



Alliance Québécoise des Thérapeutes Naturels, a non-profit association Naturopathy / Naturopath membership application form

Application processing time : up to 15 days

You are applying for a membership and a permit from AQTN for which designation:

Naturotherapist Naturopath

Have you ever been, or are you currently a member of any other association or regulatory body?

Yes No

If yes, please specify which one(s):

If yes, were you ever sanctioned?

Yes No

If you have a Quebec Enterprise Number (NEQ), enter it here:

Your preferred correspondence language:

English French

Does law 21 (on psychotherapy) have any relevance to your practice?

Yes No I don't know

Note: Your application must be accepted prior to applying for liability insurance. The required form will be included in your welcoming kit.

Personal information

Mr. Mrs. Ms.

First name:

Last name:

Date of birth (YYYY-MM-DD):

Language(s) spoken:

Telephone to be printed on your receipts:

Other telephone number:

Email (use block letters):

Website:

Facebook, Blog or other online presence:



to receive a FREE CD-ROM in your welcoming kit!

AQTN

Alliance Québécoise des Thérapeutes Naturels
 AQTN, CP 28551, CSP Verdun QC H4G 3L7

www.AQTN.ca | applications@aqtn.ca





Alliance québécoise des thérapeutes naturels Membership application form

Quebec correspondance address:

Work address (if different):

Estimated frequency of treatment (#):

_____ Treatments per week month

Important information:

Memberships are valid for one year.

We communicate news and information by email.

Renewal notices are sent one month in advance.

If your application is refused, any fees paid will be reversed or cancelled. Accepted applications are non-refundable.

Credit card payment:



_____ - _____ - _____ - _____

Exp. date: _____ Verification # (CVV): _____

Yes No

Shall we keep this information for other authorised purchases during the year, such as additional receipt orders?

Membership cost: 160.00 \$

Includes a welcoming kit, access to our intranet and 100 receipts. There are no taxes.

Other payment methods:

- ✓ Cheque payable to « AQTN ».
- ✓ Online with Paypal, we will email you a link.
- ✓ Interac e-transfer, send your payment to: applications@AQTN.ca. Use an evident security code or email it to us.

AQTN values your privacy

You may review our Privacy policy to know what information we collect, why it is collected, and how we use it here: www.Association.Quebec.AQTN.ca/privacy_commitment.php

Provide two references living in Quebec

Family members should not be used. Ideally use other therapists, teachers or employers as references.

Name, Relationship, Telephone	Members qualify for two extra months of free membership for each new member referred. If you were referred by an AQTN member, please write their permit number below. Permit # _____	Name, Relationship, Telephone
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Full code of ethics: www.Association.Quebec.AQTN.ca

Briefly: professionalism and integrity. One specific clause is:

- For therapists with two designations, and consequently two lines of training and studies, the therapist cannot max out the insurance benefits of the client under one benefit and continue to provide the same therapy using the other designation; this is fraudulent misrepresentation.

Please review our Code of Ethics if you did not use it in your training to ensure that your personal values are aligned with ours.

Please sign in the white area of the box below. It will only be available to insurance companies to allow them to better process claims and to reduce potential fraud. It also authorizes AQTN to contact your school(s) in order to verify your training, including private or public schools.

By signing below, you agree to abide by AQTN's code of ethics at all times throughout your practice, you certify being 18 years or older and that you are permitted to work legally in Quebec.

Signature:

All information provided in this application is accurate and complete.

Date: _____

Checklist of required documents *(business card: optional)*

	Copies of all your diplomas / attestation(s) and grades.
	Two pieces of identification: Driver's license, health care card, student card, passport or birth certificate.
	Letter of intent or a CV.
	A description of your personal therapeutic approach business project. Length: one page.



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Education

		Concentration or Program	
CEGEP completed?		If yes, include diploma	
University completed?		If yes, include diploma	
Name of school or institute	Attestation / Certificate earned	Accredited hours	Phone number of school or institute

Need more space? Write on the back of this page or be creative.

Submit your application by:

- a) Fax via 514-317-4602
- b) Email with scanned attachments to « applications@AQTN.ca »
- c) Regular mail (email us once it's in the mail)

<p>AQTN CP 28551 CSP Verdun Québec H4G 3L7</p>

Thank you for choosing AQTN
Please allow us up to 15 days to process your application.