

Saskatchewan Association of Naturopathic Practitioners

Office of the Registrar

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CONTINUING EDUCATION SUMMARY SHEET

Name: _____ **Registration #:** _____

- This Declaration document must be attached to your registration application
- Incomplete Declarations will not be processed.
- The supporting documents for all courses/seminars listed must be attached

Course/Seminar Information			
Course/Seminar Title	Name of Education Provider	Date Taken	# CE Hrs

Please return this form to the SANP Registrar