



**UNIVERSAL
APPLICATION
FOR
CNME- APPROVED
NATUROPATHIC
RESIDENCIES**

BASTYR
UNIVERSITY

 **nunm**
NATIONAL UNIVERSITY OF
Natural Medicine

SOUTHWEST COLLEGE OF
SCNM
NATUROPATHIC MEDICINE

PERSONAL DATA FORM

General Data *(Please type or print legibly)*

Upload Photo (Optional)

Legal Name: Last Name First Name Middle Initial

Preferred Name

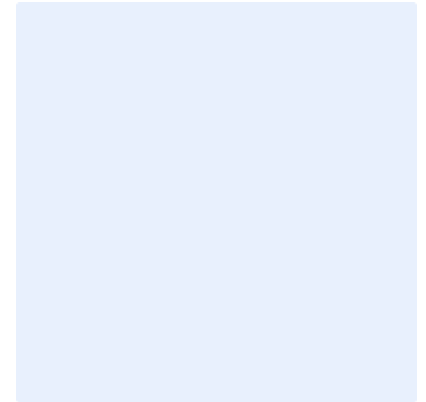
Former Last Name(s)

I am applying for a: Please select the residency position

Sex ☐ F ☐ M

I will complete (or have completed) my Naturopathic Doctor degree: Select the Month Select Year

I received or will receive my degree from: Please select your school



Home Phone Cell Phone E-mail 1 E-Mail 2 Optional – Use non-school issued account (i.e. gmail, yahoo, etc.)

Current Address City State Zip Country Use Address Until

Permanent Address City State Zip Country Permanent Phone

Best way to contact: ☐ Home Phone ☐ Cell Phone ☐ Email 1 ☐ Email 2 ☐ Mail Current Address ☐ Mail Permanent Address

Citizenship: ☐ U.S. ☐ U.S. Permanent Resident ☐ Other:

Country

Visa Type and Number

Will your current visa status allow you to complete the entire term of training program? ☐ Yes ☐ No If the response is **No** please explain in the space below:

Disclosure Statements

Please answer the following questions. An applicant is required to submit a written supplement to this application if the answer is "Yes" to any of the questions below. The fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to questions 1 through 8.

1. Have you ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor? ☐ Yes ☐ No
2. Have you ever had a license/certificate, including a driver's license, suspended or revoked by any agency? ☐ Yes ☐ No
3. Have you ever been disciplined by any agency for an act of unprofessional conduct as defined in Arizona Revised Statutes, Section 32-1501? **This is for Arizona only.** ☐ Yes ☐ No
4. In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency? ☐ Yes ☐ No
5. Do you have a complaint pending before any agency? ☐ Yes ☐ No
6. Have you ever been found guilty of being medically incompetent? ☐ Yes ☐ No
7. Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgment? ☐ Yes ☐ No
8. Do you have any medical condition that in any way impairs or limits your ability to practice medicine? ☐ Yes ☐ No

Please provide a written explanation if you answered "YES" to any of the questions the Disclosure Statements above:

Faculty Evaluators

Please list the names of individuals whom you have chosen to complete the evaluation forms and/or letter of recommendation below. By listing these individuals as references/evaluators and by signing below, you hereby authorized the sponsor institution to contact your references. You must complete this section in order to be considered for any residency position.

Name of Evaluator	Type of Evaluator	Phone Number	School Email of Evaluator
1)	Choose from list		
2)	Choose from list		
3)	Choose from list		

Acknowledgement regarding Faculty Evaluators

☐ I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to authorize the administering school to contact any and all evaluators listed above in order to solicit information regarding my education, clinical performance, previous or current performance if employed by any above, and similar background information. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed by any or all of the above listed evaluators, I hereby release the aforementioned evaluators from any liability for any information provided regarding my work history.

☐ I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to acknowledge that the evaluations and information provided by the any and all evaluators listed above shall be made available to persons and or parties who are designated as official school residencies unless required by legal action.

☐ I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to waive my right to view the evaluation form or any associated submissions by the any or all of the above listed evaluators. Furthermore, I understand this record will be destroyed one year after my application for residency.

Legal Name of Applicant: _____ Date: _____

Academic Records Release

☐ I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to give my expressed permission to the sponsor institution administering the residency program and individuals designated by such to access all components of my institutional record.

Legal Name of Applicant: _____ Date: _____

Verification of Application Authenticity & Integrity

☐ I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to certify that all information contained in this application is factually correct and honestly presented, and that I have read and understand all provision outlined in this application and supporting documents. I understand that any false information presented in this application or any part of the application process may result in the rejection of my application, dismissal from any position held with the sponsor institution, and revocation of any degrees, certificates etc. awarded by the sponsor institution. Furthermore, my signature is evidence of my agreement with all parts, provisions, protocol and regulations as indicated in this application and supporting documents.

Legal Name of Applicant: _____ Date: _____

Matching Process Verification

☐ I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to certify that I have read and understand the "Residency Matching Guidelines" and "Steps on Submitting Your Resident Preference List" documents. I understand that not following the Matching Process Guidelines may result in the rejection of my application and/or dismissal from any position held or obtained through the matching process. Furthermore, I herein agree with all parts, provisions, policies, protocols and regulations indicated in this residency application and selection process.

Legal Name of Applicant: _____ Date: _____

Permission to Share Information

☐ I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to certify that I authorize the school to release information regarding my residency application that include the site(s) selected on the Program Preference form(s) that I submitted in my application. I understand that the information gathered by the match administrator or designee will be solely for the purpose of collecting statistical data to ensure an accurate census of application and match cycle.

☐ I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to certify that I understand that I may cancel this permission at any time by notifying the match administrator and the sponsor school. If I cancel this permission, I acknowledge that the school cannot take back any information that it shared with the match administrator when it had my permission to do so.

☐ I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to certify that I understand that by canceling my permission to share information with the match administrator that processing of my application will not be affected in any way.

Legal Name of Applicant: _____ Date: _____

Acknowledgements

☐ I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to certify that I have gathered all the necessary information needed for my application, and that I have researched and performed my due diligence regarding the sites that I am applying to.

☐ I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to acknowledge that my application fee is not refundable.

☐ I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to acknowledge that submission of application does not guarantee that I shall be invited for an interview, the granting of an interview for a residency position is at the discretion of and by invitation from each individual site.

☐ I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to acknowledge that should I be invited for an in person interview, that this may require travel, accommodation, and expenses at my own expense.

☐ I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to acknowledge that by not accepting the position within in the appropriate timelines, that the program shall consider my decision as final and shall fill the position with another individual without further notice.

☐ I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to acknowledge that should I accept an offered position, that this may require that I relocate to the appointing site, and that this shall be all on my expense.

Legal Name of Applicant: _____ Date: _____

Disclaimer on Offered Position

☐ I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to acknowledge that am fully aware that all the current residency offerings are based on projected needs of each host site and dependent on availability of program funding at the proposed start date.

☐ I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to acknowledge that the administering school shall not be held responsible for the cancellation of residency positions at any site. That such cancellations shall be at the discretion of the host site, and that the school does not guarantee permanence of any offered position.

Legal Name of Applicant: _____ Date: _____

INSTRUCTIONS FOR SUBMISSION:

Save a copy for your file. Before submitting this application.

To submit to Bastyr, save and attach a completed form, photo (optional) and other required documents* to residencyapplication@bastyr.edu

To submit to NUNM, save and attach a completed form, photo (optional) and other required documents* to residency@nunm.edu

To submit to SCNM, save and attach a completed form, photo (optional) and other required documents* to residency@scnm.edu

* Required applications forms include a Resume, Personal Statement(s), Essays and Site Preference Sheet of the corresponding to the available sites under each school. Only complete forms will be processed.