



**COLLEGE OF NATUROPATHIC PHYSICIANS OF BRITISH COLUMBIA**

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**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 : ( )** \_\_\_\_\_

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

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<b>Naturopathic College:</b>	<b>Location :</b>
_____	_____
<b>Year Graduated :</b>	<b>Degree Obtained :</b>
_____	_____
<b>College/University :</b>	<b>Location :</b>
_____	_____
<b>Year Graduated :</b>	<b>Degree Obtained :</b>
_____	_____
<b>College/University :</b>	<b>Location :</b>
_____	_____
<b>Year Graduated :</b>	<b>Degree Obtained :</b>
_____	_____

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

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**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



**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.

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

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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.

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Last Name :

First Name :

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Signature of Applicant :

Date of Signature :

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