**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 application form and a fee of $150.00 U.S. must be submitted to CNME by a CNME-recognized ND program approved to sponsor the residency program. Applications are accepted only for individuals who have **completed** their residency.

CNME usually processes residency certificate applications within two months of receiving the completed CNME residency certificate application form and the required application fee. **All fee amounts are in U.S. dollars.** If a certificate is returned to CNME for any reason other than an error by CNME, an additional fee of $25.00 U.S. will be charged to the applicant in order to reprocess and re-issue the certificate. Duplicate certificates available for an additional fee of $25.00 U.S. per certificate.)

**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**:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 a residency administrator at the sponsoring institution (e.g., **dean** or **residency director** at Bastyr U., CCNM, NUNM, or SCNM):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Print name and title Signature Date

Please send this form with a check for $150 U.S. payable to CNME to:

**CNME, PO Box 178, Great Barrington, MA 01230**

(For questions, 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 2018)