

2023 Membership Application (Current member of CAND)

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. Already a member of CAND, provide proof
 - d. NPLEX Part I and II results
2. Complete and sign NSAND 3-page application form. Ensure all requirements stated above are included.
3. 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 or Paypal to info@nsand.ca
4. Send NSAND pages 2, 3 and 4 and cheque/money order 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 2023:

Application Fee: \$50.00

NSAND Full Member Fee

Application submitted \$750.00 (pro-rate calculation \$62.50 per month)

NSAND Associate Member Fee

NSAND Fee: \$50.00

NSAND Student Member

NSAND Fee: \$25.00

Once accepted to NSAND a certificate of registration is issued. For an additional clinic, a second NSAND certificate can be requested at the time of registration for the fee of \$5.00.

Additional certificate: \$5.00

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

NSAND Fee: _____

CAND 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 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. Members must adhere to the requirements of their licensed body. There is a NSAND Continuing Education audit done annually during renewal with 10% of the membership. We are currently in the 2021 & 2022 submission cycle.

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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.

Registrant Signature _____

Date _____