

**ANPO**ASSOCIATION DES  
NATUROPATHES PROFESSIONNELS  
DU QUÉBEC

DEPUIS 1971 / SINCE 1971

**ANQ**ASSOCIATION DES  
NATUROTHÉRAPEUTES  
DU QUÉBEC**RMQ**REGROUPEMENT DES  
MASSOTHÉRAPEUTES  
DU QUÉBEC

## APPLICATION FORM FOR ACCREDITATION AS A TEACHER - CONTINUING EDUCATION

### Teacher

Last name, first name :

Address :

Telephone :

Web site :

E-mail :

Are you a member of our  
network? (ANPQ, ANQ, RMQ) ?

- No
- Yes indicate your  
membership number

Are there any prerequisites for  
this continuing education  
course?

- No
- Yes (precise)

This continuing education activity  
will be offered to :

- ANPQ members
- ANQ members
- RMQ members

The training course totals  
hours and will be  
presented:

- In Class
- Online (webinar)

### BRIEF GENERAL DESCRIPTION OF YOUR CONTINUING EDUCATION ACTIVITY

### OBJECTIVE OF THE CONTINUING EDUCATION ACTIVITY

### TRAINER SKILLS AND TEACHING EXPERIENCE

*Skills/training**Experience*

### SENDING THE REQUEST

You must attach a copy of your relevant diploma(s) along with your payment, if applicable. A fee of \$15.00 (member) or \$25.00 (non-member) is required, payable by cheque or credit card (telephone).

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

1. By e-mail:  
info@collectifsante.ca  
Indicate in the subject line: Request for CE Teacher

2. By mail :  
819 Rue Saint François Xavier, Terrebonne, QC J6W 1H1  
Att. : Admission Committee/CE Teacher

### SECTION RESERVED FOR ADMINISTRATION

DATE RECEIVED:

DATE OF REGISTRATION:

*I acknowledge that the  
information provided is accurate.*

Signature:

Date :