



International Organization of Nutritional Consultants
4 Ada Ave Brantford ON, Canada N3T 4K7
(519)304-7002 info@ionc.org

PROFESSIONAL MEMBERSHIP APPLICATION ROHP(T) Registered Orthomolecular Health Practitioner (in training)

Name:	Address:
City/Prov:	Postal Code:
Phone:	Email:

Please include the following items in your ROHP (T) application package:

1. Completed Professional Membership Application
- 2.. A signed and dated IONC Professional Membership Pledge
3. One personal photo (will not be shown publicly)
4. Application Fee

From which school did you graduate?_____Year_____

Are you a member of a provincial association?_____

Medical Designation _____ Prof. License # _____

GIMA Registration # _____ GIMA Registration Date _____

(Successful graduates of the GIMA program can register for the ROHP designation.)

Please print your name as you would like it to appear on your certificate (without credentials) _____

Application Fee & Payment:

Canadian Applicants: \$375 + \$25 administration fee + applicable sales tax

Please check: ____ Ontario \$400 + 13% = \$452
____ AB, BC, QC, MB, NWT, NU, SK, YU \$400 + 5% = \$420
____ NB, NL, NS, PEI \$400 + 15% = \$460

International Applicants: \$375 + \$25 administrative fee = \$400
(Canadian funds/no sales tax)

Payment:

Payment can be made payable to IONC by credit card, etransfer, cheque or money order in Canadian funds. Please make payable to IONC Inc. If paying by e-transfer, after confirmation of approval, send e-transfer to info@ionc.org

Credit card payment

Type - Visa MC Amex (please circle)

Credit Card # - _____ Expiry: _____ CVC: _____

Total payment authorized: _____ Signature: _____

Please note:

The IONC membership year runs from April 1 to March 31. Membership applications received May 1- November 30 will pay a discounted, prorated fee. Applications received December 1 - February 1 will be extended into the next membership year.

THE IONC PRIVACY POLICY:

The federal Personal Protection and Electronic Documents act came into its broadest effect on January 1, 2004; the IONC is subject to stringent guidelines regarding the collection, storage and disclosure of private and personal information we gather.

Please read the IONC Privacy Policy on our website (www.ionc.org) and sign below:

I, _____, have read the IONC Privacy Policy and I understand it.

Signature: _____ Date: _____

PROFESSIONAL LIABILITY INSURANCE – MANDATORY:

Upon acceptance for membership, you can apply for group rate insurance with either Partners Indemnity or Preventative Health Services Group. We will also accept other insurance plans. If participating in the IONC group plan, please complete the appropriate insurance application once you have received an IONC registration number.

ALTERNATE INSURANCE:

I will not be purchasing liability insurance through IONC as I am already insured by: Insurance company and Policy #: _____

Signature: _____ Date: _____

IONC PROFESSIONAL LIABILITY WAIVER (if required):

I request to be exempt from purchasing professional liability insurance as I will not be practicing between April 1, 20____ and March 31, 20____. I will not be seeing any clients nor charging for appointments during this time. I understand that if I breach this agreement my membership with IONC will be terminated and will not be reinstated.

Signature: _____ Date: _____



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IONC PROFESSIONAL MEMBER PLEDGE

1. As a Registered Orthomolecular Health Practitioner (ROHP)/Registered Nutritional Consulting Practitioner (RNCP), I specialize in maintaining or restoring the biochemistry and physiology in the body for optimum health and well-being.
2. I assess the unique dietary and nutritional requirements of an individual and utilize a full spectrum of customized naturotherapies including: diet and nutritional supplements, detoxification, and drainage.
3. I educate clients so that they can make their own food and lifestyle choices and I encourage them to discuss these choices with their doctor so that they can take responsibility for their own health.
4. I conduct my practice in an ethical, professional, confidential and responsible manner.
5. I **do not** diagnose illness, nor do I provide therapy to relieve illness.
6. I **do not** in my capacity as an ROHP/RNCP use or do any of the following:
 - a) Tissue penetration Radiation
 - b) Collection of specimens from the human body
 - c) Medical instrumentation
7. I **do not**:
 - a) Recommend that anyone leave his/her present medical doctor or stop taking prescribed medicine.
 - b) Claim or advertise any substance is a treatment, cure or preventative for any disease or disorder.
 - c) Diagnose, treat or prescribe for diseases, ailments, injuries or bodily defects, unless allowed by law in the province or state wherein I am practising. I am responsible to look into the legalities of treatment in my area and keep abreast of any changes.
8. I seek advice and support from an appropriate source when the needs of the client and the complexity of the case are beyond my own capability.

9. I recommend that for the treatment of any ailment or disease one should consult a licensed physician.
10. I represent the entire profession of OrthomolecularHealth Practitioners / Holistic Nutritional Consultants to my clients, to the public and to other professions. I always conduct myself in a manner worthy of that responsibility.

Those with advanced medical training may have additional rights and privileges within their scope of practice.

IONC PROFESSIONAL MEMBER PLEDGE:

I understand that if I am accepted as a Registered Orthomolecular Health Practitioner (ROHP)/Registered Nutritional Consultant(RNCP), I must adhere to all of the above commitments. Failure to do so may constitute grounds (a) for loss of my ROHP/RNCP designation, as determined by the disciplinary committee of the International Organization of Nutritional Consultants, in which case I agree to return my IONC certificate.

Name (please print): _____

Signature: _____ **Date:**_____