



**New Brunswick Association of Naturopathic Doctors**  
**Membership Application Form**

**Please return your completed form to:**

2278 King George Hwy Miramichi N.B. E1V 6N6

Phone: 506-773-3700 Fax: 506-773-3704

Email: newbrunswickand@gmail.com

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

**Name:** \_\_\_\_\_

**Please indicate all designations:** \_\_\_\_\_

**ND registration number and licensing province:** \_\_\_\_\_

**College of Naturopathic Medicine and year of graduation:** \_\_\_\_\_

**Number of years in practice:** \_\_\_\_\_

**Please list all other degrees and faculty of study (i.e.: PhD Biology):**

\_\_\_\_\_

**Insurance company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Main Practice**

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

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

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

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Clinic e-mail:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Second Practice**

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

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

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

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Clinic e-mail:** \_\_\_\_\_

**Website:** \_\_\_\_\_

## Personal Contact Information

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please notify our office of any changes in the above information during the year. If you practice at more than 2 offices please attach a separate page with additional information.

## Good Standing Declarations:

1. Have you ever applied for and been denied registration with any other regulatory college of any health profession in any jurisdiction including, but not limited to, New Brunswick? Y    N
  
2. Have you ever failed an entry-to-practice exam for an other regulatory college of any health profession in any jurisdiction including, but not limited to, New Brunswick? Y    N
  
3. Are you currently undergoing an investigation for unprofessional conduct or have you been disciplined by another regulatory body responsible for the regulation of any type of health care? Y    N
  
4. Are you currently being tried for or have you ever been convicted of a criminal offence? Y    N
  
5. Are you currently or have you ever been a party to a civil claim/proceedings? Y    N

I \_\_\_\_\_ agree to uphold and comply with the Health Professions Act, Naturopaths Profession Regulation and NBAND Standards of Practice (or province of licensure).

Signature: \_\_\_\_\_

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

## **Membership Fees**

Please send payment via email money transfer to [newbrunswickand@gmail.com](mailto:newbrunswickand@gmail.com).  
Associated Practitioner

Licensed or registered Naturopathic Doctor who are not currently practicing or employed as a Naturopathic Doctor (i.e.: sabbatical, maternity leave)

## **Membership Criteria**

Graduated from an accredited Naturopathic College in North America.

Hold a valid license with a regulated Province in Canada, or follow NBAND Scope of Practice.

Completed all NPLEX Board exams.

Hold valid malpractice insurance for the current year.

<b>Active Full Member</b>	\$500.00
<b>First Year Member</b>	\$250.00
<b>Associated Practitioner</b>	\$100.00