



# THE COUNCIL ON NATUROPATHIC REGISTRATION AND ACCREDITATION, INC.

220 Parker St  
Warsaw, IN 46580

PH: 800-200-9123

[www.CNRA.org](http://www.CNRA.org)

[info@cnra.org](mailto:info@cnra.org)

## APPLICATION FOR REGISTRATION

Name (F/M/L): \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Country/State/City of Birth \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

What language/s do you speak fluently? \_\_\_\_\_

### High School Education:

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduation Date \_\_\_\_\_

### Post Secondary or College Education:

School Name \_\_\_\_\_ Degree/Course Work \_\_\_\_\_ Graduation Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Naturopathic Education:

School Name \_\_\_\_\_ Degree/Course Work \_\_\_\_\_ Graduation Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Residencies / Internships:

With Whom? \_\_\_\_\_ When? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please also include a copy of naturopathic education diplomas/degrees when returning this application.**

**Specialties:** (List any special education or training you have received in the field of naturopathy.)

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**Associations:** (Provide information on any naturopathic association to which you belong—local, state, or national. If you need help in locating an association, please indicate below.)

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**Modalities:** (Please provide information on the modalities you use in your naturopathic practice.)

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**Personal Reference** (Provide the names, addresses, and phone numbers of three individuals who know you on a professional basis and can attest to your personal character and professionalism.)

Address

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Community:** (List service clubs or community activities in which you participate.)

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<b>Licensure:</b>	Yes	No
Does your state require a license or registration to practice naturopathy? If so, please provide a copy.	_____	_____

<b>Other:</b>		
Have you ever been charged with a crime other than minor traffic violations? If so, attach a written explanation.	_____	_____
Have you ever been involved in litigation relative to your profession? If so, attach a written explanation.	_____	_____
Have you ever been charged with mal-practice or practicing without a license? If so, attach a written explanation.	_____	_____

**Affirmation:**

I affirm that the statements given on this application are true and may be verified by the CNRA. I understand that the commission on registration of the CNRA does check references in order to ensure the quality of the registration program and preserve the integrity and professionalism of the field of naturopathy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please use additional pages if necessary. A photo and registration fee of \$150.00 must accompany this application. If using a credit card, please provide the following information: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard Cardholder: \_\_\_\_\_

# \_\_\_\_\_ Expires: \_\_\_\_\_ Verif. Code: \_\_\_\_\_

Please be sure to include a passport type photo of yourself. \_\_\_\_\_ Check if you need help locating a naturopathic association.