



COLLEGE OF  
NATUROPATHIC PHYSICIANS  
OF BRITISH COLUMBIA

FORM

## EXAMINATIONS APPLICATION - REATTEMPT

CANDIDATE NAME: \_\_\_\_\_  
*(First) (Middle) (Last)*

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

NATUROPATHIC COLLEGE: \_\_\_\_\_

### **EXAMINATIONS**

Please check the box to indicate the examination(s) you are applying to reattempt.

**Jurisprudence (\$50)**                       **Oral/Practical (\$100)**

DATE(S): \_\_\_\_\_

### **PAYMENT OPTIONS**

Please check the box to indicate the method of payment, and provide details or enclose payment, as applicable.

**Bank Draft/Money Order**                       **Cheque**  
 **Visa**     **Mastercard**

Credit Card Account # \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiry: (mo) \_\_\_\_\_ / (yr) \_\_\_\_\_                      CSV/Security # (on back of card): \_\_\_\_\_

Candidate's signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*YYYY                      MM                      DD*

**Internal Use Only -- Processed**

Date (YYYY/MM/DD): \_\_\_\_\_                      Staff Initials: \_\_\_\_\_

(P) (604) 688-8236

(TF) (877) 611-8236

(F) (604) 688-8476

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

www.cnpbc.bc.ca