



EBNMP™ CANADA ASSOCIATION

Mailing Address: 20 Graydon Hall Drive, Suite 104, North York, ON M3A 2Z9
 Phone (416) 335-7661 admin@ebnmp.com www.ebnmp.com

APPLICATION FORM

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

NAME				
ADDRESS				
CITY		PROV.		PC
TEL. HOME			TEL. OFFICE	
CELL			DATE OF BIRTH	
BUSINESS NAME				
WEBSITE				
EMAIL (MUST BE PROVIDED)				

REGISTRATION REQUIREMENTS FOR NEW MEMBERS

- NOTE: Registrant may be required to take an examination prior to being approved for Designations
- NOTE: Payment must be in the form of cheque or money order payable to EBNMP™ 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)

DNM® - NATURAL MEDICINE PRACTITIONER©

CATEGORY A – Trained Natural Medicine Practitioners©		CATEGORY B – Western Trained Medical Professionals	
✓ National or International Graduates with 4000 hrs (minimum) of training and clinical practice in Natural Medicine.		✓ Minimum of 2000 hrs of training and experience in Natural Medicine Modalities as a complement to conventional treatment.	
✓ Includes but is not limited to Naturopaths, Homeopaths, Eastern Medicine Doctors (Ayurved, Oriental, Indo-Pak), Traditional Indigenous Healers and Alternative Medicine Doctors.		✓ Includes but is not limited to Chiropractors, Medical Doctors, Dentists, Osteopaths, Orthomolecular Practitioners, Nurse Practitioners.	
DNM ASSESSMENT FEE	\$ 150.00	DNM® REGISTRATION FEE	\$ 995.00

REGISTERED PRACTITIONERS

• Minimum number of hours of training required in the designation being applied for.			
✓ Registered Naturotherapy Practitioner® (2000 hrs)		✓ Registered Lifestyle Management Practitioner® (1000 hrs)	
✓ Registered Acupuncture Practitioner® (2500 hrs) **		✓ Registered Nutritional Medicine Practitioner® (1000 hrs)	
PRACTITIONER ASSESSMENT FEE	\$ 100.00	PRACTITIONER REGISTRATION FEE	\$ 500.00

DESIGNATION BEING APPLIED FOR:

DNM® (IF APPLICABLE / PLEASE CIRCLE):

CATEGORY A – Trained Natural
Medicine Practitioners©

CATEGORY B – Western Trained Medical
Professionals

** Please Note, Registered Acupuncture Practitioner® is not available in the Province of Ontario

CREDENTIAL ASSESSMENT

DEGREES / PROGRAMS	INSTITUTION	HRS 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.

- 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 EBNMP™ Canada Association.
- 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 EBNMP™ Canada Association.
- I certify that the above information is correct to the best of my knowledge.

DATE OF APPLICATION

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

REQUIREMENTS MET:	YES	NO	HRS REQUIRED:	
RECOMMENDATIONS:				
DATE REC'D:		PYMT AMT:		CQ #:
CQ DATE:		NAME ON CQ:		
BANK:				