



AFFILIATE SITE APPLICATION PACKET

OVERVIEW OF THE CNME - APPROVED 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 complies with the recommended CNME guidelines and 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 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 clinics**

must meet set standards set forth by the Council on Naturopathic Medical Education (CNME). The affiliate site will receive 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.

A. Process for applying as Affiliate Residency Site

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

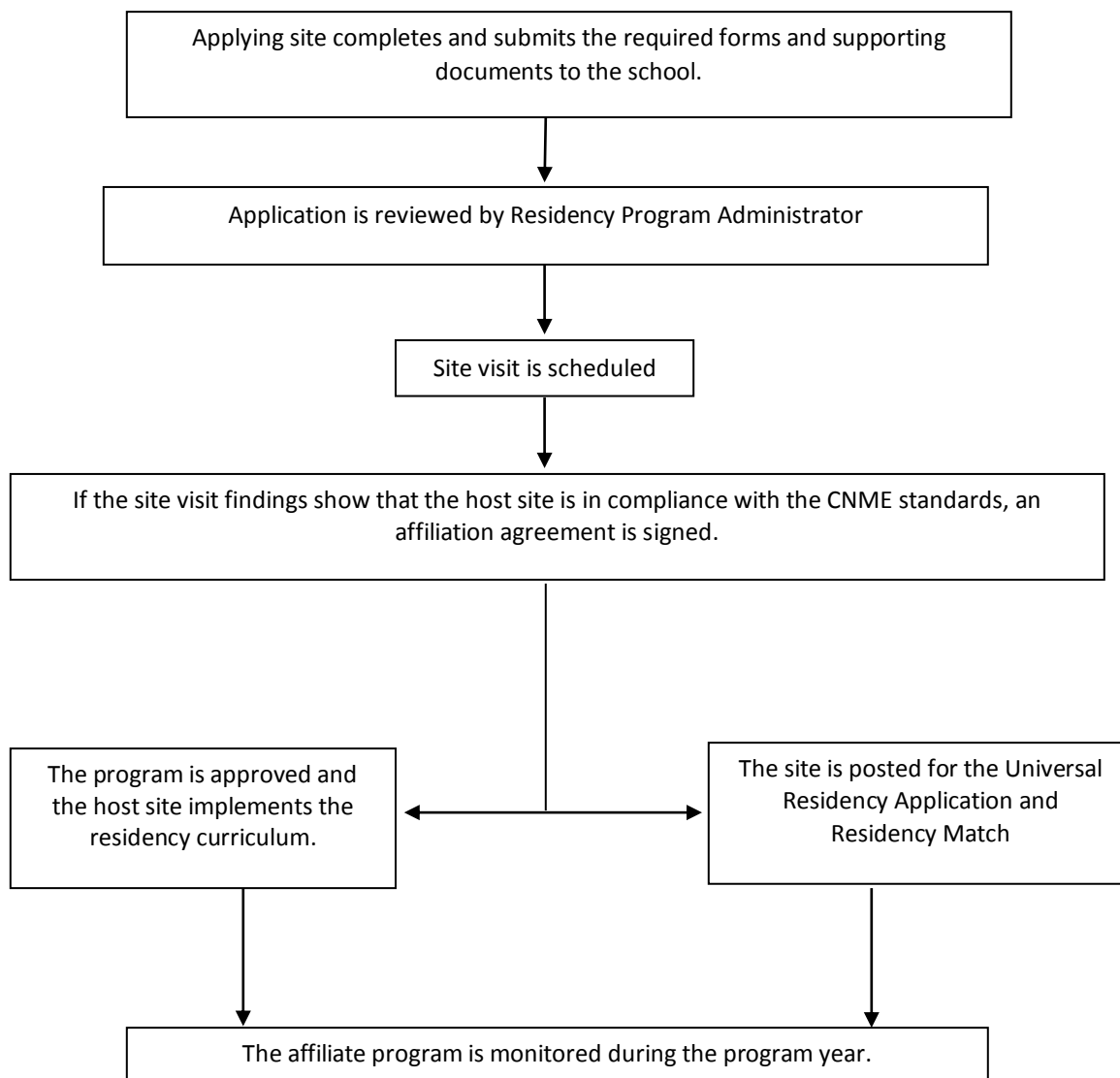
- Affiliate Supervisor Form. Complete one form for each clinical staff who will be supervising the faculty. (Refer to the Forms Section of this packet)
- Signed liability disclosure statement
- Signed authorization & consent form
- Affiliate Site Resources Form (Refer to the Forms Section of this packet)
- Curriculum Vitae for each supervising physician
- Copy of diploma from a CNME accredited school (for ND/NMD supervisors only)
- Copy of active/valid medical licenses
- National Provider ID number
- DEA number (if applicable)
- Copy of board/specialty certification (if applicable)
- Proof of Malpractice Liability Insurance
- Names, addresses, and phone numbers of three professional references
- A publishable description of your clinic as residency site

Submit a description of the proposed residency program with specific information including but not limited to the following:

- Mission Statement of the Clinic (if available)
- Statement of Commitment to Residency Training
- Proposed resident job description
- Outline of residency position
 - Educational goals
 - Educational components and activities
 - Tentative resident in-clinic schedule
 - External rotations/preceptorships
 - Allowance/release time for continuing educational activities
- Research opportunities
- Estimate salary and employee benefits
- Professional malpractice liability insurance
- Statement if a non-compete is required

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

The CNME allows approved residency programs latitude in the design and scope of the training offered, provided that all residents receive ongoing/periodic mentoring by a naturopathic physician ("naturopathic mentor") during the course of the residency training. Approved residencies are free to develop residency programs that reflect the unique qualities of each residency site and agreed upon 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
- Deepen the ability to treat specific medical conditions
- Expand diagnostic awareness
- Develop teaching skills
- Develop practice management skills
- Develop understanding of how the naturopathic philosophy applies in a particular context
- Develop understanding of/participate in clinical, basic science or other research
- 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 with other health practitioners
- Gain experience working in group practice, institutional and/or business settings
- Develop awareness of associated legal and regulatory frameworks impacting the practice of naturopathic medicine
- 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

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.

Residents must participate in some 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. The following are examples of acceptable research and scholarly activities for residents:

- i. Conduct formal research—either as lead, mentor or consultant;
- ii. Write up case reports;
- iii. Collect and analyze clinical data;
- iv. Participate in a research project in affiliation with a university research department;
- v. Write up a research project, scholarly thesis or article and submit for publication (e.g., case based or topic based);
- vi. Make a case presentation;
- vii. Participate on an IRB or other relevant research-oriented committee; and
- viii. Present a scholarly or research lecture or webinar.

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.

- a) 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.

b) Where appropriate and possible, residency programs should encourage residents to undertake some teaching/supervision responsibilities. The extent of teaching/supervision responsibilities should reflect the resident's experience and abilities and, as the residency progresses, these responsibilities should be incrementally increased.

c) Program staff must be sensitive to the residents' needs for confidential counseling or psychological support regarding potential mental and emotional stress or substance abuse. Training situations that consistently produce undesirable stress on residents must be identified and modified. To prevent impairment and promote physician well-being, residents should be encouraged to balance personal and professional responsibilities in a way that can be maintained throughout the course of the residency and future career.

d) The following additional conditions of employment must be observed:

i. To earn a certificate for a one-year residency, a resident must complete a minimum of 48 weeks onsite over the course of 12 months. Note that if a problem arises that prevents a resident from completing 48 weeks of a one-year residency within a 12-month period, a residency site may choose—at its discretion—to extend the length of the residency beyond the 12-month period to accommodate the resident.

ii. Residency sites must provide to residents a minimum of 10 days of paid time off per year in addition to established holidays (i.e., 10 days that can be used either as sick days, personal days or vacation days).

iii. Prior to or during the interview process with candidates for a residency position, the residency site must provide information on the following:

a) Whether the resident will be required to agree to a non-compete provision in the employment contract as a condition of employment and, if so, what the terms are; and

b) The salary and benefits being offered, including paid time off.

(Note that the CNME has developed a number of guidelines regarding salary, benefits and other conditions of employment that are published separately from this handbook — "CPNME Guidelines for Resident Employment." While not mandatory, residency sites are strongly encouraged to follow these guidelines.)

e) To ensure a variety of educational experiences over the course of the year of residency training, residents must have opportunities to do rotations with a minimum of three different physicians in addition to the primary supervising physician; time spent in rotations should average around 15 hours per quarter for a total of 60 hours per year.

Rotations are defined as follows:

i. Offsite Rotation: the resident spends clinically based/active time with a physician at another facility where the site supervisor has an affiliation (e.g., referral clinic, professional contact, etc.).

ii. Onsite Rotation: the resident spends clinically active time at the residency site with another physician who is not the resident's main supervisor.

- iii. Professional Rotation: the resident spends time in another adjunct/clinical-based facility to augment their learning (e.g., compounding pharmacy, nutraceutical company, another type of medical facility, etc.).

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.
 - Information on any legal or financial obligations of the school
- 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.

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**

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:	<div><div>First</div><div>Last</div><div>Middle I.</div></div>	National Provider ID No:	
Business Name:		Business Phone:	
BusinessAddress:	<div><div>Street Address</div><div>City or Town</div><div>State</div><div>Zip</div><div>Country</div></div>		
Web Address:		Fax Number:	
Evening Phone:		Cell Phone:	Email:
AANP Member:	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="radio"/> US <input type="radio"/> US Permanent Resident <input type="radio"/> Other		
	<div><div>Country</div><div>Visa Type and Number</div></div>		

Educational History

Medical /
Professional

Name of Institution	Years Attended	Degree
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Name of Institution	Years Attended	Degree
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Undergraduate

Name of Institution	Years Attended	Degree
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Name of Institution	Years Attended	Degree
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Additional

Name of Institution	Years Attended	Degree
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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 |

Signature

Date

Type or print name

APPLICATION AUTHORIZATION AND CONSENT

I fully understand that any significant misstatement or omission from this application or any future applications constitutes cause for denial of appointment to or dismissal from School. All information submitted by me in this application is true to the best of my knowledge and belief. I am willing to accept a site visit and interview in regard to this application and promise to answer all questions fully and truthfully.

In making application for appointment to School Supporting Faculty, I agree to abide by the policies enumerated by the School Board of Trustees and the Educational Goals of the Institution as delineated in the School's Mission Statement and Curriculum.

I hereby authorize School, its medical staff, and its representatives to consult with administrators and members of the medical staff of any hospitals or institutions with which I have been associated and with others, including past and present professional liability carriers (regarding information which includes but is not limited to relevant limits and classification of current medical malpractice insurance in my specialty), who may have information bearing upon my professional competence, character and ethical qualifications. I further consent to the inspection by the College and its representatives of all documents, including medical records at any hospital or clinic, that may be material to an evaluation of my professional qualifications and competence to carry out the clinical training privileges requested, as well as my moral and ethical qualifications for clinical faculty membership.

I hereby release from liability all representatives of School for their acts performed in good faith and without malice in connection with the evaluation of my application, credentials, and qualifications; and I hereby release from any liability any and all individuals and organizations who provide information to School or its representatives in good faith and without malice concerning my professional competence, ethics, character and other qualifications for staff appointment and clinical privileges, and I hereby consent to the release of such information.

I understand that I will not be permitted to exercise any clinical privileges until appropriate evidence of professional liability coverage has been accepted and verified by the appropriate representative(s) of School. Exceptions to this requirement will be made on a case by case basis by written request.

I agree to cooperate with School in relation to requirements laid down by regulatory agencies.

I agree that I will not be party to the division of fees under any guise whatsoever, and I agree to conduct my practice in accordance with professional ethical standards.

I agree to update this application while it is being processed, should there be any change in the information provided that could affect the application or its outcome.

I fully understand that if the verification of the contents of this application is not received within a period of six months, it will render the application incomplete, and a re-application will be required.

Print Name

Signature

Date

ACKNOWLEDGEMENT

State of _____

County of _____

On _____ before me, _____, personally appeared, _____
(Date) (Printed Name of Notary Public) (Printed Name of Signer)

☐ known to me – OR –

☐ proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that s/he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

(SEAL)

(Signature of Notary Public)

RESIDENCY SITE INFORMATION FORM

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

- ☐ Bastyr University
 ☐ National University 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 _____ Proposed program start date: _____ Proposed program end date: _____

practice: Training Site Information*

- ☐ Out-patient Clinic
 ☐ In-patient Clinic
 ☐ In-patient Hospital
 ☐ Specialty Facility
 ☐ Other: _____

Designated Contact _____ Phone: _____ E-mail: _____
First M.I. Last Title

Hospital Administrator/
Clinic Manager _____ Phone: _____ E-mail: _____
First M.I. Last Title

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

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 will 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) _____ Phone: _____ Email: _____
First M.I. Last Degree

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

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

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

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

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

Support Staff

Front Desk Reception

Yes If Yes, # _____ ☐ No

Medical Assistant

Yes If Yes, # _____ ☐ No

Dispensary Staff

Yes If Yes, # _____ ☐ No

Other: _____

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?

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:

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.

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: _____

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: _____

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: 206-834-4106

Email: ggarcia@bastyr.edu

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

ATTN: Dee Saunders, ND
National University of Natural Medicine
A Fuller Life, Naturopathic Medicine
3025 SW Corbett Ave, Portland, OR 97201

For inquiries, please call: 503-552-1833

Email: dSaunders@nunm.edu

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

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

For inquiries, please call: 480-222-9809

Fax: (480) 970-0003

Email: nshiffler@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

Fax: 416-498-3204

Email: icarino@ccnm.edu