



**College of Homeopaths of Ontario**  
163 Queen Street East, 2nd Floor, Toronto, Ontario, M5A 1S1  
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Office Use Only	
Date Received:	
Staff Reviewer:	
Application Number:	

## Application Withdrawal Form

### College of Homeopaths of Ontario (CHO)

SECTION 1: APPLICANT INFORMATION	
<b>Personal Information</b>	
Print Full Legal Name:	Application Number:
SECTION 2: DECLARATION	
<b>Declaration of Withdrawal</b>	
<p>I understand that by signing my name below I am withdrawing my application for registration with the CHO.</p> <p>I understand that I cannot use the protected title(s) "Homeopath," "Homeopath (Inactive)," and/or "Homeopath (Transitional)," or the designation(s) "Hom," "Hom(I)," and/or "Hom(T)," a variation or abbreviation or an equivalent in another language in the province of Ontario.</p> <p>I understand that should I wish to become registered with the CHO in the future, 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.</p> <p>I understand that withdrawing my application for registration is permanent and my application cannot be reinstated after withdrawal.</p>	
_____ <i>Signature of Applicant</i>	_____ <i>Date of Signature</i>

**Submit this form by mail, courier or hand-delivery to:**

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163 Queen Street East, 2<sup>nd</sup> Floor  
Toronto, ON M5A 1S1