



APPLICATION FORM

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

NAME				
ADDRESS				
CITY		PROV.		PC
TEL. HOME			TEL. OFFICE	
FAX			CELL	
BUSINESS				
EMAIL				
WEBSITE				
DATE OF BIRTH				

REGISTRATION REQUIREMENTS FOR NEW MEMBERS

- NOTE: Registrant may be required to take an examination prior to being approved for Designations
- NOTE: Payment must be in the form of cheque or money order payable to EBNMP™ Canada
- The assessment fee is NON-REFUNDABLE and is NOT INCLUDED as part of the registration fee
- Please enclose 2 passport sized pictures for your file (color or black and white)

DOCTORATE OF NATURAL MEDICINE®

CATEGORY A – Licensed Western Trained Professionals		CATEGORY B – Foreign Trained Medical Professionals	
✓ Minimum of 1000 hours of training and experience in Natural Medicine Modalities as a complement to conventional treatment.		✓ 4000 hours of training and experience in Natural Medicine	
✓ Includes but is not limited to Chiropractors, Medical Doctors, Dentists, Osteopaths, Orthomolecular Practitioners, Nurse Practitioners		✓ Includes but is not limited to Naturopaths, Homeopaths, Medical Doctors, Eastern Medicine Doctors (Ayurvedic, Chinese, Indo-Pak), Alternative Medicine Doctors.	
DNM® ASSESSMENT FEE	\$ 150.00	DNM® REGISTRATION FEE	\$ 995.00

REGISTERED PRACTITIONER OF NATURAL MEDICINE

✓ Minimum number of hours of training required in the designation being applied for.			
✓ Registered Naturotherapy Practitioner® (1500 hrs)		✓ Registered Lifestyle Management Practitioner® (500 hrs)	
✓ Registered Acupuncture Practitioner® (2000 hrs)		✓ Registered Nutritional Medicine Practitioner® (500 hrs)	
PRACTITIONER ASSESSMENT FEE	\$ 100.00	PRACTITIONER REGISTRATION FEE	\$ 500.00

DESIGNATION BEING APPLIED FOR:

DNM® (IF APPLICABLE / PLEASE CIRCLE):

A – Western Trained

B – Foreign Trained

DOCTORATE OF NATURAL MEDICINE® CREDENTIAL ASSESSMENT

DEGREES / PROGRAMS	INSTITUTION	HRS COMPLETED
TOTAL HOURS COMPLETED		

Please read the following statements, sign and date at the bottom and submit this form along with the assessment fee and copies of your Certificates, Diplomas and / or Curriculum Vitae.

- I have successfully completed the course of instruction as indicated on the enclosed documentation.
- I have enclosed a cheque / money order for the assessment of my application. I understand that the assessment fee is non-refundable and is not part of the registration fee.
- I understand the designation that I am applying for is owned by the EBNMP™ and that it must be renewed annually to validate my position on the registry with the EBNMP™ and WBNM™.
- I understand that I must adhere to the EBNMP™ Trademark Policy and failure to do so results in the immediate cancellation of my membership.
- I understand that my membership must be surrendered when registration ceases or at the request of the Disciplinary Committee of the EBNMP™.
- I certify that the above information is correct to the best of my knowledge.

DATE OF APPLICATION

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

REQUIREMENTS MET:	YES	NO	HRS REQUIRED:	
RECOMMENDATIONS:				
DATE REC'D:		PYMT AMT:		CQ #:
CQ DATE:		NAME ON CQ:		
BANK:				