



2012 NEW Membership Application

Registration Steps:

1. Contact Sarah Tanner, NSAND Secretary (sarahanntanner@hotmail.com, 832-3279) 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 Indemnity Insurance Brokers. Contact Melisa De Melo mdemelo@partnersindemnity.com 1-877-427-8683.)
4. Complete and sign NSAND 2-page application form (malpractice insurance info is due 1 month after receiving your NSAND reg # as you need to be a member of CAND to obtain; if not obtained then Reg # is suspended until information is sent)
5. Complete and sign CAND 2-page application form found at www.cand.ca under "New Naturopathic Doctors"
6. Send NSAND and CAND forms to: Dr. Sarah Tanner, ND

NSAND Secretary
228-1595 Bedford Hwy
Bedford, NS B4A 3Y4

*Please note, registration # will not be given out until receipt of payment is confirmed.

7. Send a cheque (with your name in the memo) or money order (payable to NSAND) for the NSAND/CAND fees to:

Dr. Taryn Deering
NSAND Treasurer
10 Portland St, Suite 101
Dartmouth, NS B2Y 1G9

2012 Fees for New Members:

Full Member

Application Fee:	\$50.00
CAND Fee for 1 st Year in Practice:	\$160.00+HST = \$184.00*
NSAND Membership Fee:	\$550.00*
Total:	\$784.00

* 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 184+550 = 367.00 + 50 (application fee) = \$417.00

Associate Member

CAND Fee:	\$160.00+HST = \$184.00
NSAND Fee:	\$50.00
Total:	\$234.00

Student Member

NSAND Fee:	\$25.00
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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 _____ (include photocopy)

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 Sarah Tanner once you've received them (needs to be within 1 month of receiving NSAND reg # or this will be suspended)*

Continuing Education

Continuing education requirements must be met to maintain membership. CE sheets (see website) must be submitted yearly (with re-application) for a total of 40 hours 2 years from application date. New grads will practice for 1 full year before being required to submit their hours.

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

Signature _____ Date _____