

EndoANP

Endocrinology Association of Naturopathic Physicians

Membership Application

I. General Information

Name: _____

Practice Name: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Fax: _____

E-mail: _____

Website URL: _____

II. Education and Licensure

States/Provinces in which you are currently licensed to practice naturopathic medicine:

State/Province _____ License # _____ Year Licensed _____

CNME Accredited, Naturopathic Medical School Attended and year graduated:

School: _____ Year: _____

III. Membership Questions

1. What age patients do you mostly see? (Please rank , 1 being most seen population, 6 being least seen population)

- a. 0-12 _____
- b. 13-21 _____
- c. 22-39 _____
- d. 40-55 _____
- e. 56-65 _____
- f. Over 66 _____

2. How do you see your role in patient care? (Multiple Answers Optional)

- a. Main/Primary care provider
- b. Specialist
- c. Complementary

3. How are you reimbursed for your care?
 - a. Cash
 - b. Insurance
 - c. Both

4. Are you a member of other ND specialty organizations? (Multiple Answers Optional)
 - a. Oncology (OncANP)
 - b. Pediatrics (PedANP)
 - c. Environmental Medicine (NAEM)
 - d. Naturopathic Primary Care (NAPCP)
 - e. Other _____
 - f. None

5. Are you a member of your state association? __YES __NO

6. Are you a member of the AANP? ____YES ____NO

7. What endocrine condition is your largest focus
 - a. Adrenal disease
 - b. Diabetes
 - c. Fertility
 - d. Hormone replacement
 - e. Thyroid disease
 - f. Other:

8. What modalities do you use primarily for the following conditions? (Multiple Answers Allowed)

Adrenal disease

___Meds ___Herbs ___Supplements ___Env Med ___Homeopathy ___Other

Diabetes

___Meds ___Herbs ___Supplements ___Env Med ___Homeopathy ___Other

Fertility

___Meds ___Herbs ___Supplements ___Env Med ___Homeopathy ___Other

Hormone replacement

___Meds ___Herbs ___Supplements ___Env Med ___Homeopathy ___Other

Thyroid disease

___Meds ___Herbs ___Supplements ___Env Med ___Homeopathy ___Other

IV. Continuing Education Needs

We want to make sure to provide the best continuing education we can to our members. With that in mind, please help us with our efforts and give us a list of topics that you would love to see presented by the EndoANP:

V. Membership Information

Membership Categories:

Please check one box that corresponds to the type of membership you are seeking. Choose one category only:

- Professional = \$ 150 per year:** Such a classification refers to naturopathic physician who has graduated from a CNME-approved naturopathic college and is currently licensed. This is a category with voting privileges.
- First Year NDs = \$100** Such a classification refers to naturopathic physician who has graduated from a CNME-approved naturopathic college and is currently licensed and is within their first year after graduation. This is a category with voting privileges.
- Student = \$ 40 per year:** Such a classification refers to persons whom are enrolled at a CNME-approved naturopathic college. This is not a category with voting privileges.

For Naturopathic Physicians ONLY:

By signing here, I agree to uphold the standards of naturopathic medicine, and understand that any violation of those standards may terminate my EndoANP membership status. I also understand that being a member of the EndoANP does not designate me as a specialist.

Signature_____

PLEASE RETURN THIS APPLICATION, AND A COPY OF YOUR LICENSE OR STUDENT ID, AND A CHECK, MADE PAYABLE TO ENDOANP TO:

**ENDOANP
P.O. Box 12121
PORTLAND, OR 97212**