

Canadian College of Naturopathic Medicine

Please ensure these forms are returned to the RESIDENCE DEPARTMENT ONLY

SHORT TERM STAY APPLICATION

Kindly note that CCNM Residences enforces a strict one person per room policy. As such, we require each person to complete a separate Short Term Stay Application.

Personal Information: Surname: First Name	First Name:		Commented [RS1]: Fields for preferred Pronouns and Name, as last time we had to send out a different form to then-current residents, to get this information.
Preferred Name:	Pronouns:		Commented [SQ2R1]: To Rajat: is this needed for short term stays? These would not be residents so we don't owe them the same level of care. I have added it though!
Email Address: Date of	Birth (MM/DD/YYYY):		Commented [AS3]: COVID vaccine proof needed?
Home Phone: Cell	Phone:		Commented [SQ4R3]: To Ali: this is an ongoing conversation with SLT on whether we can lift the vaccination policy in residence. I'll let you know if there's an update, but for the time being, I've
Home Address:			added they must submit their vaccine proof as well.
Reason for stay (required):			
We require a copy of government-issued photo identification (driver's lice	nse, passport, etc.) to be provided with your application.		
You must submit proof of your COVID-19 vaccine with your application,			Commented [SQ5]: MUST BE REMOVED AFTER JULY I
Requested Dates of Stay:			Formatted: Font: Not Bold, Italic
-Check In (MM/DD/YYYY): Check O Kindly note that check in starts at 5:00PM and visitors must check out by	ut (MM/DD/YYYY):		
			Commented [SQ6]: To Ali: I put these times as placeholders, but please update to what is realistic for your team
Will there be any individuals under the age of 18 staying with you?:			
Emergency Contact:			
Name of emergency contact:	Relationship:		
Telephone number: E-mail address:			
The applicant represents and warrants all information provided above is true.			
The information collected on this form is used solely by the administration of the Canadian College of Naturopathic Medicine.			
Date (MM/DD/YYYY): Signature:			
CCNM Employee Signature: Dat	e:		

Canadian College of Naturopathic Medicine 1255 Sheppard Avenue East North York, ON M2K 1E2 **RESIDENCE EMAIL** : residence@ccnm.edu