



# APPLICATION

## NAME

First Name

Last Name

## ADDRESS

Street Address

City/Town

Prov/State

Postal/Zip

Country

## PHONE

Primary Phone

Business Phone

Preferred Phone

## EMAIL

Primary E-mail

## EDUCATION

*Please provide a summary of your educational background in the field(s) below*

INSTITUTION	PROGRAM	DIPLOMA/DEGREE	COMPLETED
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## EMPLOYMENT

*Please provide a summary of your employment background in the field(s) below*

COMPANY	ROLE	FROM	TO
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## OTHER EXPERIENCE

*Provide data on any other position held/experience gained (i.e. Consulting, Lecturing, Management, Technical or Scientific papers printed or presented, etc) Give a brief description of your social or professional involvement, as well as interests in Natura*



How to complete this form:

1. Ensure that all fields have been filled in correctly.
2. Fields marked with an \* are mandatory and must be completed.
3. Once completed you can submit this form by mail, in person or by faxing to **416-477-2395**

## CREDIT CARD AUTHORIZATION

I authorize **BOARD OF NATURAL MEDICINE** to debit my Credit card in the amount of:

### NAME ON CARD

First Name\*

Last Name\*

### BILLING ADDRESS

Street Address\*

City/Town\*

Prov/State\*

Postal/Zip\*

Country\*

### CREDIT CARD DETAILS

Credit Card Number\*

Expiry\*

CVV\*

#### Credit Card Confidentiality Statement

This Credit Card Confidentiality Statement assures our customers that their credit card information provided through our PDF application is treated with utmost care and protected against unauthorized access or disclosure. We collect only necessary details for transaction processing and employ industry-standard security measures to safeguard the data. Access to credit card information is limited to authorized personnel, and we do not disclose it to third parties for marketing purposes. We comply with applicable laws and regulations, including the Payment Card Industry Data Security Standard, and strive to maintain the highest level of security for your credit card details.

By using our PDF application and providing your credit card information, you acknowledge and consent to the collection, use, and protection of your data as described in this Statement. While we take extensive measures to maintain security, no method of transmission or storage can guarantee 100% security. If you have any concerns, please contact us using the provided contact information.



## REGISTRATION CRITERIA

### **DOCTORATE IN NATURAL MEDICINE (DNM) - CATEGORY II:**

Completion of 4000 hours of training and experience in Natural Medicine.  
Completion of a post-graduate doctoral (PhD) research program.  
Applicable to all Traditional Natural Medicine Practitioners.

### **DOCTOR OF NATURAL MEDICINE (DNM) - CATEGORY I:**

Completion of 1000 hours of training and experience in natural medicine.  
Proof of a doctor-level diploma in a healthcare discipline (e.g., allopathic medical doctors, dentists, medical osteopaths, chiropractors). Doctoral research and upgrading in natural medicine may be required.

Note: Registrants with non-doctoral education cannot be registered as a Doctor of Natural Medicine or WONM Doctor of Humanitarian Services.

### **REGISTERED NATUROTHERAPY PRACTITIONER (RNP) / CERTIFIED NATUROTHERAPY PRACTITIONER (CNP):**

Minimum of 2000 hours of training and experience in at least two areas of Natural Medicine, including basic sciences in Anatomy and Physiology. Non-doctoral registrants will be registered at the practitioner level according to WONM standards.

### **FEE:**

Assessment Fee: \$200.00 (non-refundable and not considered part of the registration payment). The registration fee will be communicated upon acceptance. Please make the assessment fee payable to the World Organization of Natural Medicine (WONM).

Upon endorsing and dating the form, coupled with the submission of the assessment fee and attested copies of credentials such as certificates, diplomas, or a curriculum vitae, the applicant consents to the below-listed conditions:

- The fulfilment of the specified training program as recorded.
- The inclusion of a \$200.00 money order or credit card details for application evaluation.
- An understanding that the evaluation fee is non-repayable and separate from the enrolment fee. Recognition that the qualification being pursued does not equate to an academic degree but confirms educational status.
- Agreement to renew the credential annually to preserve placement within the registry of the Board of Natural Medicine Doctors & Practitioners – North America & Natural Medicine Certification Council.
- Awareness that this certification signifies that the services offered align with the criteria set by the World Organization of Natural Medicine, and must be surrendered upon termination of registration or upon request from the disciplinary committee of BNMDP-NA/NMCC.
- Confirmation that all the information provided above is, to the best of the applicant's knowledge, accurate.
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I affirm that all responses provided herein are accurate and comprehensive to the best of my understanding. I give permission for all assertions made within this application to be investigated as required to reach a conclusion.

Name & Signature

Date



## **Benefits of Certification:**

- Recognition throughout the Americas (United States, Canada, and South America), with trademark protection in the United States and Canada.
- Certification as a Doctor of Natural Medicine (DNM) or Registered Naturotherapy Practitioner (RNP) is acknowledged as meeting the established standards in traditional and natural medicine by the World Organization of Natural Medicine (WONM).
- Prestige of belonging to an advanced organization composed of highly trained professionals with strong ethical principles.
- Opportunities to participate in WONM-Clinic for Humanity programs.
- Access to professional continuing education workshops, seminars, regional congresses, and world symposia with WONM affiliates worldwide.
- Possibility of engaging in doctoral (PhD) research and fellowships with WONM's research department.
- Availability of internships and externships in partnership with the Clinics for Humanity™ program.

Subscription to the North American Journal of Traditional Medicine and Integrative Medicine.

- Eligibility for special group rates on malpractice insurance.

Potential reimbursement of service fees by certain major insurance companies (for Canadian members).

- Above all, membership provides a sense of satisfaction and fulfillment, knowing that you are contributing to the advancement of Natural Medicine and traditional healthcare in North America and globally.

### Registration Requirements for New Members:

Incomplete or illegible applications will be returned.

Only certified copies will be accepted for assessment.

The assessment fee (\$200.00) is non-refundable and not included in the registration fee.

Please include two passport-size photos for your file (colour or black and white).