



APPLICATION FOR CNME RESIDENCY CERTIFICATE

Directions: For CNME to issue a residency certificate to an ND who is a graduate of a residency program, this completed form and a fee of \$150 must be submitted to CNME by a CNME-recognized ND/NMD program approved to sponsor the residency program. Please print **clearly** or type.

Applicant’s full name: _____

Applicant’s mailing address, including street/PO Box, city/town, state/province, and zip/postal code. **(Note that CNME processes applications within 2 months of receipt of the completed form and fee. If a certificate is returned to CNME due to a change in the mailing address or any other reason except an error by the CNME, CNME will charge a \$20.00 processing fee to resend the certificate):**

Applicant’s phone (with area code): _____ Email: _____

The name of residency program/site where the training took place: _____

The name of the school that sponsored the residency: _____

Indicate how applicant’s name should appear on certificate: _____

1-yr, 2-yr or 3-yr residency (please specify): _____ Residency completion date (m/d/y): _____

Authorized signature of residency sponsor administrator (e.g., **dean** or **residency director** at Bastyr U., CCNM, NCNM, or SCNM):

_____	_____	_____
Print name and title	Signature	Date

Please send this form with a check for \$150 payable to CNME to:
CNME, PO Box 178, Great Barrington, MA 01230
(For questions, please call 413-528-8877 or email danseitz@verizon.net.)

To be completed by CNME: Date application received: _____

Issuance of certificate authorized by: _____ Date: _____
CNME Executive Director

Form of payment: _____

(Revised: March 2014)

COUNCIL ON NATUROPATHIC MEDICAL EDUCATION

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P.O. Box 178, Great Barrington, MA 01230 | 413.528.8877 | 413.528.8880 FAX