



The Examining Board of Natural Medicine Practitioners Canada est. 1998

Mailing Address: 27-1100 Oxford St, Oshawa, ON, L1J 6G4

ebnmpca@ebnmp.com

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[®]

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

Level 2 & 3 Practitioners - Practitioners of Natural Healing[™]

- Minimum number of hours of training required in the designation being applied for.
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| ✓ Registered Naturotherapy Practitioner [®] 2000 hrs. | ✓ Registered Acupuncture Practitioner [®] 2400 hrs. |
| ✓ Registered Naturotherapy Practitioner [®] AYU 1500 hrs. | ✓ Doctorate of Integrative Medicine [™] 3000 hrs. |
| ✓ Registered Ayurveda Practitioner [®] 3200 hrs. | |

Level 1 Practitioners - Practitioners of Natural Healing™

- Minimum 500 hours of training required in the designation being applied for.

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|---|---|
| ✓ Registered Natural Health Practitioner® | ✓ Registered Nutritional Medicine Practitioner® |
| ✓ Registered Lifestyle Management Practitioner® | |

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

Designation being applied for:

Credential Assessment

Degrees / Programs	Institution	Hours 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.

- | |
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| ✓ 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