



**The Examining Board of Natural Medicine Practitioners** est 1998  
Mailing Address: Attention Jay. Kelly, 4689 Jane Street Unit 504, Toronto, ON. M3N 2T6  
[ebnmpca@gmail.com](mailto:ebnmpca@gmail.com)    [www.ebnmp.com](http://www.ebnmp.com)  
**Renewal Application** Please PRINT or TYPE All Requested

Name					
Address	Home:				
City		Prov.		PC	
Business Info			email		
Address			Website		

Requirements for Renewal of Registration

<input type="checkbox"/> DNM® and DIM© & Diplomate Level- Fee amount \$500.00
<input type="checkbox"/> RNP® Naturotherapy/ RAP® Acupuncture/ Homeopath-Fee amount \$350.00
<input type="checkbox"/> Practitioners of Natural Healing®- RLMP®/RNP® Practitioners- Fee amount \$300.00
<input type="checkbox"/> Retired / Not currently in practice- Fee amount \$150.00
<input type="checkbox"/> Proof of Professional Liability Insurance Renewal
<input type="checkbox"/> Proof of Continuing Competence Education ( DNM® & DIM© 40 hrs. / Naturotherapy & Acupuncture 40 hrs. )
<input type="checkbox"/> Please enclose photocopies of new certificates, diplomas, etc. or updated C.V.
<input type="checkbox"/> Payment: Etransfer to <a href="mailto:ebnmpca@gmail.com">ebnmpca@gmail.com</a> . or by credit card- pls send information in two emails.*

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 Continuing Education course of instruction as indicated on the enclosed documentation.
<input checked="" type="checkbox"/> I understand the designation that I am renewing is owned by the EBNM 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 acknowledge that: Certificates issued remains the property of the Examining Board of Natural Medicine Practitioners Canada and have to be surrendered when registration ceases, when membership is not renewed or the request of the disciplinary committee.
<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 the renewal fee by etransfer or credit card for the renewal of my designation. * A cheque made payable to The Examining Board of Natural Medicine or EBNMP is also acceptable, please use our correct mailing address on this form.

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

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

**FOR OFFICE USE ONLY**

Date Fee Recd:		Date Receipt Sent:	
Wallet Card sent:		Cheque copy attached:	