



**Transitional Council of the
College of Homeopaths of Ontario**

163 Queen Street East, 4th Floor, Toronto, Ontario M5A 1S1
TEL 416-862-4783 OR 1-877-883-8083
FAX 416-874-4077
www.collegeofhomeopaths.on.ca

Feedback Form for Entry-to-Practice Competency - Please return by February 15, 2012

Please complete this form. If you choose to provide your written submission in a separate document also include a copy of this form with your submission. You may instead provide your comments on the reverse side of this form. The contact information below is collected for statistical purposes, and in order that we may contact you in the future, with your permission.

A. How to Submit Feedback

1. Complete this form
2. Provide your comments on this form and / or attach as a separate document.
3. Submit no later than February 15, 2012 to:

Feedback, Transitional Council of the College of Homeopaths of Ontario
163 Queen Street East, Toronto ON M5A 1S1

Or fax to: (416) 874-4077

Or email to: info@collegeofhomeopaths.on.ca

Note: *Electronic submissions are preferred in a Word document for ease of posting to our website.*

B. Contact Information

First name:

Last name:

Mailing Address (including postal code):

Email Address:

Phone number:

I am a:

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Practitioner | <input type="checkbox"/> Member of the public | <input type="checkbox"/> Student |
| <input type="checkbox"/> Client or former client | <input type="checkbox"/> Health care professional | <input type="checkbox"/> Other |

C. Future Membership with the College (this section is optional)

I expect to become a member of the new College in the following Class:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Full Member | <input type="checkbox"/> Grandparented Member | <input type="checkbox"/> Inactive Member |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Not applicable | |

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D. Consent

I understand that written submissions may be posted on the website of the transitional Council of the College of Homeopathy of Ontario. (NOTE: For your submission to be posted on the site you **MUST** indicate your consent below.)

I understand that identifying information of individuals, including name and contact information such as address, phone number and email address, will be removed from submissions that are posted publicly.

I understand that the names of organizations and individuals submitting on behalf of organizations will be posted publicly, though contact information will not be posted.

I understand that the transitional Council will review submissions and, at its discretion, may choose not to post submissions if they include content or wording that is derogatory, defamatory, threatening, abusive or otherwise inappropriate, or that reveals private or personal information.

- I consent to having my submission / comments posted publicly.
- I behalf of the organization noted below, I consent to having our group's submission / comments posted publicly.
- I **do not** wish to receive further information or updates from the transitional Council of the College of Homeopaths.

Name:

Date:

E. Organization, School or Association Submission

- I have authority to provide feedback on behalf of this organization or association.

Please provide the following information:

Name of Organization / Association:

Number of Voices:

Your position:

Mailing Address:

Your email address:

Guidelines for Posting Feedback

To encourage transparency and encourage open dialogue on proposed documents from the transitional Council, the feedback from individual(s) and/or organizations will be posted on our website at the discretion of the transitional Council according to the following guidelines:

1. The feedback form is complete, signed and returned to the Registrar by email, mail or fax.
2. The comments are related to the matter under consultation.
3. The response does not include abusive, derogatory, threatening/harassing comments on individuals or organizations.
4. The person has completed the feedback form and consented to having his/her comments posted.
5. Names of organizations will be posted but not names of individuals, who will be identified as a number.
6. All feedback will be carefully considered by the transitional Council and its committees.

Thank you for taking the time to provide your feedback!



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F. Comments – You may provide additional comments on a separate sheet, as required. For overall comments, please state general comments or include the page #, section/competency number and comment and or/suggestions. All comments and reactions to the attached document are welcome. Comments with examples of your experience are especially helpful to the transitional Council and its committees. Suggestions are appreciated. As we appreciate that you may have questions about the competency development process or interpretation please note your questions in the section marked “Questions”.

Sections of the Entry-to-Practice Competency Document

- I. Introduction and Background
- II. Context of Practice
- III. Key and Safety Competencies and Assumptions (1 to 11)
- IV. Competencies
 - Professional Responsibility and Ethical Practice (1.1 to 1.10)
 - Knowledge-Based Practice
 - Specialized Body of Knowledge (2.1 to 2.24)
 - Competent Application of Knowledge
 - Initial Intake (2.25 to 2.26)
 - Case-Taking-Consultation (2.27 to 2.31)
 - Case Analysis (2.32 to 2.36)
 - Selection and Dispensing of Homeopathic Medicine (2.37 to 2.41)
 - Case Management (2.42 to 2.46)
 - Practice Management (3.1 to 3.6)
- V. Glossary

Example

Page Number	Section Name & Competency #	Comment	Suggestion
6	Professional Responsibility and Ethical Practice 1.5	I agree that patient confidentiality and privacy are important at all times of one's practice life not just entry-to-practice.	No change.

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Electronic form sections are expandable or attach separate sheet.

Name:

Date:

Comment # (For Internal Purposes Only):

Page Number	Section Name & Competency #	Comment	Suggestion

General Comments

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Questions

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Thank you for taking the time to provide your feedback!