



## Code of Professional Conduct

As a member of The Canadian Association for Integrative Nutrition (CAIN), I, \_\_\_\_\_, understand that as a condition of membership, I am responsible to uphold the organizations standards of ethics and practice as outlined below.

I agree to the following (initial each statement):

\_\_\_\_\_ I have read and agree to abide by the Code of Ethics set forth by CAIN.

\_\_\_\_\_ I understand that I am required to sign up for liability insurance in order to maintain my registration with CAIN and that this is an additional cost. I agree to have my insurance in place within 30 days of submitting my application and I will confirm with CAIN when it is in place.

\_\_\_\_\_ I will respect and protect the privacy of other members and the confidentiality of my clients.

\_\_\_\_\_ If a client requires advice outside of my scope of practice, education, or experience, I agree to seek council and refer them to a qualified licensed professional or physician.

\_\_\_\_\_ Should I suspect my client has any ailment or disease, I agree to recommend they consult a licensed physician or other qualified healthcare practitioner.

\_\_\_\_\_ I will always act in accordance with the spirit and principles of the laws and regulations applicable in my province / state.

\_\_\_\_\_ I am solely responsible to understand the laws and regulations of my province / state of practice and will work in accordance of those laws.

\_\_\_\_\_ I understand that any forms and materials, i.e. Consent Forms, Disclaimers etc are templated only and should be reviewed by my lawyer to ensure it is in accordance of the law within the location where I practice business.

\_\_\_\_\_ I will always act in a client's best interests.

\_\_\_\_\_ I will always act with diligence, integrity and professionalism.

\_\_\_\_\_ I am aware that due to the nature of the content within the membership area, a refund of any type is not available.

\_\_\_\_\_ Should my Practice become involved in a legal matter, I agree to notify the CAIN of the situation.

\_\_\_\_\_ I will act in a manner that reflects positively on CAIN and all of its members.

**I agree that I will not:**

\_\_\_\_\_ Recommend that a client stop taking medications, nor advise they leave their physicians.

\_\_\_\_\_ Claim that any product or service I provide will cure, treat or prevent any disease or disorder.

\_\_\_\_\_ Diagnose or treat any ailment or disease in any province where I am not permitted to do so by law.

\_\_\_\_\_ Practice or give advice outside of my level of education.

\_\_\_\_\_ Use professional titles that misrepresent my level of education and scope of practice.

\_\_\_\_\_ Use courses or materials provided by the association, affiliates of the organization or other professionals / businesses as my own or otherwise, unless given permission to do so in writing.

\_\_\_\_\_ Represent myself or insinuate that I am government regulated professional in any way.

**Regarding the Drug & Supplement Interactions Database:**

\_\_\_\_\_ I understand this is a tool to assist me to make safer suggestions to my clients regarding herbs and supplements combined with any medical conditions and prescriptions they may be taking.

\_\_\_\_\_ Should I discover an interaction with my client’s current herbal products, prescriptions, supplements and/or conditions, I will immediately refer my client to a doctor or other qualified health practitioner to discuss the findings.

\_\_\_\_\_ Should my suggestions indicate a possible interaction with my client’s current herbal products, prescriptions, supplements and/or conditions, I will not recommend any prescription / treatment etc. be stopped due to my findings and I will refer them to a licensed physician or other qualified healthcare professional.

**Regarding Monthly Payment Plans (initial if applicable):**

\_\_\_\_\_ You are purchasing a one-year professional membership split into 12 monthly payments. For your convenience and to protect your membership from lapsing, your yearly membership will auto-renew in one year at the same monthly rate of \$29.

By making your first payment and submitting this form, you agree to be charged CA\$29.00 per month for a minimum 12-month membership contract after which you can cancel prior to your yearly renewal date. If you decide to cancel your professional membership after one year, you agree to provide 30 days’ notice.

**I understand that failure to abide by the rules as outlined above could result in disciplinary actions which may include suspension or revoking of my license and expulsion from The Health Coach Alliance. In such an instance, I agree to return my certificate and remove the Approved Member seal from any and all stationary, business cards, websites, social media etc. I understand there will be no refund of fees should I fail to abide by association rules and am released.**

**By signing this form, I am confirming that I understand all aspects of this contract.**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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