



NSAND

NOVA SCOTIA ASSOCIATION
of NATUROPATHIC DOCTORS

2009 Membership Application

Registration Steps:

1. Contact Jennifer Carter, NSAND Treasurer (carterj@ns.sympatico.ca, 405-3222) who will notify the CAND that you have started the application process
2. Apply for license in regulated jurisdiction (eg. Ontario, Alberta, Manitoba, BC)
3. Apply for malpractice insurance (CAND members get good rates through Partners Idemnity Insurance Brokers. Contact Jenifer Fox, 1-877-427-8683, jfox@partnersidemnity.com)
4. Complete and sign NSAND 2-page application form
5. Complete and sign CAND 2-page application form found at www.cand.ca under "New Naturopathic Doctors"
6. Send NSAND and CAND forms along with a cheque or money order (payable to NSAND) for the NSAND/CAND fees to:
Dr. Jennifer Carter, ND
NSAND Treasurer
5515 Young Street
Halifax, NS B3K 1Z7

2009 Fees for New Members:

Full Member

Application Fee:	\$50.00
CAND Fee for 1 st Year in Practice:	\$160.00+HST = \$180.80*
NSAND Membership Fee:	\$550.00*
Total:	\$780.80

** These amounts are pro-rated (except for application fee) based on the month you are joining. For example, the fee when joining in July is 50% (6/12 months) of 180.80+550 = 365.40 + 50 (application fee) = \$415.40*

Associate Member

CAND Fee:	\$160.00+HST = \$180.80
NSAND Fee:	\$50.00
Total:	\$230.80

Student Member

NSAND Fee: \$25.00

NSAND Application Form, page 2

Membership Category:

- Full Member
 Associated Member
 Student Member

Registrant name _____

Home address _____

Phone (home) _____ Phone (cell) _____

Email address _____ Website(s) _____

Naturopathic college attended _____ Year graduated _____

Other diplomas/degrees _____

Year NPLEX Passed _____

Province/State of Licensure _____ License Number* _____

Primary Clinic Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____

Secondary Clinic Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____

Malpractice Insurance

Insurance carrier _____ Policy* _____

Broker _____ Phone _____

** If license and insurance policies are pending, please forward numbers to Jennifer Carter once you've received them*

Continuing Education

Continuing education requirements must be met to maintain membership. CE sheets (attached) must be submitted 2 years from application date and every two years thereafter.

I declare the information on this form to be true and complete.

Signature _____ Date _____