

## 2020 Membership Application

### Requirements to be a Member of NSAND:

- 1) Graduate from an accredited school, as CCNM, BINM
- 2) Pass NPLEX Part I and II
- 3) Be a member of the Canadian Association of Naturopathic Doctors
- 4) Hold registration in a regulated Canadian jurisdiction
- 5) Carry Malpractice Insurance

### Registration Steps:

1. Apply for and show proof of:
  - a. Registration in regulated jurisdiction (e.g. Ontario, Alberta, British Columbia, Saskatchewan)
  - b. Malpractice Insurance
  - c. NPLEX Part I and II results
2. Complete and sign NSAND 3-page application form. Ensure all requirements stated above are included.
3. Complete the Canadian Association of Naturopathic Doctors application form following this NSAND application (include payment with NSAND fee)
4. Payment modes for the amount as calculated on Page 2:
  - a. Payable to NSAND cheque (with your name in the memo) or money order
  - b. e-transfer
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.

## NSAND 2020 Application Form, page 2

### Fees for New Members joining 2020:

**Application Fee:** \$50

### NSAND Full Member Fee

Application submitted \$750 (pro-rate calculation \$62.50 per month)

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

## NSAND 2020 Application Form, page 3

### 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 Part I and II Passed \_\_\_\_\_

Province of Registration \_\_\_\_\_ Registration 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: \_\_\_\_\_

### 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 pro-rated 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.

## NSAND 2020 Application Form, page 4

### 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.

Registrant Signature \_\_\_\_\_

Date: \_\_\_\_\_



# 2020 CAND Membership Agreement

**Membership: January 1, 2020-December 31, 2020**

20 Holly Street Unit 200, Toronto, Ontario M4S 3B1  
 Tel. 416-496-8633 Fax: 416-496-8634 Toll-Free: 1-800-551-4381  
[info@cand.ca](mailto:info@cand.ca) [www.cand.ca](http://www.cand.ca)

**Complete all applicable fields (please print):**

**Name and Designations** \_\_\_\_\_

## Primary Clinic

**Clinic Name** \_\_\_\_\_

**Clinic Address** \_\_\_\_\_

**Clinic City** \_\_\_\_\_ **Clinic Postal Code** \_\_\_\_\_

**Clinic Tel** \_\_\_\_\_ **Clinic Fax** \_\_\_\_\_

**Email – Display** \_\_\_\_\_ **Web site** \_\_\_\_\_

## Home or Mailing Address

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Email – office use only (optional)** \_\_\_\_\_ **Tel.** \_\_\_\_\_

Note: Primary clinic info will be made publicly available through the CAND's web site and annual membership directory. Private contact info is for CAND office use only and will not be made available to any other party in accordance with our privacy policy.

### **Consent for Electronic Communications from CAND**

**Due to the Canada Anti-spam Legislation, we are asking members to provide their express consent to receive CAND electronic communications.** Your CAND membership provides implied consent for the CAND to contact you.

Express consent provides CAND clear proof of your permission to send electronic communications to you. All CAND communications are sent electronically. You may unsubscribe at any time by emailing [unsubscribe@cand.ca](mailto:unsubscribe@cand.ca). Please indicate your express consent by checking the box below.

**Yes, please send me the CAND's electronic communications.**

**Important:**

CAND membership is linked with the provincial associations in BC, MB, SK, ON, NB, NS and PEI, CAND membership is conditional until confirmation of membership is received from your provincial association.

**For Nova Scotia members, NSAND, the provincial association, collects CAND dues on our behalf.**

If you have any questions, please contact the CAND office [info@cand.ca](mailto:info@cand.ca).

Please apply through the NSAND office (902) 431-8001

√	<b>Membership Category</b>	<b>Annual Dues</b>
1.	<b>Full-time</b> practicing ND	<b>\$517.50</b> (\$450 + 15% HST)
2.	<b>Part-time</b> practicing ND Part Time – working less than 16 hours per week in practice or otherwise employed using your ND credential (such as teaching, clinic supervisor, supplier sales rep, health retail, etc.)	<b>\$287.50</b> (\$250 + 15% HST)
3.	<b>Second Year</b> practicing ND	<b>\$287.50</b> (\$250 + 15% HST)
4.	<b>First Year</b> practicing ND	<b>\$184.00</b> (\$160 + 15% HST)
5.	<b>Associate ND</b> (Associate practitioners are out of country, not practicing or retired.)	<b>\$184.00</b> (\$160 + 15% HST)



- From which school did you graduate? \_\_\_\_\_ Year \_\_\_\_\_
- In which provinces are you licensed? \_\_\_\_\_ Lic.# \_\_\_\_\_

## CAND POLICIES

### Membership

Membership is due January 1<sup>st</sup>. Membership renewals are expected within **30 days** of the renewal date, otherwise the membership will lapse. If this occurs, the CAND must advise the relevant Provincial Association and Partners Indemnity that the member is no longer in good standing with the CAND. Lapse in membership will result in the cancellation of all membership benefits including any malpractice insurance through Partners Indemnity. Membership will not be active until all applicable membership dues have been received and processed by the CAND. An administrative fee of \$30.00 will be charged to reprocess payment in the event of an NSF cheque or declined credit card.

### Change of Membership Category

Any member requesting a change in membership category must inform the CAND in writing (by letter, fax or email) at least one month in advance. The notice must include the date the change is to come into effect and the membership status requested. If the member will not be in practice (i.e. maternity leave, sabbatical, etc), they must maintain Associate Member status in order to continue to receive member benefits including malpractice insurance through Partners Indemnity.

### Membership Cancellation

Members requesting cancellation of their membership are required to inform the CAND of their request in writing (by letter, fax or email) at least one month in advance of the requested cancellation date. Any refund due to cancellation of membership will be processed 30 days from the date of the written submission. When canceling their membership, members who are insured through Partners Indemnity are advised that their insurance coverage will be cancelled as well as any other members benefits received through other affiliate companies. An administration fee will be charged for membership cancellation and any subsequent membership reinstatement during the calendar year.

### Privacy Policy

The CAND collects personal information for contact purposes only and may share said info with its provincial constituent associations upon request. The CAND does not sell said membership information and/or mailing list to any third party for commercial purposes. Clinic contact information is provided to those companies supplying member benefits (i.e. Partners Indemnity Insurance Brokers, Scotiabank, Chase Paymentech). By submitting this form and supplying an email address, you agree to receive CAND electronic communications. You may unsubscribe at any time by emailing us at [unsubscribe@cand.ca](mailto:unsubscribe@cand.ca).

**By signing below I acknowledge that I have read and fully understand and accept the policies outlined herein.**

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

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

***Thank You For Your Support!***