



RI Association of
Naturopathic Physicians

Regular Membership Application

Regular members of the RIANP must be graduates of a naturopathic medical college that is approved by the CNME and must be eligible to be licensed to practice naturopathic medicine in a state that licenses naturopathic physicians (i.e. must have passed the NPLEX).

Student members – The RIANP is open to those students currently enrolled in a CNME-recognized school of naturopathic medicine.

Please complete the following:

Name: _____

Office Address: _____

Office phone: _____ Fax number: _____

Home Address: _____

Home phone: _____ Cell: _____

E-mail: _____

Naturopathic college attended: _____

Address: _____

Year of graduation: _____

State(s) in which you are licensed: _____

License number(s): _____

Year(s) licensed: _____

Has your license to practice naturopathic medicine ever been revoked? Y N

If yes, what was the reason? _____

Additional professional information:

Other professional, academic or specialty training: _____

Other professional affiliations: _____

If accepted for membership by the RIANP, I agree to abide by its policies and bylaws, follow its code of ethics, and uphold the high standards of naturopathic medical practice.

Signature: _____ Date: _____



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Print name: _____

With your application, please enclose:

- Copies of the following:
 - N.D. diploma and results of NPLEX *or*
 - N.D. diploma and license(s) *or*
- Proof of registration at a CNME recognized school of naturopathic medicine (students)
 - Check or money order made payable to RIANP
 - Payment via PayPal donation link of RIANP website www.RIANP.org

Annual dues are as follows:

Regular Member: _____	\$200.00
First Year ND Graduate: _____	\$25.00
Student Member: _____	Free

Send completed application form, supporting documentation, and your check or money order to:

RIANP
c/o Sheila M. Frodermann, ND
Providence Wholistic Healthcare
144 Waterman Street #3
Providence, RI 02906