



College of Homeopaths of Ontario

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

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: <input type="checkbox"/> Full Class <input type="checkbox"/> Grandparented Class	Effective Date: _____ <i>(dd/mm/yyyy)</i>

SECTION 2: PROFESSIONAL LIABILITY INSURANCE	
Professional Liability Insurance Information	
<input type="checkbox"/> 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: _____ <i>(dd/mm/yyyy)</i>	Expiry Date: _____ <i>(dd/mm/yyyy)</i>

SECTION 3: DECLARATION	
Registrant's Declaration	
I am not in default of any fee, penalty, or other amount owing to the CHO.	<input type="checkbox"/> Yes
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 or Grandparented Class registration fee, in addition to the Transfer Fee.	<input type="checkbox"/> Yes

