



RENEWAL FORM

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

RENEWAL POLICY

It is crucial to maintain your certification and uphold your dedication to professionalism. By doing so, you not only showcase your commitment, but also stay updated on the latest advancements in Natural Medicine through ongoing education.

Renewal requirements include completing thirty (30) hours of continuing education units (CEUs) for doctors, twenty (20) hours for practitioners, and ten (10) hours of WONM-Clinics for Humanity© annually.

Additionally, you must provide proof of current emergency medicine certification and professional liability insurance. Attending the WONM (North American) regional event at least once every two years is also mandatory.

DNM/Doctor/Doctorate
\$500.00

RNP/CNP/RNMP
\$400.00

Sabbatical
\$200.00

Retired/Supporting
\$200.00



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.

Renewal Process:

Maintaining your registration is crucial as it confirms your dedication to professionalism. It also showcases your commitment to staying updated on emerging advancements in Natural Medicine through Continuing Education. Each year, a total of forty (40) hours of CEUs is required, along with proof of current liability insurance. Registrant doctors affiliated with the North American Board must also attend at least one world conference every two years and provide evidence of current emergency medicine training.



I have successfully completed the CEU course as indicated on the enclosed documentation.

I understand that the certification must be renewed annually to validate my position on the membership registry.

I understand that certification is granted to me to identify that the services I provide clients meet the standards as established by the World Organization of Natural Medicine and must be surrendered when registration ceases or at the request of the Disciplinary Committee of the BNMDP/NMCC.

I certify that the above information is correct to the best of my knowledge.

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