



# The Examining Board of Natural Medicine Practitioners Canada est. 1998

Mailing Address: 71 Old Kingston Road, Unit 88, Ajax, ON L1T 3A6

[admin@ebnmp.com](mailto:admin@ebnmp.com)

[www.ebnmp.com](http://www.ebnmp.com)

## Application Form (Please PRINT or TYPE all requested information)

Name					
Address					
City		Province		PC	
Tel. Home/Cell			Tel. Office		
Email			Date of Birth		
Business Information					
Website					
Email					

### Registration Requirements for new members

- Registrant may be required to take an examination prior to being approved for Designations
- Cheque or money order is made payable to The Examining Board of Natural Medicine Practitioners Canada
- 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 (color or black & white)

### Level 4 Practitioners - Doctorate of Natural Medicine<sup>®</sup>

Category A – Trained Natural Medicine Practitioners <sup>®</sup>	Category B – Western Trained Medical Professionals
<ul style="list-style-type: none"> <li>• National or International Graduates with 4400 hrs. of training and clinical practice in Natural Medicine Sciences.</li> <li>• Includes but is not limited to Traditional Naturopaths, Homeopaths, Eastern Medicine (Ayurveda, Oriental, and Indo-Pak), Traditional Healers and Alternative Medicine Doctors.</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum of 2500 hrs. of training and experience in Natural Medicine Modalities as a complement to conventional treatment.</li> <li>• Includes but is not limited to Chiropractors, Medical Doctors, Dentists, Osteopaths, Orthomolecular Practitioners, and Nurse Practitioners.</li> </ul>
<ul style="list-style-type: none"> <li>• Potential registrant is required to submit proof of education and clinical internship.</li> <li>• Potential Registrant must pass a challenge examination in order to be registered.</li> <li>• Natural Medicine Practitioners<sup>®</sup> who are Doctors of other regulated health care professions must show proof of license to practice in their primary field.</li> </ul>	

### Level 2 & 3 Practitioners

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

✓ Registered Naturotherapy Practitioner <sup>®</sup> 2000 hrs.	✓ Registered Acupuncture Practitioner <sup>®</sup> 2400 hrs.
✓ Registered Naturotherapy Practitioner <sup>®</sup> AYU 1500 hrs.	✓ Doctorate of Integrative Medicine <sup>™</sup> 3000 hrs.
✓ Registered Ayurveda Practitioner <sup>®</sup> 3200 hrs.	

<b>Level 1 Practitioners</b>	
<ul style="list-style-type: none"> <li>• Minimum 500 hours of training required in the designation being applied for.</li> </ul>	
✓ Registered Natural Health Practitioner®	✓ Registered Nutritional Medicine Practitioner®
✓ Registered Lifestyle Management Practitioner®	

<b>Assessment Fee with application</b>	<b>\$ 100.00</b>	<b>Level 1,2,3 Practitioner Registration Fee</b>	<b>\$ 500.00</b>
<b>Assessment Fee with application</b>	<b>\$ 100.00</b>	<b>Level 4 Practitioner Registration Fee</b>	<b>\$ 995.00</b>

Designation being applied for:

**Credential Assessment**

Degrees / Programs	Institution	Hours Completed
<b>Total Hours Completed:</b>		

- 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 WBNM 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 understand that my membership must be surrendered when registration ceases or at the request of the Disciplinary Committee of the Examining Board of Natural Medicine Practitioners Canada.
  - ✓ I certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant