



MEMBERSHIP APPLICATION

Last Name: _____ First Name: _____
Address: _____ City: _____
Postal code/Zip code: _____ Country: _____
Phone number: _____ Fax number: _____ Email: _____

Designation

Applying for: _____

Application for certification is a voluntary act entered into by practitioners who choose to incorporate integrative medicine principles into their practices. The certification enables practitioners to obtain a credential, which attests to their knowledge in the field and affords them the recognition of having met an identified peer-developed standard of achievement.

Benefits of certification:

- Recognition throughout North America and accreditation in the United States and Canada.
- Certification as an IMD (Integrative Medicine Doctor/Doctor of Integrative Medicine) and IMP (Integrative Medicine Practitioner), Integrative Health Coach (IHC), Integrative Orthomolecular Medicine Practitioner (IOMP) are recognized as meeting the standards in natural medicine and integrative medicine education as established by the World Organization of Natural Medicine (WONM).
- Prestige of belonging to a vanguard organization that is composed of highly trained qualified professionals with strong ethical principles.
- Opportunity to participate in WONM-Clinic for Humanity™ programs.
- Professional continuing education workshops and Seminars.
- Regional and international congresses with WONM affiliates worldwide.
- Doctoral (PhD) research and fellowship with WONM-University of Humanitarian Medicine and Canadian College of Humanitarian Medicine.
- Dual designations for licensed healthcare professional-protective umbrella for extending your practice.
- Hospital internship and externship (in partnership with WONM- Clinics for Humanity™ program).
- North American Journal of Natural and Integrative Medicine
- Eligibility for special group rate on malpractice insurance.
- Eligibility for reimbursement of service fee by certain major insurance companies.

Most of all, membership offers a sense of satisfaction and fulfilment to know that you are helping to propagate the effective delivery of Natural Medicine, Integrative Medicine and traditional health care in North America and around the world.

The certifying process includes:

1. Please enclose certified photocopies of all relevant Certificates, Diplomas, Transcripts, and Curriculum Vitae.
2. Evidence of license or registration as a healthcare practitioner
3. Education as doctoral level of education or minimum of diploma, for practitioners, education in the healthcare field such as; (Medical Doctor (MD), Doctor of Osteopathic Manual Medicine Practitioner (DO-MP), Registered Dental Hygienist (RDH), Registered Physiotherapists (RP), Dentist (DDS), Registered Nurse (RN), Registered Nurse extended class (RN-E) Doctor of Chiropractic (DC) and other healthcare professionals are accepted.
4. Applicant must provide evidence by certified copies of diplomas or degree and residency training, and other post-graduate certified training.
5. Submission of one letter of reference from a professional colleague.

Designations Levels:

Registrants may use the following designation which are exclusive to BIOM and help to identify your area of healthcare specialty to the public. They are not academic degrees and of such are invalid if not used as a suffix after an academic degree or healthcare professional license.

- Doctorate/Doctor of Integrative Medicine (IMD)
- Integrative Medicine Practitioner (IMP)
- Integrative Orthomolecular Medicine Practitioner (IOMP)
- Integrative Health Coach (IHC)
- Affiliate/Supporting (A/S) member

Upon registration you will also receive a World Organization of Natural Medicine, Doctor of Humanitarian Services (DHS) or Practitioner of Humanitarian Services (PHS) designation. You may use your designations on your business cards, websites and other advertising materials to bring more awareness to the public on Integrative, Natural and Traditional Medicine,

AGREEMENT

Please read the following statements, sign and date at the bottom and submit this form along with notarized photocopies of your certificates, diplomas and curriculum vitae

- I have successfully completed the course of instruction as indicated on the enclosed documentation.
- I understand the certification in Integrative Medicine is not an academic degree. It is to validate my educational standing and suitability for certification on the BOIM registry and it must be renewed annually to validate my position on its registry.
- I understand and agree that to maintain certification I must participate in professional development courses(30)hours, maintain professional liability insurance and also participate in ten(10) hours of humanitarian medicine activities geared towards the poor (non financial gain) in the twelve months

3555 Don Mills Road Suite 18-529 Toronto, ON M1T 1V6

Website www.o-med.org Email info@o-med.org Phone #: (416) 756-9355

before renewal of my registration.

- I certify that the above information is correct to the best of my knowledge.
- I the undersigned respectfully request to be admitted into membership with BOIM registry.
- I give BOIM permission to contact educational institutions and licensing organizations and other references/entities for purposes of verifying information in this application if deemed necessary.

Date of Application

Applicant's Signature

FEES

Assessment Fee: \$200.00 is (non-refundable and is not considered as part of registration payment.

Registration fee will be communicated to you upon acceptance).

Doctorate Level: \$1200.00 Renewal annually \$600.00

Practitioners Level: 800.00 Renewal annually \$400.00

Credit Card Authorization

Contact Name:	
Phone:	
E-mail	

Credit Card Information

Name on card:	
Credit Card Number:	
Credit Card Type:	
Security Code:	
Expiration Date:	
Billing Address:	
Billing Address 2:	
Billing City, ST Zip	

OFFICE USE ONLY (Do not write below this line)

Recommended by: _____

WONM/BOIM registrar or authorized officer Name (print): _____

Signature: _____ Date _____