

# APPLICATION FOR ACCREDITATION Training school

School name:

**MANAGER:**

Last name, first name:

Adress:

Telephone:

NEQ :

Web Site:

Email:

For which association  
do you apply?

- ANPQ (Naturopathy)  
 ANQ (Naturomyotherapy)  
 RMQ (Massotherapy)

Are there any  
prerequisites for enrolling  
at your school?

- No  
 Yes (precise)

Do you offer continuing  
education?

- No  
 Yes (precise)

The school provides  
its teaching:

- In the classroom  
 Online  
 Online and in class

## OBJECTIVES TARGETED BY TRAINING ACTIVITIES

## TITLES OF TRAINING COURSES OFFERED AND NUMBER OF HOURS ATTRIBUTED

### SENDING THE REQUEST

You must enclose with this form

- copies of relevant diplomas
- course syllabus for your training course(s)
- teachers' curriculum vitae

A processing fee of \$225.00 applies, payable by cheque or credit card by telephone.

### There are two options for submitting your request:

1. By e-mail: info@collectifsante.ca  
Indicate in the subject line: School accreditation request
2. By mail :  
819 Rue Saint François Xavier, Terrebonne, QC J6W 1H1  
Att. Admissions Committee/Training School

### RESERVED FOR ADMINISTRATION

*I acknowledge that the  
information provided is accurate.*

DATE RECEIVED:

Signature:

REGISTRATION DATE:

Date: