



APPLICATION FOR CNME RESIDENCY CERTIFICATE

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

Full name of ND who completed residency program: _____

Address (street, town, state/province, zip/postal code): _____

Phone (with area code): _____ Email: _____

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

Name of the school that sponsored the residency: _____

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

1-yr or 2-yr residency (please specify): _____ Completion date of residency (m/d/y): _____

Authorized signature (e.g., **dean** or **residency director** at the **sponsoring** institution):

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:

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

Form of payment: _____

COUNCIL ON NATUROPATHIC MEDICAL EDUCATION



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