1 = 0	0
2021	X 2 = 0	X 1 = 0	0
2022	X 2 = 0	X 1 = 0	0
2023	X 2 = 0	X 1 = 0	0

3. Total Number of Clinical Practice Hours: **0**

2.d) Non-Clinical Practice Hours in the 3-year post-registration reporting period. *(Attach additional sheets, if needed.)*

Year	Type of Hours	Hours
2022	Formal Professional Development	
2022	Formal Professional Development	
2022	Formal Professional Development	
2022	Formal Professional Development	
2022	Formal Professional Development	
2022	Formal Professional Development	

4. Total Number of Non-Clinical Practice Hours: **0**

DUE DATE FOR SUBMISSION:

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Registrant Name: _____

Registration Number:_____

2.e) Total Hours for Reporting Period	
[From 2.c) Line 3] Total Number of Clinical Practice Hours:	**0**
[From 2.d) Line 4] Total Number of Non-Clinical Practice Hours:	**0**
TOTAL HOURS for REPORTING PERIOD:	**0**

SECTION 3: AUTHORIZATION SIGNATURE

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

_____ _____

Signature of Registrant *Date of Signature*

This information will be processed as received. The College has the right to request supporting documentation of hours submitted. For accepted forms of supporting documentation please refer to registration policy CS04 or CS05. In accordance with registration policy REG AD07 Audit Process the College will periodically perform audits on practice hours.

Completing this form is mandatory. Upon request submit page 1 and 2 of this form to the College of Homeopaths of Ontario.

Failing to comply with this request could result in disciplinary action in accordance with CHO Professional Misconduct Regulation O.Reg. 315/12 section 46. Failing to reply appropriately and within 30 days to a written inquiry or request from the College.

DUE DATE FOR SUBMISSION: