



College of Homeopaths of Ontario
 163 Queen Street East, 4th Floor, Toronto, Ontario, M5A 1S1
 TEL 416-862-4780 OR 1-844-862-4780
 FAX 416-874-4077
 www.collegeofhomeopaths.on.ca

Form B

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

Certificate of Dean or Principal of College/University Granting Diploma/Degree of Homeopathy

Applicants who are completing a Full Class application form must provide the CHO of evidence of their graduation from a program in homeopathy. Applicants must complete Section 1 and send the form to their college/university of graduation. **Section 2 of this form must be completed by the Dean or Principal of the college/university in which you obtained your diploma/degree in homeopathy and mailed directly to the CHO.**

A separate form must be completed for each educational institution. Please print clearly.

| Section 1 |
|---|
| First Name: _____ Middle Name(s): _____ Last Name: _____ Student Number: _____ College/University of Graduation: _____ College/University Address: _____ <div style="display: flex; justify-content: space-between;"> Street City </div> <hr/> <div style="display: flex; justify-content: space-between;"> Province Postal Code Country </div> <p>I, the undersigned, authorize the educational institution listed above to provide the information requested below to the College of Homeopaths of Ontario (CHO) and any additional information requested by the CHO in order to process my application for registration.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">Signature of Applicant</div> <div style="width: 35%; border-top: 1px solid black; text-align: center;">Date of Signature</div> </div> |

| Section 2 |
|---|
| <p>To be completed by the college/university of graduation and forwarded along with an official transcript of records directly to:</p> <p style="text-align: center;">College of Homeopaths of Ontario 163 Queen Street East, 4th Floor Toronto, Ontario M5A 1S1 Canada</p> <p>Name of Graduate: _____</p> <p style="text-align: right;"><i>(continued on page 2)</i></p> |



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Name: _____

Name of Education Program: _____

Start Date of Education Program: _____

Date of Successful Completion of Education Program: _____

Did the education program include a structured, comprehensive, supervised and evaluated program of clinical experience? Yes No

If "yes," total number of **weeks** of clinical experience program: _____

If "yes," total number of **hours** of direct client contact: _____

Name of Dean or Principal: _____

Signature of Dean or Principal: _____

Date of Signature: _____



Affix seal or
stamp of college /
university here.