

UNIVERSAL RESIDENCY APPLICATION

PERSONAL DATA FORM

My degree is from: Bastyr University
 Boucher Institute of Naturopathic Medicine
 Canadian College of Naturopathic Medicine
 National University of Health Sciences
 National College of Natural Medicine
 Southwest College of Naturopathic Medicine
 University of Bridgeport College of Naturopathic Medicine

I am applying for a: First Year Residency Position
 Second Year Residency Position
 Third Year Residency Position (if any are available)

RECENT PHOTO

(OPTIONAL)

To upload Photo, it must be in PDF format.

If not in PDF, a JPEG file may be sent as an attachment during submission.

I will complete (or have completed) my Naturopathic Doctor degree on :

Legal Name , Sex F M
Last Name First Name MI

Preferred Name Former Last Name (S)

Home Phone E-mail 1
Cell Phone E-mail 2

Best way to contact Home Phone Cell Phone Email 1 Email 2 Mail Current Address Mail Permanent Address

Current Address
Street Address City/Town State/Province Zip Code Country

Use Address Until Other instructions

Permanent Address
Street Address City/Town State/Province Zip Code Country

Citizenship: U.S. U.S. Permanent Resident Other
Country Visa Type/Number

If citizenship is "Other", will your current visa status allow you to complete the entire term of training program?

Disclosure Statements

Please answer the following questions. The fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to questions 1 through 8.

1. Have you ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor? Yes No
2. Have you ever had a license/certificate, including a driver's license, suspended or revoked by any agency? Yes No
3. Have you ever been disciplined by any agency for an act of unprofessional conduct as defined in Arizona Revised Statutes, Section 32-1501? **This is for Arizona only.** Yes No
4. In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency? Yes No
5. Do you have a complaint pending before any agency? Yes No
6. Have you ever been found guilty of being medically incompetent? Yes No
7. Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgment? Yes No
8. Do you have any medical condition that in any way impairs or limits your ability to practice medicine? Yes No

Please provide a written explanation if you answered "YES" to any of the questions enumerated under the Disclosure Statements in the preceding page.

Faculty Evaluators

Please list three individuals who will complete an evaluation form in support of your application. By listing these individuals, you hereby authorized the administering school to contact these individuals. You must complete this section in order to be considered for any residency position.

Name of Evaluator	Credentials	Phone Number	School Email or Professional Email of Evaluator
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to authorize the administering school to contact any and all evaluators listed above in order to solicit information regarding my education, clinical performance, previous or current performance if employed by any above, and similar background information. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed by any or all of the above listed evaluators, I hereby release the aforementioned evaluators from any liability for any information provided regarding my work history.

I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to acknowledge that the evaluations and information provided by the any and all evaluators listed above shall be will be made available by the administering school to persons and or parties who are designated as official school residencies unless required by legal action.

I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to waive my right to view the evaluation form or any associated submissions by the any or all of the above listed evaluators. Furthermore, I understand this record will be destroyed one year after my application for residency.

Legal Name of Applicant Date

Academic Records Release:

I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to hereby give my expressed permission to the sponsor institution administering the residency program and individuals designated by such to access all components of my institutional record.

Legal Name of Applicant Date

Verification of Application Authenticity & Integrity

I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to hereby certify that all information contained in this application is factually correct and honestly presented, and that I have read and understand all provision outlined in this application and supporting documents. I understand that any false information presented in this application or any part of the application process may result in the rejection of my application, dismissal from any position held with the sponsor institution, and revocation of any degrees, certificates etc. awarded by the sponsor institution. Furthermore, my signature is evidence of my agreement with all parts, provisions, protocol and regulations as indicated in this application and supporting documents.

Legal Name of Applicant Date

Matching Process Verification

I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to hereby certify that I have read and understand the "NPGA Residency Matching Guidelines" and "Steps on Submitting Your Resident Preference List" documents. I understand that not following the Matching Process Guidelines may result in the rejection of my application and/or dismissal from any position held or obtained through the NPGA matching process. Furthermore, I herein agree with all parts, provisions, policies, protocols and regulations indicated in this residency application and selection process.

Legal Name of Applicant Date

Acknowledgements

I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to hereby certify that I have gathered all the necessary information needed for my application, that I have researched and performed my due diligence regarding the sites that I am applying to.

I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to acknowledge that my application fee is not refundable.

I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to acknowledge that submission of application does not guarantee that I shall be invited for an interview, the granting of an interview for a residency position is at the discretion of and by invitation from each individual site.

I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to acknowledge that should I be invited for an in person interview, that this may require travel, accommodation, and expenses at my own expense.

I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to acknowledge that by not accepting the position within in the appropriate timelines, that the program shall consider my decision as final and shall fill the position with another individual without further notice.

I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to acknowledge that should I accept an offered position, that this may require that I relocate to the appointing site, and that this shall be all on my expense.

Legal Name of Applicant Date

Disclaimer on Offered Position

I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to acknowledge that am fully aware that all the current residency offerings are based on projected needs of each host site and dependent on availability of program funding at the proposed start date.

I am electronically signing this clause by marking this box and by typing my legal name in the space provided below to acknowledge that the administering school shall not be held responsible for the cancellation of residency positions at any site, that such cancellations shall be at the discretion of the host site, and that the school does not guarantee permanence of any offered position.

Legal Name of Applicant Date

SAVE A COPY FOR YOUR FILE. BEFORE SUBMITTING THIS APPLICATION

INSTRUCTIONS FOR SUBMISSION:

To submit to Bastyr, save and attach a completed form, photo (JPEG file - optional) and other required documents* to residencyapplication@bastyr.edu

To submit to NCNM, save and attach a completed form, photo (JPEG file - optional) and other required documents* to residency@ncnm.edu

To submit to SCNM, save and attach a completed form, photo (JPEG file - optional) and other required documents* to residency@scnm.edu

** Required forms include a Resume, Personal Statement(s), Essays and Site Preference Sheet of the corresponding school. Only complete forms will be processed.*