Saskatchewan Association of Naturopathic Practitioners
Office of the Registrar
2A - 2146 Robinson St.
Regina SK, S4T 2P7
Phone: (306) 757-4325; Fax: (306) 522.0745; email: registrar@sanp.ca

ANNUAL RENEWAL FOR CERTIFICATION TO PRACTICE IV THERAPY IN SASKATCHEWAN

Please Type or Print Clearly

Surname: _____
First Name(s): _____
SANP Regis. #_____
As you would like it to appear on your Certificate

CLINIC ADDRESS
Name of Clinic (if any): _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Fax: _____
E-mail: _____

Malpractice Insurance carrier: _____
Policy #_____ Extent of Coverage : $_____
(attach proof of insurance coverage – minimum $3,000,000 liability)

CPR course/level: _____
Date last renewed: _____
(attach proof of valid CPR certificate – Level-C or Health Care Provider Level)

Emergency Training course: _____
Date last renewed: _____
(attach proof of Board-approved emergency training course)

I.V. Therapy Continuing Education:
(attach proof of completion of a minimum of 10 hours within any two calendar years - courses must be Board-approved and are in addition to I.V. emergency training, CPR re-certification and the total number of continuing education hours required for all members)

Course: _____
Instructor: _____ Date: _____
CE hours: _____

Course: _____
Instructor: _____ Date: _____
CE hours: _____

Course: _____
Instructor: _____ Date: _____
CE hours: _____

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Course: _____
Instructor: _____ Date: _____
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Instructor: _____ Date: _____
CE hours: _____

Course: _____
Instructor: _____ Date: _____
CE hours: _____

Course: _____
Instructor: _____ Date: _____
CE hours: _____

Course: _____
Instructor: _____ Date: _____
CE hours: _____

Total CE hours: _____ (10 hours required with any two calendar years)

Please also complete Self-Audit Checklist and return it with this form.

I,_____ , hereby agree to the terms and conditions as outlined in the I.V. Therapy policy.

Signature: _____ Date: _____