



ccnm
CANADIAN COLLEGE OF
NATUROPATHIC MEDICINE

CCNM Integrated Health Care Centre

Application Form

Name: _____
Last Name _____ First Name _____

Home Address _____ **Business Address** _____

Name of Clinical Practice _____ **E-Mail Address** _____

Approximate number of active patients/clients: _____

Please list the regulated profession(s) for which you are a registrant/member and provide your registration number. Please attach an additional sheet if required:

Regulated Profession	Registration Number

Do you have a special interest or focus area in your practice? If yes, please indicate focus area(s)

MALPRACTICE INSURANCE INFORMATION (Mandatory for all practitioners)

Insurance Carrier: _____ Policy Certif. No: _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO."

1. Have you ever been found guilty of any offence under a statute in any jurisdiction in Canada or abroad? _____
2. Are there any outstanding or pending civil or criminal proceedings against you? _____
3. Are you the subject of any current proceedings for professional misconduct, incompetence or incapacity in Ontario or any other jurisdiction? _____
4. Have you ever agreed to a settlement to avoid any proceeding or disciplinary action in respect to your professional conduct, competence or capacity? _____

If you answered "Yes" to any of the above questions, please explain (use a separate page).

REFERENCE INFORMATION Please provide three professional references

1. _____
Name Relationship Phone Number
2. _____
Name Relationship Phone Number
3. _____
Name Relationship Phone Number

I certify that the above information is accurate and correct. I authorize a representative from the Canadian College of Naturopathic Medicine to contact the regulatory bodies I am a member of to verify this information is accurate and correct.

Signature: _____ Date: _____