College of Homeopaths of Ontario

www.collegeofhomeopaths.com

Transfer to Former Class 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. The College may require further information from Registrants depending on the date of transfer and length of time in the Inactive Class.
Please print clearly.

SECTION 1: REGISTRANT INFORMATION

1.a) Information as it Currently Appears on the Public Register	
Registrant Name:	Registration Number:

1.b) Transfer Class & Effective Date	
I wish to transfer to my former class of registration: ☐ Full Class	Effective Date: _____ *(dd/mm/yyyy)*

SECTION 2: PROFESSIONAL LIABILITY INSURANCE

Professional Liability Insurance Information	
☐ I have obtained Professional Liability Insurance to cover my homeopathic practice that will take effect when I transfer to my former class.	
Name of Insurer:	Name of Broker:
Policy Number:	Amount of annual aggregate coverage:
Start Date: _____ *(dd/mm/yyyy)*	Expiry Date: _____ *(dd/mm/yyyy)*

SECTION 3: DECLARATION

Registrant's Declaration	
I am not in default of any fee, penalty, or other amount owing to the CHO.	☐ I Agree
I understand that in order to transfer to my former class, I am required to pay the amount difference between the Inactive Class registration fee and the current Full Class registration fee, in addition to the Transfer Fee.	☐ I Agree

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I understand that the length of time that I have been registered in the Inactive Class may affect the process for transferring to the Full Class and I agree to satisfy all requirements made by the Registration Committee regarding my knowledge, skill, and judgment relating to the practice of homeopathy prior to transferring to my former class.	☐ Yes
I hereby attest that I am in compliance with any outstanding requirements of the Quality Assurance Committee and/or the Inquiries, Complaints and Reports Committee, and any outstanding orders of the Council, Executive Committee, Discipline Committee, and Fitness to Practice Committee.	☐ Yes
I understand that I must return my Certificate of Registration in the Inactive Class to the CHO on or before the effective date of my transfer to my former class of registration.	☐ Yes
I understand that I may not resume practice as a Homeopath in Ontario, or use the title "Homeopath," or any other variation thereof, until the CHO informs me in writing that I have successfully transferred to the Full Class and I have received my former Certificate of Registration.	☐ Yes

SECTION 4: FEE PAYMENT

4.a) Difference in Registration Fee

The difference between the Inactive Class registration fee and the current Full Class registration fee is:

_____

(See: Bylaws, section 19 for registration fees for the current registration year.)

4.b) Total Payment & Method of Payment

I have enclosed payment for the Transfer Fee of **$110 + HST**, plus the amount noted above, for the total amount due noted below.

Authorized Amount: _____. I am submitting my payment for the authorized amount in the following method:

☐ E-Transfer	☐Credit Card *(If box is checked, you must log into your CHO Portal Account to pay the fee)*

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 from the Inactive Class to your former registration class is not complete until you have received written notification from the College. Registrants who transfer their class must return their Certificate of Registration to the College before the former Certificate of Registration can be re-issued.