



Canadian College of Naturopathic Medicine

**APPLICATION FOR ADMISSION BRIDGE DELIVERY (APRIL 2018)
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) 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 their application through the Naturopathic Doctor Centralized Application Service (NDCAS): <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. East Toronto, ON M2K 1E2**

☐ For specific admissions information, please visit 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 of the Medical Council of Canada Evaluating Examination (MCCEE) or United States Medical Licensing Exam I (USMLE 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 \$115 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 15, 2018.**

(Later applications will be accepted until April 15, 2018.)

The program begins April 30, 2018.

The Canadian College of Naturopathic Medicine considers applications without regard to race, religion, creed, colour, sex, age, sexual orientation, or marital status.



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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

SECTION B: ACADEMIC AND LICENSING INFORMATION

- 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

- Have you successfully completed either of the following? If so, please indicate the date of completion. **Proof of successful completion of either of the following must be submitted with this application.**

(Check one below)	Licensing/Equivalency Exam		
	Medical Council of Canada Evaluating Examination (MCCEE)	Date:	mm/dd/yy
	United States Medical Licensing Examination Step I (USMLE I)	Date:	mm/dd/yy

SECTION C: PERSONAL STATEMENT

On a separate sheet of paper, 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	Relationship
_____		_____
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. 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.

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I have carefully read and understood the above information.

_____	_____
Signature of Applicant	Date

SECTION F: HOW DID YOU HEAR ABOUT CCNM?

<input type="checkbox"/> Internet	<input type="checkbox"/> Recruitment Event	<input type="checkbox"/> Discover CCNM	<input type="checkbox"/> Friend/Relative
<input type="checkbox"/> Welcome Centre	<input type="checkbox"/> Canadian Immigrant	<input type="checkbox"/> Naturopathic Doctor	<input type="checkbox"/> Other: _____

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

- Application form, completed in full, signed and dated
- \$115 application fee
- Proof of graduation from medical program recognized by Medical Council of Canada
- Proof of successful completion of MCCEE or USMLE I (see section B)
- Proof of English language proficiency (IELTS or TOEFL)
- Personal statement (see section C)
- Résumé (see section D)



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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

mm/yy

Expiry Date

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

I hereby authorize the Canadian College of Naturopathic Medicine to deduct the sum of \$115.00 from the following credit card for the purposes of processing this admissions application.

Cardholder Signature

Date