



TOWN OF RICHMOND HILL

Planning and Development Department - Licensing Section
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COMPLEMENTARY HEALTH CARE PROVIDER - CHECKLIST OWNER'S INFORMATION

1. Every application for a Complementary Health Care Provider shall be accompanied by the following documentation;
- Completed Application Form
 - Business / Corporate Documents
 - Proof of Canadian Citizenship, Landed Immigration papers or Valid Work Permit to work, issued by Government of Canada.
 - Canadian Police Clearance
 - Copy of Lease
 - Interior Layout Drawings (All rooms, entrances, exists, partitions etc.)
 - Affidavit to be signed
 - Zoning Clearance)
 - Building Clearance (Tenant Occupancy Certificate)) *Office Information*
 - Health Department Clearance)

OPERATOR'S / ATTENDANT'S INFORMATION

- Completed Application Form
- Canadian Police Clearance
- Proof of Canadian Citizenship, Landed Immigration papers or Valid Work Permit to work, issued by Government of Canada
- Diploma / Certificate (See Below)
- Letter of Employment from the owner

EDUCATION INFORMATION

(All applicants must provide the following information listed below)

- A certified true copy of diploma, certificate or other proof of successful completion of course.
(Original documents)
- Qualifications of the Organization or Institution such as;
 - ⇒ Documentation of instruments creating the organization
 - ⇒ Names of its principals and officers, members and employees
 - ⇒ Short history summarizing the Organization's activities and achievements
 - ⇒ List the Qualifications of the Organization/Institution to provide the course
 - ⇒ Course Curricular (Description of every course offered, of any degree, diploma, certificate or other status or qualification awarded for successful completion and the kind of service or services which such status or qualification qualifies one to provide)
 - ⇒ Copy of the Organization's or Institution Code of Ethics

All of the above information must be provided before an application will be considered for review.

EXEMPTION FROM THE BODY RUB PARLOUR BY-LAW

(Schedule 1, Section 1 (b) (c) (d))

Definitions:

Complementary Health Care Organization:

* means an association, organization or institution demonstrated to be established for the purpose and with the continuing intent, of ensuring the safe and proper provision of one or more kinds of alternative health care service through:

- (i) the admission to membership of persons qualified to provide such service or services;
- (ii) the promulgation and enforcement of a code of ethics respecting the provision of such service or services;
- (iii) maintaining, providing and recognizing measurable standards for practices and procedures in the provision of such service or services;
- (iv) the communication of information relating to such service or services; and
- (v) involvement in ongoing research, development and education relating to the safe and proper provision of such service or services.

Complementary Health Care Provider:

* means an individual providing health care service who:

- (i) has demonstrated qualifications to provide the particular kind of health care service through successful completion of one or more formal courses of education and training in the provision of such service offered by an organization or institution which has demonstrated qualifications to provide such courses, in accordance with this Schedule;
- (ii) has demonstrated himself or herself to be a member in good standing of a complementary health care organization; and
- (iii) has demonstrated acceptance and practice of the procedures, practices and ethics of the complementary health care organization of which the individual is a member.

Formal Course of Education and Training:

* means any such course involving teaching, demonstration or supervised practice, offered or recognized by a complementary health care organization as qualifying the individual, in accordance with the procedures, practices and ethics of such organization, to provide safe and proper health care service of the kind which is the subject matter of the area of interest and jurisdiction of the organization and of the course.

Please sign if you have read and understood the above information:

Signature of Applicant

Date