



**BOARD OF NATURAL MEDICINE DOCTORS & PRACTITIONERS- NORTH AMERICA  
(BNMDP-NA)**

**NATURAL MEDICINE CERTIFICATION COUNCIL (NMCC)**

*Certifying subgroup of the World Organization of Natural Medicine*

MEMBERS:    ♦ CANADA    ♦ USA

**Renewal Form  
2020**

PLEASE PRINT AND FILL IN ALL BOXES CLEARLY

Upon completion of this form mail in with required documents and certification renewal fee payable to the BOARD of Natural Medicine Doctors and Practitioners to the address at the bottom of this form.

|              |       |                      |  |
|--------------|-------|----------------------|--|
| SURNAME:     |       | GIVEN NAMES:         |  |
| ADDRESS:     |       |                      |  |
| CITY/PROV/PC |       | POSTAL CODE/ZIP CODE |  |
| PHONE        | Home) | Work)                |  |
|              | Fax)  | Cell)                |  |
| E-MAIL       |       |                      |  |

**Renewal Process**

Keeping your certification current is vital and reaffirms your commitment to professionalism. It also demonstrates that you are receiving continuing education to stay atop emerging new developments in Natural Medicine. Thirty (30) hours of continuing education units(CEU's)doctors, twenty(20)hours for practitioner, ten(10) hours of WONM-Clinics for Humanity© annually, proof of current emergency medicine certification and evidence of professional liability insurance are mandatory for renewal. You must also attend WONM (North American) regional at least once in two years.

| Membership ID Number | Date of Certification                          |          |
|----------------------|--|----------|
| ✓                    | DNM/Doctor/Doctorate                           | \$500.00 |
| ✓                    | RNP/CNP/RNMP                                   | \$400.00 |
| ✓                    | Sabbatical                                     | \$150.00 |
| ✓                    | Retired/supporting                             | \$150.00 |
| ✓                    | WONM-Clinics for Humanity© donation(optional)  |          |
| ✓                    |  |          |
|                      | Late Payment After Dec.31 <sup>st</sup> , 2019 | \$100.00 |
|                      | <b>Total Payment</b>                           |          |

**REQUIREMENTS FOR RENEWAL OF REGISTRATION CHECK LIST**

- Payment of Fees
- Professional Liability Insurance
- Proof of 40 hrs. of continuing Competence Education
- Continuing Education certificates and or updated resume.

Declaration:

- ◆ I have successfully completed the CEU course as indicated on the enclosed documentation/s
- ◆ 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 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.

### Renewal Process

Keeping your registration current is vital and reaffirms your commitment to professionalism. It also demonstrates that you are receiving Continuing Education to stay atop emerging new developments in Natural Medicine. Forty (40) hours of CEU's are required every year and current liability insurance. Doctors who are Registrants of the North American Board must also attend one world conference at least once every two years and provide proof of current training in emergency medicine

### Credit Card Authorization

|                      |  |
|----------------------|--|
| <b>Contact Name:</b> |  |
| <b>Phone:</b>        |  |
| <b>E-mail</b>        |  |

### Credit Card Information

|                             |  |
|-----------------------------|--|
| <b>Name on card:</b>        |  |
| <b>Credit Card Number:</b>  |  |
| <b>Credit Card Type:</b>    |  |
| <b>Security Code:</b>       |  |
| <b>Expiration Date:</b>     |  |
| <b>Billing Address:</b>     |  |
| <b>Billing Address 2:</b>   |  |
| <b>Billing City, ST Zip</b> |  |

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Date of Renewal

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Signature