



**THE EXAMINING BOARD OF NATURAL MEDICINE PRACTITIONERS™**

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**RENEWAL FORM 2012**

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

Name					
Address					
City		Province		Postal Code	
Tel. Home			Tel. Office		
Fax			Cell		
Company					
Email			Website		

REQUIREMENTS FOR RENEWAL OF REGISTRATION

<input type="radio"/> DNM <sup>®</sup> fee	DNM <sup>®</sup> # _____	Date Received _____
<input type="radio"/> Registered Practitioner fee	_____ # _____	Date Received _____
<input type="radio"/> Retired / Not currently in practice ( contact us for fee ) \$ _____ (Please fill in quoted amount)		
<input type="radio"/> Proof of Professional Liability Insurance		
<input type="radio"/> Proof of CCE ( DNM <sup>®</sup> 60 hrs, RAP <sup>®</sup> /RNP <sup>®</sup> 40 hrs, other Practitioners 30 hrs )		
<input type="radio"/> Please enclose photocopies of new certificates, diplomas, etc. or updated C.V.		
<input type="radio"/> Please enclose a passport sized black and white photo for your member ID card. (Can also be sent via email)		
<input type="radio"/> Payment must be in the form of cheque or money order payable to EBNMP™ Canada.		

READ THE FOLLOWING STATEMENTS, SIGN & DATE.

SUBMIT THIS FORM ALONG WITH THE REQUIRED FEE AND DOCUMENTS.

<input checked="" type="checkbox"/> I have successfully completed the CCE courses as indicated on the enclosed documents.
<input checked="" type="checkbox"/> I understand the designation that I am renewing is owned by EBNMP™ Canada and <b>must be renewed annually</b> to validate my position on the registry with the Examining Board of Natural Medicine Practitioners Canada™.
<input checked="" type="checkbox"/> I understand that EBNMP™ Canada is licensing the requested designation to me to identify the services which meet the standards as set by EBNMP™ Canada and must be surrendered when registration ceases or at the request of the Disciplinary Committee of EBNMP™ Canada.
<input checked="" type="checkbox"/> I certify that the above information is correct to the best of my knowledge.
<input checked="" type="checkbox"/> I have enclosed a cheque / money order payable to EBNMP™ Canada for the renewal of my designation.

\_\_\_\_\_  
Date of Renewal

\_\_\_\_\_  
Signature of Practitioner

FOR OFFICE USE ONLY

DATE REC'D:		PYMT AMT:		CQ #:	
CQ DATE:		NAME ON CQ:			
BANK:					

EBNMP™ CANADA RENEWAL FORM 2012