COLLEGE OF
NATUROPATHIC PHYSICIANS
OF BRITISH COLUMBIA

FORM

EXAMINATIONS APPLICATION

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 for.

☐ **Jurisprudence ($100)** ☐ **Oral/Practical ($200)**

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