



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

Mailing Address: **Attention J. Kelly**

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[www.ebnmp.com](http://www.ebnmp.com)

## Application Form PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

Name					
Home Address					
City		Province		PC	
Tel. - Cell			Tel. Office		
Email			Date of Birth		
Business Name					
Website					
Other Info					

### Registration Requirements for new members

- Registrant may be required to take an examination prior to being approved for Designations
- Cheque or e-transfer 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 and copy of government issued photo ID

### Doctorate of Natural Medicine® DNM® and DIM© Diplomate level Education

Category A Trained Natural Medicine Practitioners <sup>©</sup>	Category B Western Trained Medical Professionals
<ul style="list-style-type: none"> <li>• Canadian or International Graduates with 4000 hrs. of education and clinical practice in TM/CAM-Naturopathy and or Natural Medicine.</li> <li>• Includes but is not limited to Traditional Naturopaths, Homeopaths, Eastern Medicine Graduates(Ayurveda, Oriental, and Indo-Pak), Traditional Complementary and Alternative Medicine Practitioners.</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum of 2000 hrs. of training and experience in TM/CAM and or Natural Medicine Modalities as a complement to conventional treatment.</li> <li>• Includes but is not limited to Chiropractors, Medical Doctors, Dentists, Osteopaths, Integrative Medicine Practitioners, Homeopaths and Nurse</li> <li>• Practitioner without Medical Education practice under TM/CAM-Naturopathy.</li> </ul>

- Doctorate of Natural Medicine™ DNM® or DIM® Specialist designation being applied for. (please circle)

### Specialists and General Practice in TM/CAM-Naturopathy

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

✓ Registered Naturopathy Practitioner® 2200 hrs.	✓ Registered Acupuncture Practitioner® 3000 hrs.
✓ Registered Nutritional Medicine Practitioner® 850 hrs.	✓ Homeopathic Practitioner HP© 3200 hrs.
✓ Registered Ayurveda Practitioner© 3200 hrs.	

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## General Practice - Practitioners of Natural Healing®

• Minimum number of hours of training required in the designation being applied for.

✓ Registered Natural Health Practitioner RNhP® 200hrs+      ✓ RNP® Ayurveda 1500 hrs.

✓ Registered Lifestyle Management Practitioner® 700 hrs.

<b>Assessment Fee with application</b>	<b>\$ 100.00</b>	<b>DNM® or Diplomate Level Practitioner</b>	<b>\$ 995.00</b>
<b>Specialists-General Practice Fee</b>	<b>\$ 500.00</b>	<b>Practitioner of Natural Healing® Fee</b>	<b>\$ 350.00</b>

Designation being applied for:

### Credential Assessment for candidates without comprehensive transcripts

Degrees / Programs	Institution	Hrs. Completed
<b>Total Hours Completed:</b>		

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 or etransfer for the assessment of my application. I understand that the assessment fee is non-refundable and is not part of the registration fee. Make cheque to EBNMP Canada.
- ✓ I understand the designation that I am applying for is owned by EBNM 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 certify that the above information is correct to the best of my knowledge.
- ✓ 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. **Initial here:** \_\_\_\_\_

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant