



2020 RENEWAL FORM

Please print and fill in all boxes clearly. Upon completion of this form mail in with required documents and renewal fee payable to the Board of Integrative Medicine.

NAME:	
ADDRESS:	
CITY/PROV/PC	POSTAL CODE/ZIP CODE:
COUNTRY:	
PHONE	Home: _____ Work: _____
	Fax: _____ Cell: _____
E-MAIL:	

Renewal Process

Keeping your registration current is vital and reaffirms your commitment to professionalism. It also demonstrates that you are receiving continuing education to stay atop emerging new developments in your scope of practice. Thirty (30) hours for doctors and twenty (20) hours for practitioners of CEU's, ten (10) hours of WONM-Clinics for Humanity © activities (non- monetary), proof of Professional liability insurance, and current emergency medicine certification are mandatory for renewal. You must also attend WONM (North America) regional symposium at least once every two years. **Members who do not renew membership are deemed inactive and certification is no longer valid.**

Member ID Number	Date of Certification	
	IMD/Doctor/Doctorate	500.00
	IMP, IHC, Practitioner (Allied health practitioners)	400.00
	Sabbatical	150.00
	Retired or supporting	100.00
	WONM-Clinics for Humanity© donation(optional)	
	Total	

Declaration:

- ◆ I have successfully completed the continuing education units (CEU) course as indicated on the enclosed documents
- ◆ I understand that certification must be renewed membership annually to validate my position on the registry with the Board of Integrative Medicine-North America.
- ◆ I understand that the BOIM is certifying the requested designation to me to identify the services which meet the standards as set by the BOIM and WONM and must be surrendered when registration ceases or at the request of the disciplinary committee of the BOIM
- ◆ I certify that the above information is correct to the best of my knowledge.

Date of Renewal

Signature

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/PC	

3555 Don Mills Road Suite 18-529 Toronto, ON M2H 3N3
416 756-9355

www.boim.org email: info@boardofnaturalmedicine.org

Please complete form and email or mail-in along with supporting renewal documents.