



# **UNIVERSAL AFFILIATE SITE APPLICATION PACKET**

**FOR  
CNME- APPROVED  
NATUROPATHIC  
RESIDENCIES**

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## **OVERVIEW OF THE AFFILIATE RESIDENCY**

In recent years, all CNME schools that oversee postgraduate training have been involved in an accelerated effort to increase the size and quality of its postgraduate training in response to several perceived needs:

- A number of states have considered adopting naturopathic licensing laws that require a minimum of one (1) year of postgraduate training for licensing.
- The naturopathic profession increasingly sees the importance of improved communication and cooperation with conventional medicine.
- Naturopathic medicine graduates are feeling the need to better understand and access some of the newest medical diagnostic technologies.
- Therapeutic modalities used in the naturopathic field of medicine are becoming more sophisticated and complex, necessitating advanced training for naturopathic physicians.
- The number of patients who access alternative medicine is steadily growing, resulting in a need for increasing numbers of highly educated and trained naturopathic physicians.

In order to help fulfill these requirements for a modern naturopathic clinical training experience, School seeks to build a mutually beneficial relationship with exceptional medical facilities and clinicians.

## **ADVANTAGES AND OBLIGATIONS OF BEING AN CNME-APPROVED AFFILIATE SITE**

The following items listed below are the advantages and obligations of a CNME-approved affiliate residency program. These lists are not meant to be all inclusive and are subject to change without prior notice depending on the administering school and the postgraduate residency standards issued by the Council on Naturopathic Medical Education (CNME).

The advantages to the affiliate training facility include but are not limited to:

1. The program will have access annually to a large applicant pool composed of high caliber students from all the CNME-accredited/candidate schools and colleges.
2. For the cost of hiring a medical assistant with limited clinical experience, the program can serve as an on-the-job audition of a future potential associate who can help grow the practice.
3. As part of developing practice management and networking skills, the resident is expected to engage in activities that will draw patients to the clinic.
4. In order for the resident to understand the business aspects of managing a successful practice, the resident is expected to perform key administrative tasks. However, while the resident is expected to learn the administrative duties, they cannot be expected to be the sole individual responsible for such duties and these administrative duties should only represent a small fraction of their duties.
5. As the resident begins to see patients more autonomously, the clinic will increase its capacity to see more patients and thus generate more revenues.

6. The affiliate site will play an important role in growth and strengthening of the naturopathic profession by training new graduates and in turn would enhance licensing initiatives and thereby give more patients access to naturopathic care.
7. The member(s) of the supervising staff is/are recognized as an affiliate clinical supervisor(s) of resident(s) in the program.
8. The affiliate site will receive recognition as host of a CNME-approved affiliate residency program during the terms of the operating agreement.

The benefits to the resident include but are not limited to:

1. The resident's clinical skills shall be enhanced through a structured mentoring process.
2. The resident will achieve key clinical and practice management competencies.
3. The resident will receive an official CNME Certificate upon completion of the program.

Obligations of the affiliate site to the resident include, but are not limited to the following:

1. Provide the resident a supportive structured learning environment through a defined didactic (case conferences, mentor meetings, journal clubs, etc.) and experiential (20 hours or more of patient care clinic time) activities.
2. Provide the resident the appropriate clinic space to provide patient care which meets the standards set by the profession.
3. Employ the resident to a full-time position (minimum of 40 hours per week) for a period of at least 12 months.
4. Provide a compensation package that is competitive with other affiliate sites that may include additional benefits (i.e. paid vacation/sick leave, medical, dental, CE allowance, etc) depending on the resources of the clinic.
5. Provide the resident with liability coverage that is equivalent to other providers in the clinic.
6. Give the resident access and an opportunity to attend at least 35 hours of didactic lectures, workshops, and seminars appropriate to the resident's level during the program year.
7. Submit additional documents to the school as necessary to maintain CNME recognition.

Obligations of the affiliate program to the school include but are not limited to the following:

1. Work closely with the affiliate residency director/supervisor in the development and implementation of the residency curriculum.
2. Submit quarterly and year-end evaluations of the resident.
3. Establish regular meetings with the school residency administrator (semi-annually at a minimum) or as often as needed in order to ensure program compliance with the CNME standards.
4. Communicate to affiliate site the necessary information required for and maintenance of CNME certification.

## **APPLICATION PROCESS AND REQUIREMENTS FOR AFFILIATE RESIDENCY SITE**

Admission to a Naturopathic Medicine Residency Program is highly competitive and attracts graduates from all the naturopathic medical colleges. The long-term goal of the Naturopathic Post Graduate Association (NPGA) and each school is to provide residency opportunities for every naturopathic graduate. To this end, each school seeks to create affiliations with institutions and clinics that share its goal of providing high quality residency training and excellent patient care. **Affiliate organizations must meet set standards set forth by the Council on Naturopathic Medical Education.** The affiliate site will receive the benefits such as but not limited to having the recognition of hosting a CNME approved residency, a chance of selecting from a pool of high caliber applicants, and resident who graduates of the program will receive a CNME Certificate of Completion.

### **Process for applying as Affiliate Residency Site**

To apply as an Affiliate Residency Site, the program must submit

Affiliate Site Resources Form

Affiliate Supervisor Form (for each clinical staff who will be supervising the faculty)

- Signed authorization & consent form
- Signed liability disclosure statement
- Curriculum Vitae
- DEA number (if applicable)
- Copy of your license
- Copy of board/specialty certification (if applicable)
- Malpractice Insurance
- List of References

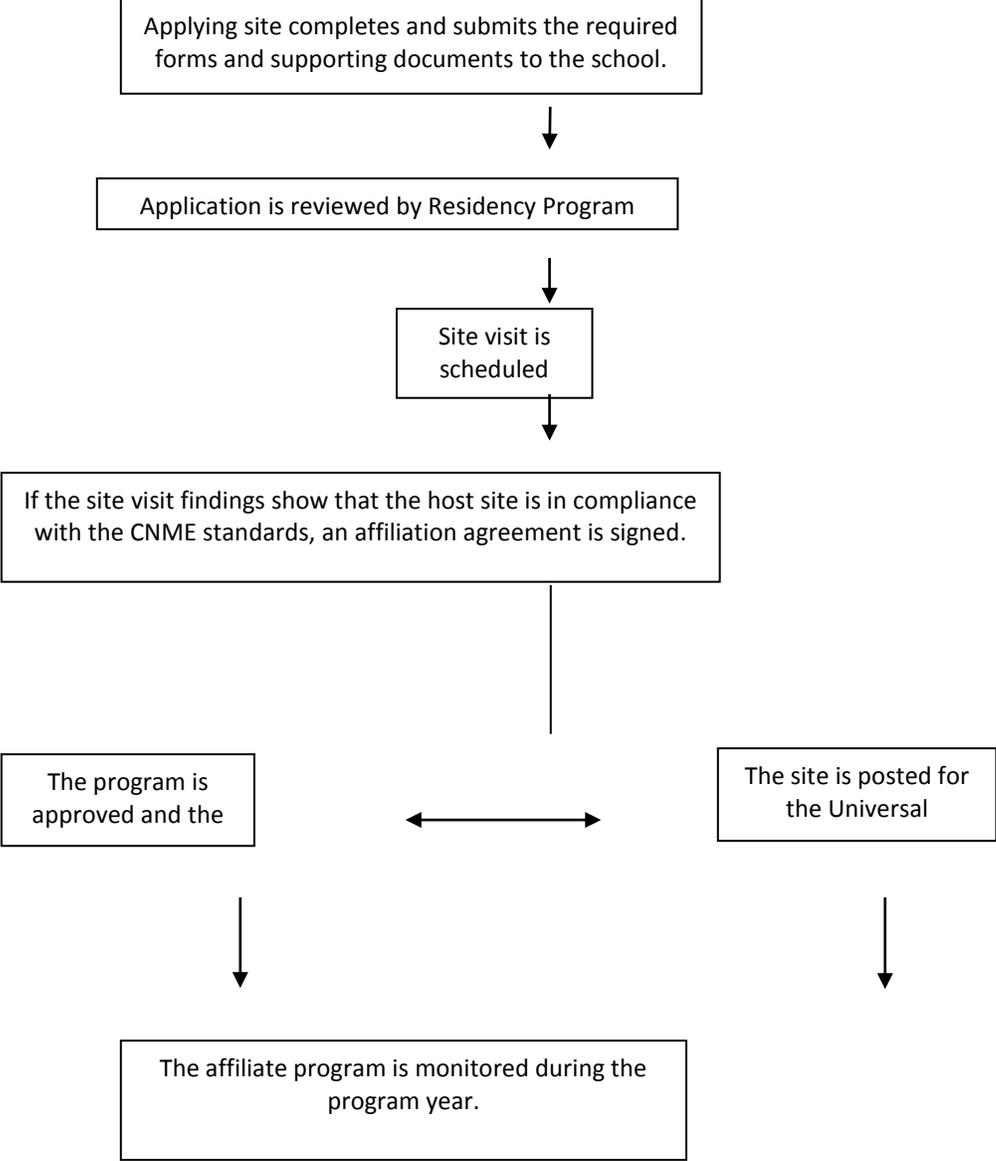
Mission Statement (if available)

Residency program specific information as request in the Affiliate Site Resources Form including but not limited to the following:

- Statement of Commitment to Residency Training
- Resident Job description
- Outline of residency position
  - Education Goals
  - Educational components/residency focus
  - Tentative schedule
  - External rotations
  - Continuing education
- Research opportunities
- Estimated salary
- Malpractice insurance
- Health benefits

A site visit will be scheduled at a time convenient to the applicant organization. For sites of considerable distance, the school may request the host facility to share in the cost of the visit by providing such local transportation, meals, and lodging. After the site visit, the applying site will be informed to of the site's approval status. Please refer to the succeeding flow chart that illustrates the key steps in the application and approval process.

# Site Application Process Flow Chart



## **SUMMARY OF THE CNME RESIDENCY TRAINING STANDARDS**

### **Program Duration**

To be eligible for approval, a residency program must be full-time and a minimum of 12 months in length. The resident's appointment may be limited to a single year, or may be renewed and extended as appropriate. The written agreement/contract with each resident states the length of the appointment.

### **Program Size**

A residency program may be of any size commensurate with the program's capacity to offer each resident an educational experience that meets the objectives of the program and allows continuing compliance with CNME standards.

### **Scope of Training**

At least 40% of a first-year residency program is devoted to what might be termed clinical naturopathic medicine or naturopathic primary care. Within this constraint, the program may develop a curriculum that reflects the unique qualities of the site that meet program learning goals.

### **Identification of Learning Goals**

The learning goals of a residency experience must be specified. Below are examples of learning goals. A site may adopt some or draft new goals that are more applicable to the program.

The resident may:

- Develop greater depth, skill, judgment and confidence as a practitioner
- Through mentoring, gain an understanding of a specific professional role in private practice, education, institutional care, research, health-related business, etc.
- Learn to deal more effectively with complex cases
- Strengthen skills in specific naturopathic medicine modalities
- Develop practice management skills
- Develop understanding of how the naturopathic philosophy applies in a particular context
- Develop understanding of how research benefits clinical practice
- Develop appreciation of the need for continuing education and scholarly activity
- Develop the ability to practice collaborative medicine
- Gain experience working in group practice, institutional and/or business settings
- Develop understanding of the larger context and system of health care, as well as the ability to call upon other resources in the system to provide optimal health care
- Develop understanding of authorized scope of practice, and of personal abilities and limitations
- Develop understanding of the possible role and contribution of naturopathic physicians in a jurisdiction that does not yet provide licensure.

### **Adequacy of Resource Base**

Residency sites must have the basic educational and patient care resources necessary:

- a) To provide the resident with meaningful involvement and responsibility in the required clinical care, and
- b) To ensure that identified learning goals are achieved.

The resource base required to provide such assurance has physical, human, financial, clinical and educational dimensions:

- a) Physical, human and financial resources must be sufficient to support the residency program.
- b) Clinical opportunities must be sufficient, including adequacy of patient volume and availability/appropriateness of the case mix.
- c) Educational dimensions include provision for formative mentoring, formative and summative evaluation, and supportive didactic instruction.

### **Appointment and Qualifications of the Residency Supervisor**

- a) A single Residency Site Supervisor, appointed in consultation with the CNME-recognized sponsor, is responsible for the affiliated residency program. Continuity of leadership is desirable.
- b) The supervisor must possess appropriate professional and clinical expertise. Prior to assuming this position, the supervisor should have had a minimum of two years of full-time professional activity in active practice (or one day per week of active practice during two years of full-time employment in naturopathic education).
- c) Previous teaching experience is highly desirable. The supervisor must be able to support the goals of the educational program.
- d) The supervisor must demonstrate a commitment to his or her own continuing medical education and interest and involvement in scholarly activities.
- e) The supervisor must be capable of administering the program in an effective manner. Prior administrative experience is desirable.
- f) The supervisor must be able to devote a sufficient amount of time to the educational program and his or her responsibilities for resident instruction, mentoring, and evaluation.

### **Experiential Program**

There must be evidence of a plan to ensure that the specified educational goals for the residency program will be achieved. Planning involves the identification of learning activities and clinical experiences that will contribute to the achievement of each goal. Formative and summative evaluation must be used to support and verify achievement of goals.

### **Didactic Program**

At the core of a residency experience is the resident's opportunity to learn from supervised clinical practice and must be reinforced by appropriate didactic instruction as follows:

- a) There must be provision for residents to follow a didactic curriculum supportive of the learning goals of the residency.
- b) A residency program must be able to demonstrate that its residents have access to a minimum of 35 hours per year of such didactics.
- c) Didactic instruction should be at a graduate, postgraduate, specialized, or expert level.

### **Evaluation**

The affiliate supervisor evaluates the resident in order to assist the resident's learning (formative evaluation), and assess the resident's achievement (summative evaluation).

- a) **Formative evaluation is part of the mentoring process.** Regular and timely performance feedback is essential so the resident can utilize the results to improve performance. Written assessments should be provided to each resident at least semi-annually.

- b) **Summative evaluation verifies achievement of learning goals.** The affiliate director/supervisor must provide a final evaluation to verify that the resident has demonstrated professional growth. The final assessment may give consideration to clinical performance evaluations by other professional staff, patients, peers, and self.
- c) Both formative and summative evaluation processes should cover dimensions such as the resident's competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- d) The clinical evaluation should produce an accurate assessment of a resident's clinical skills to the fullest extent possible.

### **Research and Scholarly Activity**

- a) Resident training must take place in an environment of inquiry and scholarship where residents can observe—and, ideally, participate in—the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry and critical thinking. The participation of each resident in an active research is encouraged as an essential part of preparation for a lifetime of self-education after the completion of formal training. Generally, this activity is concurrent with other assignments, provided the responsibilities of the resident are adjusted in a way to permit a reasonable time for research activity.
- b) Residents must participate in some scholarly activities that promote a spirit of inquiry, scholarship, and critical thinking such as discussions, rounds, study clubs, presentations, conferences, and local, regional or national professional associations and scientific societies.
- c) Residents should make case presentations on a regular basis.

### **Quality Assurance**

Residency training sites must conduct formal quality assurance programs and review any complications. Residents must be informed of an institution's procedures for quality assurance. They should participate in the quality assurance activities of the clinical services to which they are assigned and have access to outcome studies of patient care, including successful and unsuccessful treatment protocols.

### **Resident Workload and Support**

A proper balance of clinical, educational, administrative and scholarly activity must be maintained so that a program does not rely on residents to meet clinical service needs at the expense of educational objectives.

Residency programs must avoid placing residents in situations where they must carry excessive workloads, have an inappropriate intensity of service or case mix, or unduly long shifts contributing to excessive fatigue and stress. Residents must be informed at the beginning of their residency as to the expected workload in terms of hours per week in various duties, and also as to

the amount of support they can expect from supervisory physicians.

### **Residency Manual**

There should be a residency manual that provides, at a minimum, clear, specific and accurate information on the following:

- a) A statement of the residency program's mission and learning goals;
- b) The program's curriculum, including scholarly activities and the clinical rotations.
- c) Information on the residents' clinical duties and responsibilities;
- d) Clinical policies and procedures;
- e) Compensation and benefits, including policies governing leave; and
- f) Policies governing evaluation, complaints/grievances, disciplinary action, and appeals.

### **Resident Rights**

Each resident shall have a right to:

- a) Develop, with guidance from the teaching staff, a personal program for professional growth.
- b) Participate under supervision in safe, effective, and compassionate patient care commensurate with his/her level of knowledge and ability.
- c) Participate appropriately in the educational and scholarly activities of the residency program (e.g., grand rounds presentations, continuing education experiences, public and professional lecturing, research)
- d) Participate in the evaluation of the quality of education provided by the residency program.
- e) As requested, participate on the institution's committees and councils—especially those related to patient-care review activities.

### **Resident Responsibilities**

Each resident shall have a responsibility to:

- a) Respect the law, including applicable regulations, and adhere to the institution's established practices, policies, and procedures.
- b) Observe professional decorum.
- c) Interact cooperatively with other professionals.
- d) Practice professionally, ethically and compassionately.
- e) Undertake some teaching and supervising of other residents and students, as the nature and resources of the residency program permit.

### **Affiliation Agreement**

There must be a formal affiliation agreement with each training site cooperating in the provision of a residency program. The affiliate agreement must:

- a) Specify any agreements concerning residents, including:
  - The number of residents to be accommodated;
  - The period of assignment of residents to the program provided at the training site, together with any criteria for selection of the resident(s); and
  - Any service obligations of residents.
- b) Describe the planned types of clinical experience, including the anticipated volume or extent of these.

- c) Outline the respective responsibilities of the school and the training site, as well as their joint commitments or agreements, in accordance with the following requirements.
- d) Outlined responsibilities of the school shall include:
- An express commitment to ensuring that educational programs for residents provide the level of guidance, mentoring, and supervision necessary to facilitate a resident's progressively increasing professional competence and autonomy;
  - A description of the school's plans for ensuring that resident progress and achievement are appropriately monitored, and for providing educational advice and expertise to the residency program;
  - A descriptive listing of the school's planned educational contributions, if any, to the residency program; and
  - Information on how the school will maintain the educational records of residents;
  - Information on the type of malpractice insurance coverage (or general liability insurance, if malpractice insurance is not available) that will be maintained on residents.
- e) Outlined responsibilities of the affiliate residency site shall include:
- In consultation with the school, to appoint an affiliate residency director/supervisor, and to specify his/her authority and responsibilities for educational activities at the site;
  - In consultation with the school, to identify any other teaching staff responsible for the instruction and supervision of residents at the training site;
  - An express acknowledgment of the training site's commitment to its primary responsibility of ensuring a residency experience that will fulfill the educational objectives and facilitate each resident's progressive professional growth;
  - A descriptive listing of the training site's planned educational contributions to the residency program;
  - Information on the type of malpractice insurance coverage (or general liability insurance, if malpractice insurance is not available) that will be maintained on residents; and
  - Information on any legal or financial obligations of the training site.
- d) Specify that, in order to be eligible for selection, an applicant must meet the following two requirements:
- Be a graduate of naturopathic medicine program that is accredited by—or has candidate status with—the Council on Naturopathic Medical Education; and
  - Possess (or obtain before the end of the first academic term) a current, valid naturopathic medical license in a U.S. state or Canadian province, and be in good standing with the jurisdiction's regulatory authority.
- f) Indicate how an applicant's abilities, academic credentials, and communication and interpersonal skills will be considered in the selection process. A policy must be in place to ensure that the selection process supports equal opportunity for all qualified individuals.

**APPLICATION FOR AFFILIATE SITE RESIDENT SUPERVISOR  
FOR CNME-APPROVED  
POSTGRADUATE MEDICAL EDUCATIONAL PROGRAMS**

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**CHECKLIST OF REQUIRED AFFILIATE SITE SUPERVISOR DOCUMENTS**

- Signed Authorization and CONSENT Form (attached)
- Completed and signed Liability Disclosure Statement (attached)
- Current curriculum vitae or resume
- Copy of diploma CNME accredited college (for ND / NMD supervisors only)
- Copy of active/valid medical license(s)
- National Provider ID Number
- Copy of DEA number/license (if applicable)
- Copy of board/specialty certification (if applicable)
- Proof of professional liability coverage
- Names, addresses, and telephone numbers for three professional references
- A publishable brief biography and description of your clinic as residency site

# AFFILIATE SITE RESIDENT SUPERVISOR FORM

## A. Personal Data

Legal Name: \_\_\_\_\_ National Provider ID No: \_\_\_\_\_  
*First Last Middle I.*

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
*Street Address City or Town State Zip Country*

Web Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

AANP Member:  Yes  No If Yes, member since : \_\_\_\_\_ State/Provincial Assn:  Yes  No If Yes, member since :

Your no. of hrs/wk of scheduled direct patient visits: \_\_\_\_\_ Years in practice \_\_\_\_\_ Consecutive years in practice \_\_\_\_\_

Citizenship  U.S.  U.S. Permanent Resident  Other \_\_\_\_\_  
*Country Visa Type and Number*

## Educational History

Medical / Professional

\_\_\_\_\_  
*Name of Institution Years Attended Degree*

\_\_\_\_\_  
*Name of Institution Years Attended Degree*

Undergraduate

\_\_\_\_\_  
*Name of Institution Years Attended Degree*

\_\_\_\_\_  
*Name of Institution Years Attended Degree*

Additional

\_\_\_\_\_  
*Name of Institution Years Attended Degree*

## Professional References

Reference #1 \_\_\_\_\_ Daytime Phone \_\_\_\_\_

\_\_\_\_\_  
*First Name Last Name Title*

\_\_\_\_\_  
*Address City State Zip Country*

Reference #2 \_\_\_\_\_ Daytime Phone \_\_\_\_\_

\_\_\_\_\_  
*First name Last name Title*

\_\_\_\_\_  
*Address City State Zip Country*

Reference #3 \_\_\_\_\_ Daytime Phone \_\_\_\_\_

\_\_\_\_\_  
*First Name Last Name Title*

\_\_\_\_\_  
*Address City State Zip Country*

## LIABILITY DISCLOSURE STATEMENT

**REQUIRED INFORMATION:** Please answer each of the following questions. *If you answer "Yes" to any of the questions below, please attach a written explanation on a separate sheet of paper.*

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Have any disciplinary actions or investigations been initiated or are any pending against you by any state licensure boards?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has your license to practice in any state ever been relinquished, denied, limited, suspended, revoked or not renewed either voluntarily or involuntarily?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been asked to surrender your license?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever been suspended, sanctioned or otherwise restricted from participating in any private insurance entity, or federal or state health insurance program (i.e. Medicare, Medicaid)?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever been the subject of an investigation by any private, federal, or state agency concerning your participation in any private, federal or state health insurance program?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has your narcotics registration certificate ever been relinquished, denied, limited, suspended, revoked or not renewed either voluntarily or involuntarily?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Is your narcotics registration certificate currently being challenged?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you ever been convicted of any criminal proceeding or been convicted of a felony?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Has your medical staff appointment at any hospital or healthcare facility ever been diminished, revoked, refused, relinquished, not renewed or limited either voluntarily or involuntarily?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Have your clinical privileges at any healthcare facility ever been reduced, revoked, diminished, denied, relinquished, limited or suspended either voluntarily or involuntarily?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Have you ever withdrawn your application for appointment, reappointment or clinical privileges or resigned voluntarily before a decision was made by a hospital or healthcare facility governing board? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Have you ever been denied membership or renewal thereof, or been subject to disciplinary proceedings, in any medical professional organization?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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**Signature**

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**Date**

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**Type or print name**



# RESIDENCY SITE INFORMATION FORM

## Select the Naturopathic Medical School your facility is seeking to affiliate your residency program with.

- Bastyr University       National College of Natural Medicine       Southwest College of Naturopathic Medicine       Canadian College of Naturopathic Medicine

Did you have a residency affiliation agreement in the past with a naturopathic medical school other than the one cited above.

Yes    No   If yes, to which one: \_\_\_\_\_ If yes, what year: \_\_\_\_\_

Current model of practice:    Solo    Partnership    Group    Others \_\_\_\_\_

No of years with this model of practice: \_\_\_\_\_ Proposed program start date: \_\_\_\_\_ Proposed program end date: \_\_\_\_\_

## Training Site Information\*

- Out-patient Clinic    In-patient Clinic    In-patient Hospital    Specialty Facility    Other: \_\_\_\_\_

Designated Contact  
\_\_\_\_\_  
*First M.I. Last Title*      Phone: \_\_\_\_\_      E-mail: \_\_\_\_\_

Hospital Administrator/  
Clinic Manger  
\_\_\_\_\_  
*First M.I. Last Title*      Phone: \_\_\_\_\_      E-mail: \_\_\_\_\_

Medical Director\*\*  
\_\_\_\_\_  
*First M.I. Last Title*      Phone: \_\_\_\_\_      E-mail: \_\_\_\_\_

Business Name: \_\_\_\_\_  
\_\_\_\_\_  
*Street Address City or Town State Zip Country*

Website: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Other Fax: \_\_\_\_\_

Days and Hours of Operation \_\_\_\_\_

Malpractice Insurance Carrier \_\_\_\_\_  
(Please attach a copy of the declaration page)

\* Complete another the Residency Site Information Form if the resident with train in more than one site.

\*\* The Medical Director must submit a complete Affiliate Site Supervisor Form if s/he will be directly supervise the resident.

## Training Site Resident Supervisor(s)\*\*\*

Affiliate Program Director  
(If different from Medical Director)  
\_\_\_\_\_  
*First M.I. Last Degree*      Phone: \_\_\_\_\_      Email: \_\_\_\_\_

Additional provider who will  
directly supervise the resident  
\_\_\_\_\_  
*First M.I. Last Degree*      Phone: \_\_\_\_\_      Email: \_\_\_\_\_

Additional provider who will  
directly supervise the resident  
\_\_\_\_\_  
*First M.I. Last Degree*      Phone: \_\_\_\_\_      Email: \_\_\_\_\_

Additional provider who will  
directly supervise the resident  
\_\_\_\_\_  
*First M.I. Last Degree*      Phone: \_\_\_\_\_      Email: \_\_\_\_\_

Additional provider who will  
directly supervise the resident  
\_\_\_\_\_  
*First M.I. Last Degree*      Phone: \_\_\_\_\_      Email: \_\_\_\_\_

\*\*\* Each resident supervisor must submit a complete Affiliate Site Supervisor Form

**Support Staff**

Medical Assistant                      Front Desk Reception                      Dispensary Staff                      Other: \_\_\_\_\_  
 Yes   No: \_\_\_\_\_    No                       Yes   No: \_\_\_\_\_    No                       Yes   No: \_\_\_\_\_    No

**Resident Duties**

Please include a copy of the resident job description with this application.  
 The CNME requirements state that residents should attend regular Continuing Medical Education (CME) activities.  
 How will you incorporate CME into the resident schedule?

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The CNME requirements state that residents participate in research activities.  
 Is your site involved in any research activity or program?    Yes    No   If yes, please explain:

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Will the resident be required to do administrative tasks within their work week?    Yes    No   If yes, please indicate the type of tasks / activities the resident will be responsible for.

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**Facilities/Patient Care Information**

Please describe any space(s) dedicated as intern/resident space:

**If your Facility serves inpatients**

How many beds in the facility? \_\_\_\_\_ On average, what percentage of the beds are full? \_\_\_\_\_

Is this a multiple service facility?    Yes    No   How many physicians are associated with the facility? \_\_\_\_\_

**If your Facility serves only outpatients**

What is the square footage of the clinic? \_\_\_\_\_ How many treatment rooms? \_\_\_\_\_ How many are available for the resident? \_\_\_\_\_

What is the average number of in-clinic patient visits per week? \_\_\_\_\_ What is the average number of phone consults per week? \_\_\_\_\_

The average length of a patient visit is:    15 minutes    30 minutes    45 minutes    1 hour    Longer

Describe the patient distribution of the practice:

Ages 0-12yrs		Ages 13-18yrs		Ages 19-40yrs		Ages 40-65yrs		Ages > 65 yrs	
% males	% females	% males	% females	% males	% females	% males	% females	% males	% females

What percentage if the total practice is General Medicine? \_\_\_\_\_ %

Specialty: \_\_\_\_\_ %

Specialty: \_\_\_\_\_ %

Specialty: \_\_\_\_\_ %

If US facility, it is HIPAA compliant?  Yes  No  N/A This not a US facility.

If yes, please provide the name of the Clinic HIPAA Officer. \_\_\_\_\_

If no, please explain why the clinic is not compliant. \_\_\_\_\_

If Canadian facility, it is PHIPA compliant?  Yes  No  N/A This not a Canadian facility.

If yes, please provide the name of the Clinic Privacy Officer. \_\_\_\_\_

If no, please explain why the clinic is not compliant. \_\_\_\_\_

If US facility, it is compliant with OSHA standards?  Yes  No If no, please explain below.  Not a US facility

If Canadian facility, it is compliant with Ministry of Labor standards?  Yes  No If no, please explain below.  Not a Canadian facility

Will the resident be given the opportunity to observe in the business office and practice management activities?  Yes  No

If yes, please explain how this will be implemented: \_\_\_\_\_

Do you do laboratory testing on-site?  Yes  No What kind of system is used? \_\_\_\_\_

What percent of patients get lab testing? Standard: \_\_\_\_\_ % Alternative: \_\_\_\_\_ %

What lab tests are performed on site? \_\_\_\_\_ Please provide a copy of the lab certification.

Standard: \_\_\_\_\_

Alternative: \_\_\_\_\_

Describe the lab facilities available at the training site: \_\_\_\_\_

Describe the Diagnostic/Therapeutic Equipment and Supplies available on site:  
(i.e. physiotherapy, minor surgery, IV, Hydro (include colonic), physical exercise equipment, etc) \_\_\_\_\_

Describe any other specialty equipment and/or supplies at site: \_\_\_\_\_

Describe the extent of the Medicinary/Dispensary available at the training site: \_\_\_\_\_

Optional Submission: On a separate sheet of paper, provide a floor plan of the clinic. Either a hand-drawn or a technical drawing is acceptable. Indicate the dimensions of each room and label based on the floor plan legend below. Use large legible letters. You may use multiple letters if a room serves more than one function. If multiple centers are used, put the facility's name on each drawing.  
Floor Plan Legend:

A = Waiting Room	D = Records	G = Clinic lab	J = Clinic library
B = Reception desk	E = Exam rooms	H = Practitioner office	K = Conference room
C = Business office	F = Procedure rooms	I = Resident office	L = Other

**Program Commitment and Compensation Proposal**

- A. If your facility has a mission statement, please provide as a separate attached document.
- B. Attach a statement of your organizational commitment. (This document describes the commitment of the administrators and medical staff of the organization towards residency training.)
- C. Attach your organizational goals regarding residency training.
- D. The resident shall have a full-time appointment with a term of one full year.  Yes  No
- E. Depending on the specialty focus/needs of the program, the resident may be appointed for an additional term.  Yes  No
- F. What is the full-time supervisor / resident ratio in your clinic? \_\_\_\_\_
- G. What is the proposed resident compensation and benefits package?

Proposed base salary: \$ \_\_\_\_\_/month

Is there additional compensation based on productivity?  Yes  No (If yes, please describe) \_\_\_\_\_

Medical Benefits  Yes  No      Paid Holidays:  Yes  No      If yes, specify no. of days \_\_\_\_\_ days

Dental Benefits  Yes  No      Paid Time Off:  Yes  No      If yes, specify no. of days \_\_\_\_\_ days

If the resident is not provided with medical health insurance, are you willing to provide an additional \$300/month allowance to help the resident purchase his/her own health insurance?  Yes  No

- H. The site must provide the resident with Insurance Liability Coverage. Do you agree to provide this?  Yes  No

**Proposed Weekly Schedule of Daily Activities:**

Please fill in the time periods when applicable. Indicate the activities/duties (ex: patient care shifts, private shifts, individual study periods, research activity, academic participation, rotations, etc.) Please note that 20-30 hours should be devoted to patient care shifts and the remaining 10-20 hours distributed to administrative, learning, research, conferences and similar activities.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00-7:00am						
7:00-8:00am						
8:00-9:00am						
9:00-10:00am						
10:00-11:00am						
11:00-12:00pm						
12:00-1:00pm						
1:00-2:00pm						
2:00-3:00pm						
3:00-4:00pm						
4:00-5:00pm						
5:00-6:00pm						
7:00-8:00pm						
After Hours						

**List possible clinics where the resident can have additional preceptorships or rotations. (Attached a separate if needed)**

A. Supervising Preceptor: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

\_\_\_\_\_ *Street Address*      \_\_\_\_\_ *City or Town*      \_\_\_\_\_ *State*      \_\_\_\_\_ *Zip*      \_\_\_\_\_ *Country*

Website: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Other Fax: \_\_\_\_\_

B. Supervising Preceptor: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

\_\_\_\_\_ *Street Address*      \_\_\_\_\_ *City or Town*      \_\_\_\_\_ *State*      \_\_\_\_\_ *Zip*      \_\_\_\_\_ *Country*

Website: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Other Fax: \_\_\_\_\_

C. Supervising Preceptor: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

\_\_\_\_\_

<small>Street Address</small>	<small>City or Town</small>	<small>State</small>	<small>Zip</small>	<small>Country</small>
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Website: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Other Fax: \_\_\_\_\_

D. Supervising Preceptor: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

\_\_\_\_\_

<small>Street Address</small>	<small>City or Town</small>	<small>State</small>	<small>Zip</small>	<small>Country</small>
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Website: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Other Fax: \_\_\_\_\_

Is there any information we should know which previous questions have not addressed?

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

Please mail, fax, or email a completed residency site application to the appropriate program at one of the addresses below:

I. For an affiliate site application for Bastyr University, please use the appropriate contact information below:

ATTN: Gary Garcia MD, MHA  
Bastyr Center for Natural Health  
3670 Stone Way N  
Seattle, WA 98103

**For inquiries, please call: 206-834-4124**

**Fax: 206-834-4107**

**Email: [ggarcia@bastyr.edu](mailto:ggarcia@bastyr.edu)**

II. For an affiliate site application for National College of Natural Medicine, please use the appropriate contact information below:

ATTN: Leslie Fuller, ND  
National College of Natural Medicine  
049 SW Porter  
Portland, OR 97201

**For inquiries, please call: 503-552-1833**

**Fax: (503) 279-9300**

**Email: [lfuller@ncnm.edu](mailto:lfuller@ncnm.edu)**

III. For an affiliate site application to Southwest College of Naturopathic Medicine, please use the appropriate contact information below:

ATTN: Jessica Mitchell, ND  
Southwest Naturopathic Medical Center  
2164 E. Broadway Rd  
Tempe, AZ 85282

**For inquiries, please call: 480-222-9809**

**Fax: (480) 970-0003**

**Email: [j.mitchell@scnm.edu](mailto:j.mitchell@scnm.edu)**

IV. For an affiliate site application to Canadian College of Naturopathic Medicine, please use the appropriate contact information below:

ATTN: Jasmine Carino, ND  
The Canadian College of Naturopathic Medicine  
1255 Sheppard Avenue East

**For inquiries, please call: 416-498-1255 ext. 301**