



The Examining Board of Natural Medicine Practitioners Canada

Mailing Address: Attention Jay. Kelly

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www.ebnmp.com [email: ebnmpca@gmail.com](mailto:ebnmpca@gmail.com)

Application Form PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

Name				
Home Address				
City	Province			PC
Tel. - Cell	Tel. Office			
Business Name				
Website				
Other Info				

Registration Requirements for new members

- Registrant may be required to take an examination prior to being approved for Designations
- Cheque payable to The Examining Board of Natural Medicine Practitioners Canada or etransfer ebnmpca@gmail.com
- The assessment fee is NON-REFUNDABLE and is NOT INCLUDED as part of the registration fee
- Please enclose 1 passport sized picture for your file and copy of government issued photo ID

Doctorate of Natural Medicine®-DNM® and DIM© or Diplomate level Education

Category A Trained Natural Medicine Practitioners [®]	Category B Western Trained Medical Professionals
<ul style="list-style-type: none">• Canadian or International Graduates with 4000 hrs. of education and clinical practice in TM/CAM-Naturopathy and or Natural Medicine.• Includes but is not limited to Traditional Naturopaths, Homeopaths, Eastern Medicine Graduates(Ayurveda, Oriental, and Indo-Pak), Traditional Complementary and Alternative Medicine Practitioners.	<ul style="list-style-type: none">• Minimum of 2000 hrs. of training and experience in TM/CAM and or Natural Medicine Modalities as a complement to conventional treatment.• Includes but is not limited to Chiropractors, Medical Doctors, Dentists, Osteopaths, Integrative Medicine Practitioners, Homeopaths and Nurse Practitioner without Medical Education practice under TM/CAM-Naturopathy.
<p>• Doctorate of Natural Medicine™ DNM® DIM® Dip. NM Specialist designation being applied for. (please circle)</p>	

Specialists and General Practice in TM/CAM-Naturopathy-Natural Medicine

• Minimum number of hours of training required in the designation being applied for.	
<input checked="" type="checkbox"/> Registered Naturopathy Practitioner® 2200 hrs.	<input checked="" type="checkbox"/> Registered Acupuncture Practitioner® 3000 hrs.
<input checked="" type="checkbox"/> Registered Nutritional Medicine Practitioner® 850 hrs.	<input checked="" type="checkbox"/> Homeopathic Practitioner HP© 3200 hrs.
<input checked="" type="checkbox"/> Registered Ayurveda Practitioner© 3200 hrs.	

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General Practice - Practitioners of Natural Healing®

- Minimum number of hours of training required in the designation being applied for.

<input checked="" type="checkbox"/> Registered Lifestyle Manag. Practitioner® 700 hrs.*	<input checked="" type="checkbox"/> RNP® Ayurveda 1500 hrs.
<input checked="" type="checkbox"/> Registered Natural Health Practitioner RNhP® 200hrs* & Practitioner of Natural Healing® 500 hrs*	

Assessment Fee with application	\$ 100.00	DNM® DIM® Dip. Level Practitioner	\$ 995.00
General Practice Fee-RNP®	\$ 650.00	RNhP® PNM® Fee* no billing privileges	\$ 350.00

Designation being applied for: _____

Credential Assessment for candidates without comprehensive transcripts

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 or e-transfer for the assessment of my application. I understand that the assessment fee is non-refundable and is not part of the registration fee. Make cheque to EBNMP Canada.
- I understand the designation that I am applying for is owned by EBNM and that it must be renewed annually to validate my position on the registry with the Examining Board of Natural Medicine Practitioners Canada.
- I understand that I must adhere to the Organization's Trademark Policy and failure to do so results in the immediate cancellation of my membership.
- I certify that the above information is correct to the best of my knowledge.
- I acknowledge that: Certificates issued remains the property of the Examining Board of Natural Medicine & EBNMP LLC and have to be surrendered when registration ceases, when membership is not renewed or the request of the disciplinary committee. **Initial here: _____**. **Email for e-transfer: ebnmpca@gmail.com**

Date of Application

Signature of Applicant