

2017 Membership Application (Current member of CAND)

Requirements to be a Member of NSAND:

- 1) Graduate from an accredited school
- 2) Pass NPLEX
- 3) Be a member of the CAND
- 4) Hold a license in a regulated jurisdiction
- 5) Carry Malpractice Insurance

Registration Steps:

1. Apply for and show proof of:
 - a. License in regulated jurisdiction (eg. Ontario, Alberta, Manitoba, BC, Saskatchewan)
 - b. Malpractice Insurance
 - c. If using this form you are already a member of CAND, provide proof
 - d. NPLEX Results
2. Complete and sign NSAND 3-page application form. If applying for malpractice insurance the information is due 1 month after receiving your NSAND registration number; if not obtained then the registration number is suspended until information is sent.
3. If not already a member of CAND please use the alternate form posted.
4. Make out a cheque (with your name in the memo) or money order payable to NSAND for the amount as calculated on Page 2
5. Send NSAND pages 2, 3 and 4 and cheque to:

NSAND
PO Box 245
Lower Sackville NS Canada
B4C 2S9

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

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Fees for New Members joining 2017:

Application Fee: \$50

NSAND Full Member Fee

Application submitted January 1st - June 30th: \$750

Application submitted July 1st - December 31st: \$400

NSAND Associate Member Fee

NSAND Fee: \$50.00

NSAND Student Member

NSAND Fee: \$25.00

Based on the above information, please complete the section below to calculate the member application fee:

Application Fee: \$50

NSAND Fee: _____

TOTAL: _____

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Membership Category:

____ Full Member
____ Associate 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 the information once received to the NSAND Administrator (needs to be within 1 month of receiving NSAND registration number or this will be suspended).*

Continuing Education (CE)

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 registrants will be required to fulfill continuing education hours on a prorated basis. The 2-year continuing education period will be divided into four terms of 6 months each. Each term represents the equivalent of 10 credit hours, prorated for every 6 months of registration.

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Professional Conduct

Are you currently undergoing any unprofessional conduct or have you been disciplined by another regulatory body responsible for the regulation of any type of health care?

Yes No If yes, please provide the circumstances on an attachment.

Criminal Record

Are you currently being tried for or have you ever been convicted of a criminal offence?

Yes No If yes, please provide the circumstances on an attachment.

Declaration

I agree to uphold and comply with the bylaws and regulations of NSAND.

I believe and declare that the above information is to the best of my knowledge, true and accurate.

X _____ (registrant).