



# The Examining Board of Natural Medicine Practitioners est. 1998

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## 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 <sup>®</sup> #	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 <sup>®</sup> 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.

✓	I have successfully completed the CCE courses as indicated on the enclosed documents.
✓	I understand the designation that I am renewing is owned by WBNM and <b>must be renewed annually</b> to validate my position on the registry with The Examining Board of Natural Medicine Practitioners™ Canada.
✓	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.
✓	I certify that the above information is correct to the best of my knowledge.
✓	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