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-accredited or candidate naturopathic medicine program approved to sponsor the residency program. Please print or type.

Full name of ND who completed residency program:

_____

Address:

_____

Phone: _____ Email: _____

Name of residency program/site where the training took place:

_____

Name of the school that sponsored the residency:

_____

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

_____

Type of residency: _____ (General, Selective, Complementary)

Concentration/field, if applicable (e.g., Women's Health, Nutrition, Oncology):

_____

1-yr or 2-yr residency (please specify): _____ Completion date of residency: _____

Authorized signature (dean, residency director, or other senior administrator):

_____ _____ _____

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.)

Issuance of certificate authorized by:

_____ Date: _____

CNME Executive Director

COUNCIL ON NATUROPATHIC MEDICAL EDUCATION

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