College of Homeopaths of Ontario
registration@collegeofhomeopaths.com
www.collegeofhomeopaths.com

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

Resignation Form

College of Homeopaths of Ontario (CHO)

Resigning a Certificate of Registration means that you will no longer be a Registrant of the CHO. ***Resignation is permanent and a resigned Certificate of Registration cannot be reinstated.*** *If you resign your registration and then wish to resume using the title Homeopath in the future, you will be required to re-apply to the CHO and meet all of the registration requirements that are in place at the time of the application.You may wish to consider moving instead to Inactive Class. Please read the CHO Guide to Transferring Registration Class before completing this form.*

Please send this completed form to the CHO Registration Department by email to registration@collegeofhomeopaths.com

SECTION 1: REGISTRANT INFORMATION

1.a) Information as it Currently Appears on the Public Register

Registrant Name:	Registration Number:

1.b) Resignation Effective Date

I wish to resign my registration with the College of Homeopaths of Ontario effective as of: _____
(dd/mm/yyyy)

SECTION 2: DECLARATION

Declaration of Resignation

I understand that by signing my name below I am resigning my membership with the CHO effective as of the date I have noted above.

I understand that as of the effective date, I am no longer entitled to practice the profession of homeopathy in the province of Ontario or hold myself out as a person who is qualified to practice homeopathy in the province of Ontario.

I understand that by resigning my registration with the CHO, I can no longer use the protected title(s) “Homeopath,” or “Homeopath (Inactive)” or the designation(s) “Hom,” or “Hom(I)”, a variation or abbreviation or an equivalent in another language in the province of Ontario.

I understand that by resigning my registration with the CHO, I must take reasonable steps to notify each patient for whom I have primary responsibility of my intended practice closure and ensure that the patient records are transferred to another Registrant or are otherwise retained or disposed in a secure manner, in accordance with *CHO Standard 11: Leaving a Practice.*

I understand that I am required to return my original Certificate of Registration to the CHO by mail or courier immediately before the effective date of my resignation.

I understand that should I wish to become registered with the CHO again, I must re-apply for registration and will be required to satisfy the registration requirements in place at the time of re-application in order to become registered again.

I understand that after I resign my registration I remain subject to the CHO for professional misconduct referable to the time when I was a Registrant.

_____ _____
Signature of Registrant *Date of Signature*

Please Note: You are **required** to return your original Certificate of Registration to the office by mail, courier or hand-delivery on or immediately before the date of resignation. Once the resignation process is complete, you will receive formal verification of your resignation from the College.