



**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: \_\_\_\_\_