

## **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](mailto: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.

## NSAND 2023 Application Form, page 2

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

## NSAND 2023 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. 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.

## NSAND 2023 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 \_\_\_\_\_



Canadian Association of Naturopathic Doctors | Association canadienne des docteurs en naturopathie

# 2023 CAND Membership Agreement

**Membership: January 1, 2023-December 31, 2023**

20 Holly Street, Suite 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)

## **Name and Designations**

Clinic Name & Address \_\_\_\_\_

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

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

Email \_\_\_\_\_ Web site \_\_\_\_\_

### **Secondary Clinic**

Clinic 2 Name & Address \_\_\_\_\_

Clinic 2 City \_\_\_\_\_ Clinic 2 Postal Code \_\_\_\_\_

Clinic 2 Tel. \_\_\_\_\_ Clinic 2 Fax \_\_\_\_\_

### **Home or Mailing Address**

Address \_\_\_\_\_

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

Note: Primary clinic info will be made publicly available through the CAND’s web site. 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. As CAND sends its members important notifications electronically, we encourage you to provide express consent by clicking the box below. You may unsubscribe at any time by emailing [unsubscribe@cand.ca](mailto:unsubscribe@cand.ca)

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

#### **Important:**

CAND membership is linked with the provincial/territorial associations and 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>\$401.35</b> (\$349 + 15% HST)
	3. <b>Second Year</b> practicing ND	<b>\$228.85</b> (\$199 + 15% HST)
	4. <b>First Year</b> practicing ND	<b>\$228.85</b> (\$199 + 15% HST)
	5. <b>Associate ND</b> (Associate practitioners are out of country, not practicing or retired.)	<b>\$228.85</b> (\$199 + 15% HST)



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20 Holly Street, Suite 200, Toronto, Ontario M4S 3B1  
Tel 416-496-8633 Fax 416-496-8634 Toll-Free:1-800-551-4381  
**info@cand.ca** **www.cand.ca**

**AUTOMATIC RENEWAL OPTION for members paying their dues directly to the CAND:**

Please check here if you would like us to automatically renew your CAND membership each year

The CAND will contact you by email each November to inform you of your annual membership dues rate. Please note that we require a VISA or MasterCard number to automatically renew your membership. Your membership dues will be processed in January each year and your membership will be renewed indefinitely unless you provide the CAND written notice of cancellation of membership. You are required to advise the CAND of any changes to your membership or credit card information. Membership will not be renewed and you will be removed from the automatic membership renewal program if payment cannot be processed. By checking the above box and signing this application below, you are confirming that you are enrolling with the CAND Automatic Renewal program.

- From which school did you graduate? \_\_\_\_\_ Year \_\_\_\_\_
- In which provinces are you licensed? \_\_\_\_\_ Lic.# \_\_\_\_\_
- Number of years in practice \_\_\_\_\_ Are you a member of your provincial association? \_\_\_\_\_
- **For Referrals**-Specific therapies, areas of treatment or type of clientele? \_\_\_\_\_
- **For Referrals**-Languages spoken other than English \_\_\_\_\_

## **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 Paisley-Partners Inc. 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 Paisley-Partners Inc.

### **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 Paisley-Partners Inc. 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. 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!***