



COLLEGE OF NATUROPATHIC PHYSICIANS OF BRITISH COLUMBIA

REGISTRATION APPLICATION FOR BC NATUROPATHIC PHYSICIANS

REQUIRED INFORMATION - Please Print

First Name : _____ **Last Name :** _____

Age : _____ **Sex :** _____ **Date of Birth : (dy) / (mo) / (yr)** _____

Home Address : _____

City : _____ **Postal Code :** _____

Telephone : () _____ **Telephone #2 : ()** _____

Place of Birth : _____ **S.I.N :** _____

Email : _____

Emergency Contact : _____ **Telephone : ()** _____

List **full** particulars of all academic and professional training colleges/universities that you attended: name, location, year graduated, and degree obtained.

Naturopathic College: _____ **Location :** _____

Year Graduated : _____ **Degree Obtained :** _____

College/University : _____ **Location :** _____

Year Graduated : _____ **Degree Obtained :** _____

College/University : _____ **Location :** _____

Year Graduated : _____ **Degree Obtained :** _____

I solemnly swear/affirm that the answers and statements contained in this application are true and correct.

Signature of Applicant : _____

Date of Signature: _____

Are you a member of any other health organization? _____

if so please list: _____

**Photo 2.5 X 2.5
Head and Shoulder**

Rev. sk Feb, 2006

✉ Suite 840, 605 Robson Street, Vancouver, BC V6B 5J3

☎ (604) 688-8236 📠 Fax (604) 688-8476

📧 e-mail: office@cnpbc.bc.ca 🌐 website: <http://www.cnpbc.bc.ca>



CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENT

I hereby consent to the checking of any records pertaining to this and subsequent registration applications, such as renewal and certifications.

I further consent that the information obtained will be used to substantiate the registration and application procedure.

I understand that the data collected by the Registrar's office will be disclosed to the Registration Committee and subsequently to the CNPBC College Board public meetings.

Last Name :

First Name :

Signature of Applicant :

Date of Signature :
