

**APPLICATION FOR ADMISSION**  
**APRIL 2019 – BRIDGE DELIVERY FOR**  
**INTERNATIONAL MEDICAL GRADUATES**

This application applies only to the **two-year** bridge delivery of the Doctor of Naturopathy degree program for international medical doctors. Eligible applicants must have graduated from a medical school recognized by the Medical Council of Canada and must have successfully completed the Medical Council of Canada Evaluating Examination (MCCEE), Medical Council of Canada Qualifying Examination (MCCQE) Part I, or the United States Medical Licensing Examination I (USMLE I).

If you are applying for the four-year Doctor of Naturopathy degree stream, you must submit your application through the Naturopathic Doctor Centralized Application Service (NDCAS): [www.ndcas.org](http://www.ndcas.org).

**Please read thoroughly, complete all sections (A-E) and sign where required. Submit the completed form to:**  
Canadian College of Naturopathic Medicine — Student Services Dept., 1255 Sheppard Ave. E., Toronto, ON M2K 1E2

**For specific admissions information, please visit: [www.ccnm.edu](http://www.ccnm.edu) or contact the:**  
Student Services Department at 416-498-1255 ext. 245 or toll-free at 1-866-241-2266 EXT. 245.

**Please submit the following documents with this application form:**

1. Foreign transcript evaluation or other documentation which confirms graduation from a medical school recognized by the Medical Council of Canada;
2. Statement of Results from the United States Medical Licensing Exam I (USMLE I) **OR** the Medical Council of Canada Evaluating Examination (MCCEE) **OR** the Medical Council of Canada Qualifying Examination (MCCQE) Part I
3. Proof of English proficiency (If you have graduated from a non-English language medical program).  
CCNM's minimum requirements are indicated below.  
  
IELTS: minimum overall band score of 6.5 or higher (on a 9 point scale)  
  
TOEFL IBT: minimum 86 out of 120

Include the \$125 CAD non-refundable application fee payable to CCNM, with your application.

Application fee is payable by cheque, money order or credit card (American Express, Discover Card, MasterCard, Visa).

**APPLICANTS ARE ENCOURAGED TO APPLY EARLY.**

**PRIORITY APPLICATION DATE IS JANUARY 14, 2019.**

(Late applications will be accepted until April 15, 2019.) The program begins April 29, 2019.

The Canadian College of Naturopathic Medicine considers applications without regard to race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

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**SECTION A PERSONAL INFORMATION**

Mr.  Ms.  Dr. **Status in Canada:**  Canadian Citizen  Permanent Resident  International Student  M  F

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Prior name (e.g. maiden name) if applicable

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

**PERMANENT ADDRESS**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Unit or Suite Number

\_\_\_\_\_  
City or Town

\_\_\_\_\_  
Province/State

\_\_\_\_\_  
Postal/Zip Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Permanent Home Telephone Number

\_\_\_\_\_  
Email address

**OTHER INFORMATION**

1. Have you ever been disciplined by any college, university, or professional school for: (1) unacceptable academic performance (academic probation, suspension, dismissal, etc.) or (2) conduct violations?  Yes  No

2. Have you ever been convicted of a felony?  Yes  No

3. Have you ever had any certification, registration, license or clinical privileges revoked, suspended or in any way restricted by an institution, state or locality?  Yes  No

4. Have you ever been convicted of a misdemeanor?  Yes  No

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**SECTION B ACADEMIC AND LICENSING INFORMATION**

1. List **all** universities and/or professional schools previously attended or currently enrolled in, in chronological order beginning with the most recent. **Foreign transcript evaluations or other documentation is required to verify graduation from a medical program recognized by Medical Council of Canada.**

Academic Institution(s) Attended	Country	Major/Field of Study	Degree or Diploma Obtained	Year of Graduation

2. Proof of successful completion of **ONE** of the following must be submitted with this application.

(Check one below) Licensing/Equivalency Exam	Date (mm/dd/yy)
<input type="checkbox"/> United States Medical Licensing Examination Step I (USMLE I)	
<input type="checkbox"/> Medical Council of Canada Evaluating Examination (MCCEE) – if written within the last 10 years	
<input type="checkbox"/> Medical Council of Canada Qualifying Examination (MCCQE) Part I	

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**CCNM**

Canadian College of  
Naturopathic Medicine

**SECTION C PERSONAL STATEMENT**

Please outline the relevant personal and professional life experiences that have led you to learn more about naturopathic medicine. How did these experiences influence your decision to apply to CCNM? (Max. 500 words.)

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**SECTION D RÉSUMÉ**

Along with your application, you must submit a detailed resume including, but not limited to, your education, work/employment history, volunteer work and awards/honours.

**SECTION E EMERGENCY CONTACT**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Cell Phone Number

**ACKNOWLEDGEMENT**

I hereby apply for admission to the Canadian College of Naturopathic Medicine. I understand that the application fee covers the cost of processing the application and is non-refundable. I have read and understood the admissions requirements as outlined online at [www.ccnm.edu](http://www.ccnm.edu). I certify that the information submitted in this application is true and complete to the best of my knowledge and that all documentation submitted becomes property of CCNM.

Payments for tuition and all other fees can be made by cash, online banking payment, personal cheque or money order. Cheques are not required to be certified. However, applicants who submit a cheque that is not honoured by the banking institution (NSF) will be charged a \$30 fee plus the appropriate interest charge. Credit cards are not accepted. Please see the academic calendar for complete fee payment information.

A deposit of \$2,000 is required to confirm acceptance of an offer of admission. The deposit will be applied to the first-year tuition fee. If the acceptance of the admission offer is withdrawn within 48 hours of accepting it, or if the program is discontinued before the first day, the deposit will be refunded in full. If the acceptance of the admission offer is withdrawn after 48 hours but before the start of the program, or if the student does not attend the first ten consecutive days of scheduled classes, the deposit will be refunded less an administrative charge of \$500. Withdrawals received after the start of the program will receive a refund calculated according to the program withdrawal policy.

**I have carefully read and understood the above information.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**SECTION F HOW DID YOU HEAR ABOUT CCNM?**

- Internet                       Recruitment Event                       Discover CCNM                       Friend/Relative
- Welcome Centre                       Canadian Immigrant                       Naturopathic Doctor                       Other: \_\_\_\_\_

**CREDIT CARD AUTHORIZATION**

Please complete the following if you wish to pay your application fee by credit card.

**Card Type:**

- MasterCard                       Visa                       American Express                       Discover Card

\_\_\_\_\_  
Name on card

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiry Date (mm/yy)

\_\_\_\_\_  
CVB # (3-digit # on the back of the card)

I hereby authorize the Canadian College of Naturopathic Medicine to charge the sum of \$125 to the above credit card for the purposes of processing this admissions application.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

**CHECKLIST**

Please ensure the following are submitted in full by the appropriate application deadline.

- |   |  |
|---|--|
| <input type="checkbox"/> Application form, completed in full, signed and dated                            | <input type="checkbox"/> Proof of English language proficiency (IELTS or TOEFL)  |
| <input type="checkbox"/> \$125 application fee  | <input type="checkbox"/> Personal statement (see section C)                      |
| <input type="checkbox"/> Proof of graduation from medical program recognized by Medical Council of Canada | <input type="checkbox"/> Résumé (see section D)                                  |
| <input type="checkbox"/> Proof of successful completion of USMLE I, MCCEE or MCCQE (see section B)        | <input type="checkbox"/> I have read and understood <u>CCNM's privacy policy</u> |