



CANADA ASSOCIATION OF CERTIFIED HEALTH PRACTITIONER

Registration Form

First Name: _____ Last Name: _____

CACHP no.: _____ Date of Birth: _____

Gender: M / F

Home Address

Address:

Home Phone:

Cell Phone:

Primary Business/ Company Address

Company Name:

Address:

Work/ Clinic:

If you have any other business addresses, please list them on the reverse side of this page.

General Information

1. I can speak and/or write: **English / French.**

Please list all other languages you use in your office:

2. Have you ever been registered with CACHP? **Yes / No**

3. Please list all other health professions you are registered with in Ontario:

4. Please list all other provinces/states and countries in which you are registered with a regulatory body:

5. Please estimate the number of clinical hours you work per week:

6. Briefly describe your workspace:

Continuing Education

1. Are you currently maintaining a log of Continuing Education Units? **Yes / No**

Please list your continuing education within the past year:

Course Title/ Other Method of Acquiring CEU's	Category & CEU value

Declarations	
1. Have you ever been convicted or charged with, and not found not guilty or acquitted of, a criminal offence?	Yes / No
2. Has there ever been a finding of professional misconduct, incompetency or incapacity in Ontario in relation to the profession or another health profession, or in another jurisdiction in relation to the profession of massage therapy or another health profession?	Yes / No
3. Is there a current proceeding against you for professional misconduct, incompetency or incapacity in Ontario in relation to another health profession, or in another jurisdiction in relation to the profession of massage therapy or another health profession?	Yes / No
4. If you answered yes to one or more of these questions, have the details of all convictions, cases and proceedings been previously provided to the CACHP?	Yes / No
<p><i>If you answered yes to one or more of questions 1 to 3 and have not previously provided the details to the CACHP, please attach a sheet of paper providing details. If you answered yes to question 4, you do not have to resubmit the information.</i></p> <p>I hereby certify that all statements I have made in all parts of this registration form are true and complete to the best of my knowledge and belief. I understand that a false or misleading statement may disqualify me from registration or may be cause for revocation of any registration, which may be granted to me.</p>	
_____ <i>Signature</i>	_____ <i>Date</i>

1. Select your membership fee:

- A. ANNUAL MEMBERSHIP FEE** = **\$100.00 CAD**. It is due in **January of every year**.
- B. NEW MEMBERSHIP APPLICATION FEE** = **\$480.00 CAD** (Applied From **January 1 to June 30**);
- C. NEW MEMBERSHIP APPLICATION FEE** = **\$430.00 CAD** (Applied From **July 1 to December 31**);

2. Please make cheques payable to the CACHP.

Complete and mail this form to the address below with your payment to the CACHP. Your name on the cheque is **required**. Please note that there will be a **\$25.00 CAD fee per cheque** for Non Sufficient Funds (NSF).

Please check the amount enclosed:

- A. \$100.00 CAD** (Due in January of every year)
- B. \$480.00 CAD** (Applied from January 1 to June 30)
- C. \$430.00 CAD** (Applied From July 1 to December 31)

3. Please send cheques and membership forms to:

CACHP
9040 Leslie Street
Suite # 219
Richmond Hill, Ontario
L4B 3M4

Please email cachp@cachp.ca regarding any information changes, questions or concerns.

THANK YOU FOR YOUR REGISTRATION WITH CACHP