



The Examining Board of Natural Medicine Practitioners (est. 1998)

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

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			Date of Birth	
Business Information				
Website				

Requirements for Renewal of Registration

<input type="radio"/> Doctorate of Natural Medicine	DNM [®] # _____	Fee Amount: \$500.00
<input type="radio"/> Registered Practitioner	Level 1, 2, 3 # _____	Fee Amount: \$300.00
<input type="radio"/> Proof of Professional Liability Insurance		
<input type="radio"/> Proof of CCE (DNM [®] 60 hrs; Level 3 Practitioners 40 hrs; Level2 Practitioners 30 hrs)		
<input type="radio"/> Please enclose photocopies of new certificates, diplomas, etc. or updated C.V.		
<input type="radio"/> Payment options: <ul style="list-style-type: none"> <input type="radio"/> cheque / money order payable to EBNMP Canada <input type="radio"/> Credit card authorization on back of form <input type="radio"/> Etransfer sent to ebnmpca@gmail.com 		

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 The Examining Board of Natural Medicine Practitioners™ Canada 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 The Examining Board of Natural Medicine Practitioners™ Canada.
<input checked="" type="checkbox"/> I certify that the above information is correct to the best of my knowledge.

Date of Renewal

Signature of Practitioner

FOR OFFICE USE ONLY

Date Rec'd:		Pymt Amount:	
Name on Pymt:		Pymt Type:	

CREDIT CARD AUTHORIZATION

Please note: (\$10 processing fee applies.)

Credit Card #:		Expiry Date:		Security Code:	
Cardholder:					
Address:					
City, Postal Code:		Amount:	(plus \$10 processing fee)		
Signature:	I Agree to Pay Above Total Amount (including processing fee) According to Card Issuer Agreement.				