



The Examining Board of Natural Medicine Practitioners^{est. 1998}

Mailing Address: 4689 Jane Street, Unit 504, Toronto, Ontario, M3N 2T6

ebnmpca@gmail.com www.ebnmp.com

Renewal Form

Please PRINT or TYPE all requested information

Name					
Address					
City		Province		Postal Code	
Tel. Home/Cell			Tel. Office		
Email					
Business Information					
Website					
Email					

Requirements for Renewal of Registration

<input type="radio"/> Doctorate of Natural Medicine Level 1V	DNM [®] #	Fee Amount \$500 _____
<input type="radio"/> Registered Practitioner	Level 1, 2, 3 #	Fee Amount \$300 _____
<input type="radio"/> Professional Liability Insurance Renewal attached		
<input type="radio"/> Proof of CCE (DNM [®] 60 hours, Level 2-3 Practitioners 40 hours)		
<input type="radio"/> Please enclose photocopies of new certificates, diplomas, etc. or updated C.V.		
<input type="radio"/> Payment can be e-transferred or by a cheque payable to The Examining Board of Natural Medicine Practitioners [™] Canada, or submit a credit card payment		

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 WBNM and must be renewed annually 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 Association is licensing the requested designation to me to identify the services which meet the standards as set by The Examining Board of Natural Medicine Practitioners [™] Canada and must be surrendered when registration ceases or at the request of the Disciplinary Committee of EBNMP [™] Canada Association.
<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 Examining Board of Natural Medicine Practitioners [™] Canada for the renewal of my designation.

Date of Renewal

Signature of Practitioner