



A.P.N.N.

Alliance Professional of Naturopaths and Naturotherapists

Madam
Mister,

The APNN is a multidisciplinary association of experts in alternative medicine recognized by the majority of insurance companies.

The global and holistic conception of the human being in his physical, emotional, mental, energy and spiritual realities is what unites our members.

The existence of a professional health experts practicing is a tangible reality, and an indisputable fact.

The APNN has the mandate of:

- Gathering his therapists, to inform them and support them in their work;
- Promoting and get the population to appreciate more those approaches;
- Easing the access of development of natural aid to better serve the clientele's needs.

When you become an APNN member, each member is given a way of expression and recognition.

To submit your candidature, you only have to fill out and send by post the registration form located in annex of this document; and attached copies of your diploma, certifications, and pertinent report card as well as the amount of the contribution specified on the form (the amount will not be cashed if your request is refused). Your request will be treated in the following weeks after we receive it.

As soon as you are approved, we will send you the deontology code, the member certificate, your permit number, insurance claim forms as well as the necessary information concerning: the insurances omissions and errors, "Malpractice".

Feel free to contact us by phone (514 990 3664), or by email at info@apnn.ca

Sincerely yours,

Direction of the APNN

Services and privileges offer to members

1. Handing out a certificate, confirming your registration for the year;
2. The code of ethics;
3. Authorization to use the Alliance official receipt for your clientele. The majority of the insurance companies, which offer a refunded plan, will recognition the consultations' receipts;
4. Validation of insurance receipts emitted by the members;
5. Supports, advises and information;
6. Contribution receipt for tax purposes;
7. To have the privileged to use the group insurance for professional responsibility error and omission "Malpractice";
8. To have the privileged to use the self-employed insurance.

Moreover:

You will be ensured of a service from a dynamic team which has been working for 30 years in naturopathy and alternative medicine. You will be able to use the team expertise that will allow you to:

1. Receive advises about the continuing education and professional supervision;
2. Obtain quality references concerning the profession;
3. Profit from a personalized evaluation of your academic file upon request;
4. To create professional relationship with other experts;
5. To be heard upon any request allowing every member to receive a better service;
6. Benefit from services reserved only to professionals groups.

Formation criteria

1. YOU WILL HAVE TO PROVIDE:

- A certified copy of your naturopathy diploma;
- Photocopies of all health related diploma;
- Photocopy of your report card (Title, number of hours, results).

2. A TRAINING IN NATUROPATHY MUST INCLUDE THE FOLLOWING:

- Anatomy, physiology, pathology;
- Nutrition / alimentation;
- Assistance relation;
- Evaluation methods and health assessment;
- Maintaining Records, professional ethic and deontology code;
- Ecology and environment, naturopathy principles and laws.

One or more specializations in the following studies;

- Energetic medicine
- Phytotherapy
- Lithotherapy
- Chromotherapy
- Gemmotherapy
- Digitopuncture or manupuncture
- Therapeutic touch
- Total biology
- Aromatherapy
- Homeopathy
- Kinesiotherapy
- Hypnosis
- Colon hygiene
- PNL
- Focusing
- Trager
- Massage
- Assistance relation
- Advises in nutrition
- Oligotherapiy and vitaminotherapy
- Reiki
- Reflexology
- Nasosymphathico-therapy
- Polarity
- Iridology
- Musicotherapy
- Orthotherapy
- Lymphatiic drainage
- Lympho-bioenergy
- Orthomoleculaire
- Feldenkrais
- Méthode Alexander
- Physiotherapy
- Osteopathy
- Anatotherapy
- Others...

As well as a clinical training or relevant expertise with clientele.

Admission criteria

Any graduate in health education can make the request. His file will be assessed promptly.

You will have to respect the following admission criteria:

- To have a professional training which fulfills the APNN requirements;
 - To follow the code of ethics;
 - To be a conscientious therapist that act professionally in a total respect of the person;
 - To be convinced of the treatment advantage of his method and continue to improve.
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As you can see, there are lots of advantages to becoming an APNN member.

You may know a fellow therapist who could use these services and privileges. Pass on this information to him...

Becoming a member...

Return to us:

1. The completed registration form.
2. A copy of your diploma, certificates, attestations and report card.
3. A cheque of the contribution amount indicated in the member's category in which you are registered.

As soon as your candidature is accepted, you will receive the following :

1. The deontology code.
2. An APNN member certificate.
3. Copies of insurance's claim forms.
4. Information regarding insurances errors and omissions, "malpractice".
5. Information to obtain the self-employed insurance.



**Alliance Professional of
Naturopaths and Naturotherapists**

Registration form

* PLEASE Print

Last name: _____ First name: _____
M F Others Date of Birth: _____
Address (Residence): _____
City: _____ Prov: _____
Postal Code: _____
Phone: _____ Cell: _____
Email address: _____
Address (Office): _____
Phone (Office): _____

I wish to subscribe as a member (check only one box) :

- Single member**
(310.00 \$ txs included) **School
Sponsoring member**

Signature : _____

Date of the request : _____

➔ Join photocopies of your diploma as well as a cheque payable to the APNN.



What are your specializations?

Check box of your specialization

- | | |
|---|---|
| <input type="checkbox"/> Naturopathy | <input type="checkbox"/> Advises in nutrition |
| <input type="checkbox"/> Energetic medicine | <input type="checkbox"/> Oligotherapy et vitaminothérapie |
| <input type="checkbox"/> Phytotherapy | <input type="checkbox"/> Reiki |
| <input type="checkbox"/> Lithotherapy | <input type="checkbox"/> Reflexology |
| <input type="checkbox"/> Chromotherapy | <input type="checkbox"/> Nasosymphatico-therapy |
| <input type="checkbox"/> Gemmothérapie | <input type="checkbox"/> Polarity |
| <input type="checkbox"/> Digitopuncture or manupuncture | <input type="checkbox"/> Iridology |
| <input type="checkbox"/> Therapeutic touch | <input type="checkbox"/> Musicotherapy |
| <input type="checkbox"/> Spiritual healing | <input type="checkbox"/> Orthotherapy |
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Lymphatic drainage |
| <input type="checkbox"/> Homeopathy | <input type="checkbox"/> Lympho-bioenergy |
| <input type="checkbox"/> Kinesiotherapy | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Osteopathy |
| <input type="checkbox"/> Life coach | <input type="checkbox"/> Anatothérapie |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Others (specify) : _____ |
| <input type="checkbox"/> PNL | _____ |
| <input type="checkbox"/> Colon hygiene | _____ |
| <input type="checkbox"/> Assistance relation | _____ |

If you check the box:

- **Massage**, specify the technique(s) : _____

- **Others**, specify : _____

I undersigned _____ state solemnly that the information, diploma, certificates, attestations and documents attached are accurate and authentic for the APNN's registration request.

Other information for the registration

On going study : _____

School name : _____

Address : _____

Phone : _____

What are the reasons that motivate your request to become an APNN member?

How did you discover the existence of the APNN?

Name all the associations that you were / are a member of:

Have you already declared a guilty criminal offence?

Yes No

If yes, specify the offence nature and year:

I authorize the APNN to verify the contents of my declaration and my file at any time.

In good faith I have signed before a witness

Name: _____ At : _____

This _____ day of the month of _____ 20_____.

Signature : _____

Witness:

Name : _____ At : _____

This _____ day of the month of _____ 20_____.

Signature : _____