



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

## PROFESSIONAL MEMBERSHIP APPLICATION - ROHP

Registered Orthomolecular Health Practitioner

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

*Please include the following items in your ROHP application package:*

1. Completed Professional Membership Application
2. A cover letter stating why you would like to become an IONC member
3. Copies of final transcripts; certificates; other training documentation
4. A resume to support your application
5. Two character reference letters from professionals (eg. mentor, professor, doctor, teacher, manager)
6. A signed and dated IONC Professional Membership Pledge
7. One personal photo (will not be shown publicly)
8. Application Fee

Nutrition Institute Attended: \_\_\_\_\_ Program: \_\_\_\_\_

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

### Application Fee:

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 Applicant: \_\_\_\_\_ \$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](mailto: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.

**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](http://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.

**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:**\_\_\_\_\_