



## Alliance Québécoise des Thérapeutes Naturels, *a non-profit association*

# Membership Application Form

### REGISTRATION PERIODS

Applications are processed within a week after each registration period (first working Monday, or next day) of each month. Kits & receipts are handed out at newcomer meetings if you attend (not required).

Registration periods:



Upcoming meetings for new comers (location to be announced, but it'll be near Angrignon Metro).

- Wed. October 14 (13h – 15h)
- Wed. November 11 (13h – 15h)
- None in December

As part of our registration process, we will call you to welcome you and confirm if you will attend or not the newcomers' meeting. Please select at least one of the following times to reach you.

Weekday AM     
  Weekday PM     
  Weekend AM     
  Weekend PM

Have you ever been sanctioned by a disciplinary measure resulting in a revocation of your permit or right to exercise your therapeutic modality from any Association, Alliance or Order?

Yes  No

Have you ever been, or are you currently a member of any other Association?

Yes  No

If yes, please specify which one(s):

**Please provide two Quebec references, including a full name, relationship & phone number.**

Family members should not be used. Ideally provide other therapists or teachers as references, whenever possible.

1.

2.

**AQTN**

Alliance Québécoise des Thérapeutes Naturels  
 ☒ AQTN, CP 28551, CSP Verdun QC H4G 3L7

Telephone: (514) 400-7225

Fax: (514) 317-4602

www.AQTN.ca





## Alliance québécoise des thérapeutes naturels Membership Application Form

### Personal information

Sir     Madam

First name:

Last name:

Date of birth (YYYY-MM-DD):

Language(s) spoken:

Telephone (will be printed on your receipts):

Other telephone:

Email (use block letters):

Website, Facebook, Blog or other:

Select the designation for which you are seeking a license:

- Massage Therapy     Naturopathy  
 Naturotherapy     Reflexology

Quebec correspondance address:

Work address (if different):

**Note:** Your application must be accepted prior to applying for liability insurance. The required form will be included in your welcoming kit. Prices are available online.

<b>99 \$</b>	Welcoming kit and 50 receipts.
<b>114 \$</b>	Add 15 \$ to receive 150 receipts.

**Payment options (there are no taxes), please select:**

1. A cheque payable to AQTN or Money Order
2. Online by Paypal
3. Credit card, enter information below or by phone
4. *Interac*<sup>®</sup> e-Transfer, send payment to [contact@aqtn.ca](mailto:contact@aqtn.ca)

_____ - _____ - _____ - _____ Expiry date: _____ Verification code (3 digits): _____
--

Memberships are valid for one year. A renewal notification will be sent approximately one month prior to renewal.

If your application is refused, the fees paid online will be reversed or the cheque will be voided.

Estimated frequency of treatment (#):

\_\_\_\_\_ treatments per ( ) week ( ) month

**AQTN**

Alliance Québécoise des Thérapeutes Naturels  
 ☒ AQTN, CP 28551, CSP Verdun QC H4G 3L7

Telephone: (514) 400-7225

Fax: (514) 317-4602

[www.AQTN.ca](http://www.AQTN.ca)





## Alliance québécoise des thérapeutes naturels Membership Application Form

### CODE OF ETHICS AND SIGNATURE

Briefly: professionalism and integrity. Sample specific clauses:

- For therapists with two designations, and consequently two lines of training and studies, the therapist cannot max out the insurance benefits of the client under one benefit and continue to provide the same therapy using the other designation; this is fraudulent misrepresentation.
- AQTN members cannot charge *and issue receipts* for services rendered to their immediate family members.
- Members may use certificates as part of their promotional tools, however insurance receipts can only be provided after a treatment has been rendered.

Read the full code of ethics here: <http://www.Association.Quebec.AQTN.ca/code.php>

Please sign in the white area of the box below. The signature must not touch or exceed the limits of the white signature box. It will only be available to insurance companies to allow them to better process claims and to reduce potential fraud. It also authorizes AQTN to contact your school(s) in order to verify your training, including private schools or public institutions such as a CEGEP or a university, in any country, state or province.

By signing below, you agree to abide by AQTN's code of ethics at all times throughout your practice, you certify being 18 years or older and that you are permitted to work legally in Quebec.

Signature:

All information provided in this application is accurate and complete.

Date: \_\_\_\_\_

**AQTN**

Alliance Québécoise des Thérapeutes Naturels  
 AQTN, CP 28551, CSP Verdun QC H4G 3L7

Telephone: (514) 400-7225

Fax: (514) 317-4602

[www.AQTN.ca](http://www.AQTN.ca)





## Alliance québécoise des thérapeutes naturels Membership Application Form

### REQUIRED DOCUMENTS – CHECKLIST

<input type="checkbox"/>	Include a copy of your diplomas, attestations and grades as applicable to the designation you are requesting. Education hours must be verifiable; otherwise a competency exam may be required.
<input type="checkbox"/>	Include <b>TWO</b> pieces of photo ID, such as a driver's license, student card, passport, health care card. A birth certificate can also be used (despite not having a photo).
<input type="checkbox"/>	Include either a) a letter of intent or b) your Curriculum Vitae with this duly completed application form. You can include both if you wish.

*Please review the Code of Ethics to ensure that your personal values are aligned with ours.*

Send us your complete application by mail, by fax or by email with scanned attachments ([contact@aqtn.ca](mailto:contact@aqtn.ca)). Please enlarge your photo ID card as necessary (ex: 200%) to ensure the information is clear if faxed. If your diplomas are in frames, consider taking a picture of them.

Would you like to be a writer / contributor to the AQTN Blog?     Yes     No

### EDUCATION

Name of school or institution	Program / diploma / certification	Number of accredited hours	School's contact telephone number

*Need more space? Simply reprint this page and continue*

*If your diploma says 1000 hours, you must include a course outline and / or grades.*

**AQTN**

Alliance Québécoise des Thérapeutes Naturels  
 AQTN, CP 28551, CSP Verdun QC H4G 3L7

Telephone: (514) 400-7225

Fax: (514) 317-4602

[www.AQTN.ca](http://www.AQTN.ca)





## Alliance québécoise des thérapeutes naturels Membership Application Form

Do you wish to be listed online on the member's registry (name, telephone & city)?  Yes  No  
 If yes, can we publish the name of your school with your listing?  Yes  No

***If you answered "No" to the first question above, complete this Professional Inspection Sheet, otherwise you may leave it blank.***

By signing below, you accept to provide one free treatment, no longer than 50 minutes, in exchange for this signed page, which will be provided to you at the end of the session. It is valid for a period of three years provided your AQTN membership is active and you are a member in good standing.

A new professional inspection sheet will be required at that time; valid for the 3 years starting when this one expires.

### Consent to professional inspection

\_\_\_\_\_  
**Today's date (Valid for 3 years)**

\_\_\_\_\_  
**Your name in block letters**

\_\_\_\_\_  
**Your signature**

***AQTN values privacy.*** You may review our Privacy Plan online so that you know what information we collect, why it is collected, and how we use it. The Full AQTN Privacy Plan is available here:

[http://www.Association.Quebec.AQTN.ca/privacy\\_commitment.php](http://www.Association.Quebec.AQTN.ca/privacy_commitment.php)

*Thank you for choosing AQTN*

**AQTN**

Alliance Québécoise des Thérapeutes Naturels  
 ☒ AQTN, CP 28551, CSP Verdun QC H4G 3L7

Telephone: (514) 400-7225

Fax: (514) 317-4602

www.AQTN.ca

