



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

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RENEWAL APPLICATION PLEASE PRINT OR TYPE ALL REQUESTED

|               |       |       |         |    |  |
|---------------|-------|-------|---------|----|--|
| Name          |       |       |         |    |  |
| Address       | Home: |       |         |    |  |
| City          |       | Prov. |         | PC |  |
| Business Info |       |       | email   |    |  |
| Address       |       |       | Website |    |  |

## Requirements for Renewal of Registration

|  |
|--|
| <input type="checkbox"/> DNM® and DIM© & Diplomate Level- Fee amount \$500.00  |
| <input type="checkbox"/> RNP® Naturotherapy/ RAP® Acupuncture/ Homeopath-Fee amount \$350.00   |
| <input type="checkbox"/> Practitioners of Natural Healing®- RLMP®/RNP® Practitioners- Fee amount \$300.00  |
| <input type="checkbox"/> Retired / Not currently in practice- Fee amount \$200.00  |
| <input type="checkbox"/> Proof of Professional Liability Insurance Renewal   |
| <input type="checkbox"/> Proof of Continuing Competence Education ( DNM® & DIM© 60 hrs. / Naturotherapy & Acupuncture 40 hrs. )  |
| <input type="checkbox"/> Please enclose photocopies of new certificates, diplomas, etc. or updated C.V.  |
| <input type="checkbox"/> Payment must be in the form of a cheque payable to The Examining Board of Natural Medicine Practitioners Canada, Etransfer to <a href="mailto:ebnmpca@gmail.com">ebnmpca@gmail.com</a> . or by credit card- pls send information in two emails. |

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 Continuing Education course of instruction as indicated on the enclosed documentation.  |
| <input checked="" type="checkbox"/> I understand the designation that I am renewing is owned by the EBNMP and <b>must be renewed annually</b> to validate my position on the registry with The Examining Board of Natural Medicine Practitioners Canada.                                  |
| <input checked="" type="checkbox"/> I acknowledge that: Certificates issued remains the property of the Examining Board of Natural Medicine & EBNMP LLC and have to be surrendered when registration ceases, when membership is not renewed or the request of the disciplinary committee. |
| <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 the renewal fee by cheque, etransfer or credit card for the renewal of my designation.  |

\_\_\_\_\_  
Date of Renewal

\_\_\_\_\_  
Signature of Practitioner

### FOR OFFICE USE ONLY

|                   |  |                       |  |
|-------------------|--|-----------------------|--|
| Date Fee Recd:    |  | Date Receipt Sent:    |  |
| Wallet Card sent: |  | Cheque copy attached: |  |