



# UNIVERSAL APPLICATION

FOR

CNME- APPROVED

NATUROPATHIC

RESIDENCIES

---

2014 – 2015 Application

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**BASTYR**  
UNIVERSITY

**NCNM**  
NATIONAL COLLEGE OF  
NATURAL MEDICINE

SOUTHWEST COLLEGE OF  
**SCNM**  
NATUROPATHIC MEDICINE

# UNIVERSAL RESIDENCY APPLICATION PACKET

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## **PART I**

### **GENERAL INFORMATION**

## **DESCRIPTION OF THE APPLICATION PROCESS**

Welcome to the universal residency application process for the Schools of Naturopathic Medicine at Bastyr University, National College of Natural Medicine and Southwest College of Naturopathic Medicine. The above institutions are recognized by the Council of Naturopathic Medical Education (CNME) as sponsors of postdoctoral naturopathic medical education. **Please read the following pages thoroughly.**

### **Applicant Eligibility**

To qualify as an applicant for the 2014-2015 CNME approved Naturopathic Residency Program, the successful applicant shall possess, by the start of the program, the following:

1. A Naturopathic Doctor degree from a college or university that has been accredited, or has been granted accreditation status, by the Council for Naturopathic Medical Education.
2. Successful completion of the NPLEX I & II and the ability to secure a license or its equivalent to practice naturopathic medicine from the appropriate licensing jurisdiction.
3. Ability to present appropriate documents that verify the applicant's legal right to work in the United States. The Immigration and Control Act requires that all new hires must submit verification of their legal right to work in the US within 72 hours of beginning employment. If you are a foreign national, you must have the appropriate visa that will allow you to gain full-time employment to complete the entire term of the residency program.
4. **Applicants must pass appropriate add-on boards for the state they intend to be licensed in.** Failure to pass all board examinations, as required by each state for licensure will effectively disqualify applicants from consideration for this program and will nullify any offers made prior to receipt of examination results.
5. If you are a graduate of the Canadian College of Naturopathic Medicine and Boucher Institute of Naturopathic Medicine, and are applying for a residency position within the United States, please be aware that you are required to be licensed in the USA to participate as a resident. Many states have differing licensure laws and it is recommended that you research the licensure rules and regulations for the state in which you are applying for a residency position.

### **Application Process**

**This is an applicant-managed application process.** This means that applicants are responsible for collating all required elements of the application and submitting completed application packets to the respective sponsor institution by the deadline, on **January 13, 2014**. **The applicant must submit one complete set of application materials to each sponsor institution applied to.** No applications will be received or processed **after 5 p.m.** on the deadline date, unless the posting is reopened. It is the applicants' sole responsibility, during all phases of the application process, to know, understand, and comply with all deadlines and ensure that all forms, documentation, and other required elements of the application are submitted to the selection committee on time.

**All official transcripts and supporting documents must be included in the application. The selection committee will not review documents and information other than those required by the residency application checklist.** Please ensure that the persons who have agreed to be your reference read the enclosed instructions for each form. **All documents will be kept confidential and are for use solely by the selection committee. The applicant must submit transcripts and forms in sealed envelopes with an authorized signature across the envelope seal.** If the selection committee suspects that any documents or seals have been altered or tampered with in any way, the residency application may be terminated immediately and permanently. Completed application forms will be sent to the sites based on the marks indicated by the applicant in the List of Available Residency Sites (Part II pp.4-6). Please refer to the Timeline for the Application Process regarding the Interview Period.

### **Interviews**

The Naturopathic Residency Programs are highly competitive. It is the goal of each of the Resident Selection Committees to select residency applicants who best meet the needs and requirements of the position, and who, in the sole opinion of the respective committee, will not only thrive, but excel beyond the minimum expectations of the program. As such, not all applicants will be invited for an interview. Applicants selected for interview will possess all of the following attributes:

1. Appropriate educational prerequisites as documented through the required official transcripts;
2. Eligibility to obtain, or current possession of an unrestricted license, to practice naturopathic medicine in the appropriate licensing jurisdiction;
3. Ability to demonstrate excellent written communication skills through the personal statement and essay questions;

4. Ability to project a strong ethical and moral character, and to clearly articulate one's expectations, visions, and goals in his/her personal statement;
5. Ability to reason carefully and provide thoughtful, mature, and deliberate responses to the issues presented in the essay questions;
6. Strong background of relevant experiences, research and scholarly activities, teaching, and leadership experiences as documented in a résumé, and;
7. Superior marks in the evaluation forms as attested to and verified by the applicant's chosen clinical supervisors/evaluators.

### **Applicant Matching**

Upon conclusion of the interview period, the applicants shall submit their preference to the NPGA at the following web address – [www.np-ga.com](http://www.np-ga.com). All applicants are required to read the "Naturopathic Postgraduate Matching Program (NPMP) Packet" which is enclosed with this application packet. Please list only the sites where you have been interviewed and to which you are willing to accept a residency position. **All applicants must submit their final list of ranked sites to the NPGA Match Administrator in order to secure a residency position.** By the designated date the NPGA Match Administrator will inform each applicant of their confidential match identification number. This number can be used by an applicant to see if they matched on NPGA Match Day when matching results are made public on the NPGA website.

**Residency program sites will submit their list of ranked applicants to the Residency Administrator of the CNME Recognized Sponsor School to which they are affiliated.** Residency site supervisors will be informed of their match status via e-mail from the Sponsor School Program Administrators on the same day as the student postings are made on the NPGA website.

On Match Day the NPGA Residency Match Committee will convene and execute the matching process. The committee shall be comprised of the residency administrator of each CNME-recognized residency sponsor schools and one representative of the NPGA. The NPGA representative shall serve as Chair of the committee and the official NPGA Match Administrator. The goal of the committee is to endeavor an unbiased matching process based on the order of preferences in the certified Residency Preference List (RPL). Any applicants wishing for clarification on this process are referred to the school residency administrator to which they applied.

The official results of the NPGA Matching Process shall be published to the NPGA Website by the NPGA Match Administrator on **May 1, 2014 at 9:00pm PT**. Formal letters (to both matched and unmatched applicants) will be mailed on **May 5, 2014**. All matches are considered final and applicants are required to submit a Statement of Intent by the prescribed deadline. In addition, a list of unmatched applicants and unfilled programs will also be released by the NPGA Match Administrator. Unmatched applicants will be informed via letter from the Sponsor School Administrators of any unmatched or newly developed sites open as well as details about the application process for those sites.

Please submit or mail a completed application packet together with the corresponding application fee to the appropriate program at one of the addresses below:

- I. Application for Bastyr University and affiliate residencies, please mail to the following:  
Gary Garcia MD, MHA  
Bastyr Center for Natural Health  
3670 Stone Way N  
Seattle, WA 98103  
**For inquiries, please call: 206-834-4124 or email: [ggarcia@bastyr.edu](mailto:ggarcia@bastyr.edu)**
- II. Application for National College of Natural Medicine and affiliate residencies, please mail to the following:  
MaryK Geyer, ND  
National College of Natural Medicine  
049 SW Porter  
Portland, OR 97201  
**For inquiries, please call: 503-550-1697 or email: [mgeyer@ncnm.edu](mailto:mgeyer@ncnm.edu)**
- III. Application for Southwest College of Naturopathic Medicine and affiliate residencies, please mail to the following:  
Jessica Mitchell ND,  
Southwest Naturopathic Medical Center  
2164 E. Broadway Rd  
Tempe, AZ 85282  
**For inquiries, please call: 480-222-9809 or email [j.mitchell@scnm.edu](mailto:j.mitchell@scnm.edu)**

## TIMELINE FOR THE APPLICATION PROCESS

Programs will begin accepting applications on December 2, 2013. The application process for residencies associated with the sponsor institutions involves several steps as outlined below. **Please read this section carefully.**

| Key Dates                          | Description of the process   |
|------------------------------------|--|
| <b>November 13, 2013</b>           | Universal Residency Application available to students by participating US CNME Residency Sponsor Institutions. Please see college websites: <a href="http://www.bastyr.edu">www.bastyr.edu</a> , <a href="http://www.ncnm.edu">www.ncnm.edu</a> , <a href="http://www.scnm.edu">www.scnm.edu</a> |
| <b>December 2, 2013</b>            | Residency sponsor schools begin accepting applications   |
| <b>January 13, 2014</b>            | Applications for First Year Residency positions are due by 5:00pm PT   |
| <b>January 27, 2014</b>            | Eligible applications are sent by residency administrators to all participating sites.   |
| <b>February 18- April 14, 2014</b> | Interview period for First Year Residencies positions:<br>An applicant should anticipate that a residency site may schedule interviews anytime during this period.   |
| <b>April 18, 2014</b>              | Ranking of residency sites are submitted by applicants through the NPGA match portal by 5:00pm PT. Ranking of applicants are submitted by sites to their corresponding residency administrators by 5:00pm PT   |
| <b>April 25, 2014</b>              | Applicants receive their confidential Match Identification Number from the NPGA Match Administrator.   |
| <b>May 1, 2014</b>                 | <b>NPGA Match Day!</b> NPGA Residency Matching Committee convenes and match results are published on the NPGA website by 9:00 pm PT. Site administrators will be contacted via e-mail by residency administrators.   |
| <b>May 5, 2014</b>                 | Formal letters mailed to applicants confirming selection with "statement of intent" or denial  |
| <b>May 16, 2014</b>                | Signed Statement of Intent acknowledging acceptance of the residency offers must be received 5:00pm PT.  |
| <b>May 20, 2014</b>                | If applicable- Unmatched applicants are informed of unmatched sites as well as the application procedures for those sites  |
|                                    |  |
| <b>May 1, 2014</b>                 | Applications for Second/Third Year Residency Positions due by 5:00pm PT  |
| <b>May 15, 2014</b>                | Interview dates for Second/Third Year Residency Positions  |

## CHECKLIST FOR THE APPLICATION PACKET

(Applicants are to submit an entire application packet to each school sponsoring a residency site the applicant is applying to).

To complete the Residency Application packet, an applicant must submit the following items. We strongly encourage using this checklist to ensure all necessary application components have been included.

- Personal Data form**
- Program Preference Form, indicating the residency position(s) for which you are applying**
- Non-refundable Application Fee in check or money order (no cash payment will be accepted).**  
Each sponsor institution requires that a **\$100.00 Application Fee** be submitted together with the completed application packet. **Please make your check payable to Bastyr University, or NCNM, or SCNM** depending on the sponsor institution's residency sites (refer to Part II pp. 3-5) you have applied to. Note: The application fee is waived if the applicant is only applying to the STAIR Integrative Residency Program through Bastyr University.
- Non-refundable Match Fee \$25\* to the NPGA. DO NOT** include this payment when you submit your application documents. This is a separate fee and you will only need to pay this before submitting your site preference to NPGA Match Administrator.  
*(\*Please refer to the NPGA website before submitting your list for payment instructions.)*
- Résumé.** Please refer to the enclosed résumé template
- A copy of your NPLEX I passing scores from NABNE.**
- The signed Acknowledgement and Disclaimers page.**
- Official transcript from your graduating naturopathic college or university. In addition, if you transferred from one ND school to another, kindly submit official transcripts from the other college or university at which credits were earned toward your ND degree.** All applicants must submit transcripts in their original sealed envelopes with an authorized signature across the envelope seal. If the selection committee suspects that a transcript has been altered or tampered with in any way, your residency application may be immediately and permanently terminated. **Note:** If you are a NCNM student, you do not need to supply the NCNM Residency Department with an NCNM transcript. By signing the release below, the department will access your transcript from the registrar's office.
- Three (3) Evaluation Forms.** In the List of References section of the Personal Data sheet, please write the name and information of the three (3) persons who have agreed to be your references and evaluators. Each person listed as a reference must fill out an evaluation. **For your first reference, you must have a clinical supervisor. For your second reference, you may have either a clinical supervisor or clinical faculty (someone who teaches in the clinic and but has not supervised you personally). For your third reference, you may select a clinical supervisor, clinical faculty, clinical preceptor, or medical professional.**

All documents provided by your references are considered confidential and will be destroyed one year after the conclusion of the selection cycle. Each evaluation form must be submitted in a sealed envelope with the evaluator's signature across the flap of the envelope. Submitted documents that do not meet these requirements will be considered invalid.

For students applying to residencies at more than one sponsoring school, you may ask your evaluators to make copies of the form once they fill it out and then you may submit the copies (in signed & sealed envelopes) to each of the residency sponsoring schools.

- A complete, concise, one (1) page (12 font typed, double-spaced, single-sided with 1 inch margins) **Personal Statement** indicating your reasons for applying to the residency program. If applying to multiple programs, make sure that you address each statement according to the program to which you are applying. Please refer to the enclosed "Instructions for Writing a Personal Statement and Answering the Essay Questions" section of this application. Type your name and training site in the upper right-hand corner of the page.
- Essay Questions:** A complete, concise, one (1) page (12 font typed, double-spaced, single-sided with 1 inch margins) for each essay question addressing the situations referred to in the enclosed "Instructions for Writing a Personal Statement and Answering the Essay Questions" section of this application. Type your name and training site in the upper right-hand corner of the page. At a minimum, you will have three (3) essays for Question 1, Question 2, and Question(s) 3 (depending on the site).

## **NATUROPATHIC POST-GRADUATE ASSOCIATION MATCHING PROGRAM GUIDELINES**

### **Overview**

The Naturopathic Post-Graduate Association Matching Program (NPMP) residency matching process is a systematic way of aligning naturopathic residency candidates and naturopathic residency sites with their preferred match. The NPMP is the result of a collaborative effort between the CNME Recognized Sponsor Institutions (Bastyr University, National College of Natural Medicine, & Southwest College of Natural Medicine) and the Naturopathic Post-Graduate Association.

In the previous system, once selections had been made and offers sent to selected candidates, it was not uncommon for a highly coveted candidate to receive multiple offers from different sites. The candidate was then given a two-week period to make a decision on which site offer to accept. Below is common scenario in the previous system:

Site A offers a position to Candidate 1, and has Candidate 3, 4, and 6 as alternates

Site B offers a position to Candidate 1, and has Candidate 2 and 4 as alternates

Site C offers a position to Candidate 1, and has Candidate 3, 4, 5, and 7 as alternates

While this was advantageous for Candidate 1, other candidates who were placed on the alternate lists were left wondering if they would be offered a position. Wait-listed candidates who were interested in other sites could not approach those sites since they were aware that these sites were waiting for the **selected** candidate to make his/her decision. Because of the uncertainty and protracted process which could take up to 8 weeks, most of the alternates would explore other opportunities, including non-CNME approved programs in order to assure themselves of a either residency position or gainful employment after graduation. The trickledown effect of this system was that some sites ended up having unfilled positions and alternate candidates had already committed to less desirable opportunities even though they would have readily accept an offer from these sites. The goal of the NPMP is to mitigate this problem and the long wait period.

The NPMP Committee will facilitate an unbiased matching process based on the Resident Preference List (RPL). This committee shall be responsible for the implementation of the matching process and shall be comprised of the Residency Administrator of each CNME-recognized residency sponsor schools and a Representative from the NPGA. The NPGA representative shall serve as Chair of the committee and the official NPGA Match Administrator.

### **Candidate Eligibility**

Only eligible candidates can participate in the matching process. It is the responsibility of the CNME-Recognized Residency Sponsor Schools to insure that candidates applying to their program meet all the necessary eligibility requirements for a Naturopathic Residency, as designated by the Council on Naturopathic Medical Education (CNME). The NPGA does not provide applications or process applications for the participating sites. All candidates must complete and submit a Universal Residency Application provided by the CNME Recognized Residency Sponsor Schools.

### **Residency Site Eligibility**

For a residency site to be eligible to offer positions through the matching process, the site must be a CNME-approved program that is affiliated with a CNME-recognized sponsor school.

### **Timelines & Deadlines**

Within the Universal Naturopathic Residency Application, candidates and sites will find the published schedule of deadlines for the upcoming application and matching process. It is the responsibility of the candidates and sites to submit their preference lists to the appropriate member of the matching committee by the published deadline. Candidates or Sites not submitting a RPL by the published deadline will not be included in the matching process.



### **Candidate Withdrawal**

A candidate may withdraw from the matching process at any time by submitting their request in writing to the residency program administrator of the CNME Recognized Sponsor School to which the candidate had applied. Withdrawal from the match program will exclude the candidate from being offered a residency position from the participating sites. Candidates may also withdraw from the process after being matched and therefore surrender their position in the residency matching process.

### **Residency Site Withdrawal**

A residency site may withdraw entirely or may withdraw positions by submitting their request in writing, to the CNME-Recognized Residency Sponsor school to which it is affiliated. Sites are encouraged to do this as early in the application process as possible.

### **Disclaimer**

NPGA is not involved in the formal hiring of a resident to a site. Candidates and sites take sole responsibility for reaching an agreed upon contract of employment. By participating in the match, each candidate and site acknowledges that NPMP Committee will expend effort to insure an ethical, professional, accurate, and fair match; agrees to abide by the results of the match; and agrees that under no circumstance shall the NPMP Committee or the NPGA be held liable for any damages or perceived damages which may result from the matching process.

### **Guidelines for the Matching Process**

The match is based on the candidate and site preference lists. The candidates will submit their RPL to the NPGA Match Administrator and program sites will submit their RPL to the Residency administrators of their sponsor schools. All the information submitted to the NPMP Committee by both the candidates and sites in the form of the RPL will remain confidential.

It is critical that the candidate lists only sites on the RPL that he/she is willing to accept should a residency be offered. The decision of listing sites and submitting a RPL is solely the responsibility of the candidate. A candidate may list as many sites to which s/he is willing to commit. This is strongly encouraged since this improves the likelihood of being matched.

Similarly, each program site must list only candidates that the site would genuinely wish to hire on the RPL. A site should not list a candidate that it would not seriously offer a position to. Doing so will increase the site's chances of being matched with a lesser desired candidate. On the other hand, each site is strongly encouraged to list as many preferred candidates to whom it is willing to commit as this will improve chances of having its offered position(s) filled. **Please note that a match will never occur unless both parties list each other on their RPL. It is not possible to match with a site or candidate that was not chosen by either.**

In order for the matching process to be successful both the candidate and site acknowledges that a match constitutes a formal offer from the site and a presumed acceptance from the candidate. Once the matching process is complete it is not acceptable for a site with an unfilled position to contact a resident matched to another site with the intent of making them a "better offer".

### **Matching Process Schematic**

The process works through the systematic matching of candidate and site preference lists. The NPMP is only the facilitator of the process and relies on the RPL to create a match. From a candidate's perspective, you can think of the RPL as the order a site would generate offer and alternate list letters.

The matching process lessens the anxiety and uncertainty to wait- listed alternate candidates hoping that they get an offer. NPMP markedly reduces the residency decision making timeline and uses the RPL to make the match. The current size and number of candidates/ sites involved in Naturopathic Residency Programs makes this process straightforward and it can be easily demonstrated below.

| SITE   | Selection based on Site RPL<br>(In descending order of preference) | CANDIDATE   | Selection based on Candidate RPL<br>(In descending order of preference) |
|--------|--|-------------|---|
| Site A | Candidates 1, 3, 2, 6  | Candidate 1 | Sites A, C, D, B  |
| Site B | Candidates 1, 2, 4, 3, 5   | Candidate 2 | Sites A, B, C   |
| Site C | Candidates 2, 4, 6, 1  | Candidate 3 | Sites C, D, B   |
| Site D | Candidates 3, 2, 1, 6, 4   | Candidate 4 | Sites B, A, C, D  |
| Site E | Candidates 6, 5, 1   | Candidate 5 | Sites E, A  |
|        |  | Candidate 6 | Sites A, E, D, C, B   |

In an ideal setting, both the site and candidate will list each other as their first choice. In that situation, the match is complete and automatic. In the above example, we will first look at **Site A** which selects **Candidate 1** as their first choice. Candidate 1 also selects site A as their first choice. **Site A and Candidate 1 are now matched.** Site A is crossed off, all other candidate lists and Candidate 1 is crossed off all other Site lists. Since we know that Candidate 1 has chosen site A, Site B's selection automatically moves to their next available option – Candidate 2.

The available matches & opportunities now look like the following:

|        |                                       |             |                                  |
|--------|---------------------------------------|-------------|----------------------------------|
| Site A | Candidates: <del>1, 3, 2, 6</del>     | Candidate 1 | Sites: <del>A, C, D, B</del>     |
| Site B | Candidates: <del>1</del> , 2, 4, 3, 5 | Candidate 2 | Sites: <del>A</del> , B, C       |
| Site C | Candidates: 2, 4, 6, <del>1</del>     | Candidate 3 | Sites: C, D, B                   |
| Site D | Candidates: 3, 2, <del>1</del> , 6, 4 | Candidate 4 | Sites: B, <del>A</del> , C, D    |
| Site E | Candidates: 6, 5, <del>1</del>        | Candidate 5 | Sites: E, <del>A</del>           |
|        |                                       | Candidate 6 | Sites: <del>A</del> , E, D, C, B |

For **Site B**, since **Candidate 1** is off the table, it must move on to **Candidate 2** who is the site's second choice. In the old system **Candidate 2** would have received an initial offer from **Site C** but would tend to wait at the last minute hoping that either **Site A or B** would eventually send an offer. By waiting, s/he would also be blocking the chances of the alternate candidates to this site. In our match scenario, the NPMP knows based on Candidate 2's RPL that if offered a position by both Site B & C, Candidate 2 would prefer and select Site B. **Given this instance, Site B and Candidate 2 are now matched.** At this point Site B and Candidate 2 are off the table for all other contenders.

The available matches & opportunities now look like the following:

|        |  |             |                                  |
|--------|--|-------------|----------------------------------|
| Site A | Candidates: <del>1, 3, 2, 6</del>                            | Candidate 1 | Sites: <del>A, C, D, B</del>     |
| Site B | Candidates: <del>1</del> , <del>2</del> , <del>4, 3, 5</del> | Candidate 2 | Sites: <del>A, B, C</del>        |
| Site C | Candidates: <del>2</del> , 4, 6, <del>1</del>                | Candidate 3 | Sites: C, D, B                   |
| Site D | Candidates: 3, <del>2, 1</del> , 6, 4                        | Candidate 4 | Sites: <del>B, A</del> , C, D    |
| Site E | Candidates: 6, 5, <del>1</del>                               | Candidate 5 | Sites: E, <del>A</del>           |
|        |  | Candidate 6 | Sites: <del>A</del> , E, D, C, B |

After the above mentioned steps, for **Site C** its top choice **Candidate 2** is no longer available and must move on to its next choice. – **Candidate 4**. In the meantime, **Candidate 4** is hoping for an offer from **Site B & A** which s/he will not receive (Since Site A & Site B were matched to candidates higher on their preference list). While lower on his/her RPL than Site A or B, Candidate 4 has indicated s/he would accept an offer from Site C. **Based on this example Site C and Candidate 4 is now matched.**

The available matches & opportunities now look like the following:

|        |  |             |  |
|--------|--|-------------|--|
| Site A | Candidates: <del>1</del> , <del>3</del> , <del>2</del> , <del>6</del>            | Candidate 1 | Sites: <del>A</del> , <del>C</del> , <del>D</del> , <del>B</del> |
| Site B | Candidates: <del>4</del> , <b>2</b> , <del>4</del> , <del>3</del> , <del>5</del> | Candidate 2 | Sites: <del>A</del> , <b>B</b> , <del>C</del>                    |
| Site C | Candidates: <del>2</del> , <b>4</b> , <del>6</del> , <del>4</del>                | Candidate 3 | Sites: <del>C</del> , <b>D</b> , <del>B</del>                    |
| Site D | Candidates: <b>3</b> , <del>2</del> , <del>1</del> , <del>6</del> , <del>4</del> | Candidate 4 | Sites: <del>B</del> , <del>A</del> , <b>C</b> , <del>D</del>     |
| Site E | Candidates: <del>6</del> , <del>5</del> , <del>4</del>                           | Candidate 5 | Sites: E, <b>A</b>   |
|        |  | Candidate 6 | Sites: <del>A</del> , E, D, <del>C</del> , <del>B</del>          |

For *Site D*, its first choice *Candidate 3* is unmatched. *Candidate 3* also indicated that s/he is interested in *Site D* even though Candidate 3 had listed Site C as his/her first choice. Since Site C did not even consider Candidate 3, the candidate never received an offer or letter. **Based on this scenario, Site D and Candidate 3 are now matched.**

The available matches & opportunities now look like the following:

|        |  |             |   |
|--------|--|-------------|---|
| Site A | Candidates: <del>1</del> , <del>3</del> , <del>2</del> , <del>6</del>            | Candidate 1 | Sites: <del>A</del> , <del>C</del> , <del>D</del> , <del>B</del>            |
| Site B | Candidates: <del>4</del> , <b>2</b> , <del>4</del> , <del>3</del> , <del>5</del> | Candidate 2 | Sites: <del>A</del> , <b>B</b> , <del>C</del>                               |
| Site C | Candidates: <del>2</del> , <b>4</b> , <del>6</del> , <del>4</del>                | Candidate 3 | Sites: <del>C</del> , <b>D</b> , <del>B</del>                               |
| Site D | Candidates: <b>3</b> , <del>2</del> , <del>1</del> , <del>6</del> , <del>4</del> | Candidate 4 | Sites: <del>B</del> , <del>A</del> , <b>C</b> , <del>D</del>                |
| Site E | Candidates: <del>6</del> , <del>5</del> , <del>4</del>                           | Candidate 5 | Sites: E, <b>A</b>  |
|        |  | Candidate 6 | Sites: <del>A</del> , <b>E</b> , <del>D</del> , <del>C</del> , <del>B</del> |

Lastly, *Site E* has selected *Candidate 6* as their first choice. While *Candidate 6* was hoping for an offer from Site A, but it is now unavailable since it was matched with another candidate. Based on the RPL of *Candidate 6*, s/he has indicated that s/he would accept an offer from *Site E* by listing the site high on the list. Candidate 5 had Site E as his/her first choice based on the RPL, but as Site E listed Candidate 6 ahead for Candidate 5 on its RPL. **Therefore, Site E and Candidate 6 are now matched.** The final match looks like the following:

|        |  |             |   |
|--------|--|-------------|---|
| Site A | Candidates: <del>1</del> , <del>3</del> , <del>2</del> , <del>6</del>            | Candidate 1 | Sites: <del>A</del> , <del>C</del> , <del>D</del> , <del>B</del>            |
| Site B | Candidates: <del>4</del> , <b>2</b> , <del>4</del> , <del>3</del> , <del>5</del> | Candidate 2 | Sites: <del>A</del> , <b>B</b> , <del>C</del>                               |
| Site C | Candidates: <del>2</del> , <b>4</b> , <del>6</del> , <del>4</del>                | Candidate 3 | Sites: <del>C</del> , <b>D</b> , <del>B</del>                               |
| Site D | Candidates: <b>3</b> , <del>2</del> , <del>1</del> , <del>6</del> , <del>4</del> | Candidate 4 | Sites: <del>B</del> , <del>A</del> , <b>C</b> , <del>D</del>                |
| Site E | Candidates: <b>6</b> , <del>5</del> , <del>4</del>                               | Candidate 5 | Sites: E, <b>A</b>  |
|        |  | Candidate 6 | Sites: <del>A</del> , <b>E</b> , <del>D</del> , <del>C</del> , <del>B</del> |

In this scenario Candidate 5 does not have a match. Moreover while not included in this example, it is also possible that some sites may have unfilled positions after the match. During this post-match period, unmatched candidates and sites with unfilled positions can contact each other to make arrangements to possibly fill these open positions.

# NATUROPATHIC POST-GRADUATE ASSOCIATION STEPS ON SUBMITTING YOUR RESIDENT PREFERENCE LIST

## Step 1

Before you start, make sure you have your actual list of preferred sites in hand. Your sites should have been ranked with your top choice as Site No 1, the second preferred site as Site No. 2, and so on.

Please list the sites to which you wish to be matched based on your order of preference. Please list only sites where you have been interviewed and to which you are willing to accept a residency position if matched, regardless of the listed rank. A site entered as Site Preference No. 1 indicates that this site is your top choice. The order of your preference shall decrease from site preference no.1 to next one you entered as site no. 2 and so on. You may enter as many sites as deemed appropriate and applicable.

Be aware that there is no "Save" option in this process. Given this, once you begin you will need to complete it to the end. This is why you **MUST** have your actual list of preferred sites in hand before you start.

## Step 2

You will need to have a credit card or PayPal account to pay for the non-refundable Match fee. Without either, you will not be able to complete the process.

## Step 3

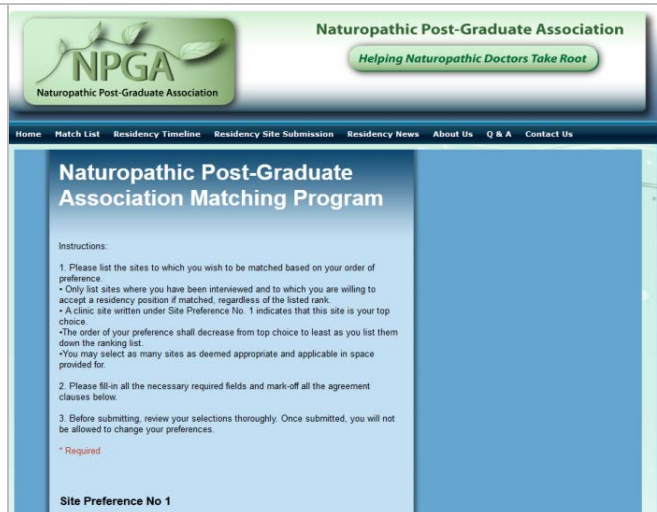
On your web browser, type the following web address - [www.np-ga.com](http://www.np-ga.com)

## Step 4

Upon entering the NPGA home page, find, select, and click on "Residency Site Submission" tab

## Step 5

**Read the instructions very carefully.** It is on this page that you will enter the name(s) of site(s) that you will be matched to based on the preference listed. Scroll down the page and begin to fill in the required site information.



The screenshot shows the NPGA website header with the logo and tagline "Helping Naturopathic Doctors Take Root". The navigation menu includes Home, Match List, Residency Timeline, Residency Site Submission, Residency News, About Us, Q & A, and Contact Us. The main content area displays the "Naturopathic Post-Graduate Association Matching Program" instructions. The instructions are as follows:

- Please list the sites to which you wish to be matched based on your order of preference.
  - Only list sites where you have been interviewed and to which you are willing to accept a residency position if matched, regardless of the listed rank.
  - A clinic site written under Site Preference No. 1 indicates that this site is your top choice.
  - The order of your preference shall decrease from top choice to least as you list them down the ranking list.
  - You may select as many sites as deemed appropriate and applicable in space provided for.
- Please fill in all the necessary required fields and mark-off all the agreement clauses below.
- Before submitting, review your selections thoroughly. Once submitted, you will not be allowed to change your preferences.

\* Required

## Step 6

Be as specific as possible when writing the clinic name.

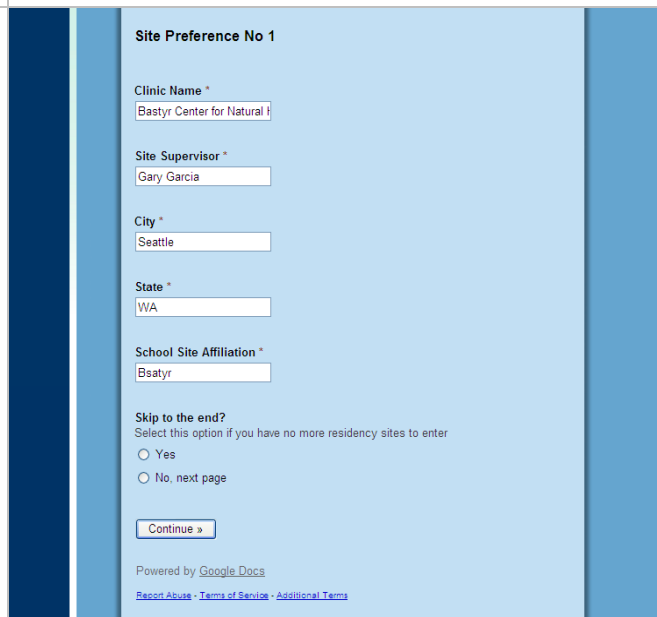
## Step 7

Write the full name of the site director or supervisor whenever possible.

## Step 8

Write the city & state of the site.

Write the school (Bastyr, NCNM, or SCNM) that the site is affiliated.



The screenshot shows the "Site Preference No 1" form with the following fields and options:

- Clinic Name \*: Bastyr Center for Natural
- Site Supervisor \*: Gary Garcia
- City \*: Seattle
- State \*: WA
- School Site Affiliation \*: Bastyr
- Skip to the end? Select this option if you have no more residency sites to enter.
  - Yes
  - No, next page
- Continue » button
- Powered by Google Docs
- [Report Abuse](#) - [Terms of Service](#) - [Additional Terms](#)

### Step 9

Verify that all the information you typed is correct.

### Step 10a

If you have completed filling in the form, click on "Yes" to "Skip to the end", then click the "Continue" tab below to proceed to Step 11

### Step 11

Note: Always use the "Continue" or "Back" buttons to navigate through the process NOT your web browser.

OR

Site Preference No 1

Clinic Name \*  
Bastyr Center for Natural I

Site Supervisor \*  
Gary Garcia

City \*  
Seattle

State \*  
WA

School Site Affiliation \*  
Bastyr

Skip to the end?  
Select this option if you have no more residency sites to enter

Yes  
 No, next page

Continue >

Powered by Google Docs

### Step 10b

Click on "No", then click "Continue" to go to the next page to be able to add another site to your Preference list.

Repeat Steps 6 to 10 until you have completed listing all your sites.

Note: It is recommended that you list sites that you believe you have a chance of being matched. In addition, only list sites that you are willing to commit to regardless of the site's ranking.

Site Preference No 1

Clinic Name \*  
Bastyr Center for Natural I

Site Supervisor \*  
Gary Garcia

City \*  
Seattle

State \*  
WA

School Site Affiliation \*  
Bastyr

Skip to the end?  
Select this option if you have no more residency sites to enter

Yes  
 No, next page

Continue >

Powered by Google Docs

### Step 11

Read the Agreement Clauses very carefully and click to check the appropriate boxes, then "Continue".

Naturopathic Post-Graduate Association Matching Program

\* Required

Agreement

I AGREE that by clicking and marking this box that my decision on sites listed above is final. I also agree that failure to mark the box will disqualify me automatically from the match. By sending this document electronically I hereby certify that I have read and understand the "Naturopathic Post-Graduate Association Matching Program (NPMP)" document. 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 NPMP matching process. \*

I Agree

I AGREE that by clicking and marking this box that by participating in the match, I agree to abide by the results of the match. I agree that under no circumstance shall the NPMP Committee or the NPGA be held legally liable for any damages or perceived damages which may result from the matching process. Furthermore, I agree that submission of this form is evidence of my agreement with all parts, description, guidelines, and processes as described in "Naturopathic Post-Graduate Association Matching Program (NPMP)" document. \*

I Agree

< Back Continue >

### Step 12

Fill out the required information and review if the information is accurate, then click "Submit".

The screenshot shows a registration form for the Naturopathic Post-Graduate Association Matching Program. The form includes fields for First Name, Middle Initial, Last Name, E-mail, and Date, all marked as required. There is also a large text area for Comments. A "Submit" button is located at the bottom right of the form area.

### Step 13

This page will acknowledge that your list has been received and will prompt you to pay the Match Fee.

The screenshot shows a confirmation page from the Naturopathic Post-Graduate Association. It states: "Your submission has been received. Please note that your NPGA submission requires a \$25 fee in order to be entered into the match process. you're almost done!" and provides a link to the registration fee page.

### Step 14

You will need a credit card or a PayPal account to proceed to payment.

The screenshot shows a payment page with a prominent "PayPal" button. The page includes instructions: "Select the PayPal button below to submit your \$25 registration fee. You will be directed to a HTTPS encrypted site, paypal.com/npga-2012-0109npa-fee.html." It also contains a note about the \$25 fee and a deadline of April 18, 2012.

### Step 15

Fill out all of the required information. Please review to ensure that the information is accurate. Also make sure that you have provided an email address. Once complete, click "Submit".

The screenshot shows a PayPal payment page. On the left, there is a "Your order summary" table:

| Description      | Amount             |
|------------------|--------------------|
| Registration Fee | \$25.00            |
| Item subtotal    | \$25.00            |
| <b>Total</b>     | <b>\$25.00 USD</b> |

On the right, there is a "Choose a way to pay" section with a "Pay with a PayPal account" option selected. Below this, there is a form for entering payment details, including Country (United States), Card number, Payment type (VISA), Expiration date (09/12 to 09/12), and Billing information (First name: Jessica, Last name: Smith, Address line 1: 5555 South Ln, City/State: Tempe, AZ 85282, Email: jsmith@gmail.com).

# **INSTRUCTIONS FOR WRITING A PERSONAL STATEMENT AND ANSWERING THE ESSAY QUESTIONS**

## **I. Instructions for writing a Personal Statement**

Write a concise one page (12 font typed, *DOUBLE-SPACED*, single-sided with 1 inch margins) personal statement for each program to which you are applying, then write your name and program (i.e. BCNH, NCNM, SCNM, CTCA, etc.) in the upper right hand corner of the page. In this statement, describe the following:

- a. Your reasons for applying to that particular program;
- b. Your expectations from the program;
- c. Why you think your application should be strongly considered;
- d. Your future plans upon completion of the residency program, and;
- e. For oncology based programs, be very specific about your interest in oncology and why you have chosen to apply this program.

## **II. Instructions for answering the Essay Questions for the First Year Residency Program**

Please answer all three essay questions. These questions are required as part of your residency application. For each essay question below, write a complete, concise, one page (12 font typed, *DOUBLE-SPACED*, single sided with 1 inch margins) answer. Type your name in the upper right hand corner of the page.

1. **Essay Question 1:** Undergoing a residency is very demanding and may require tasks that go beyond the usual expectations of the program.
  - a) Describe a past experience that would highlight your adaptability and flexibility in meeting your work/school related responsibilities.
  - b) Identify a quality or expectation in a residency work environment that you believe is essential in your success in the program. Explain in detail why this is important to you and how you plan to achieve it.
2. **Essay Question 2:** Part of the experience of working in a clinical setting involves interactions with a diverse environment of patients, office staff, students, and other physicians. Situations sometimes arise that involve ethical dilemmas or various types of conflict.
  - a) Discuss how you approach conflict resolution and ethical dilemmas.
  - b) Please cite an example from your own experience wherein you applied this approach.
3. **Essay Question 3 (Site Specific Essay Questions):**
  - a. If applying to BCNH through Bastyr, OR NCNM Teaching Clinic through NCNM, OR SCNM, please respond to this question:

\*An important component of being a resident is the ability to use one's teaching skills in the clinical setting.

    - i. What is your philosophy of teaching?
    - ii. By what standard would you measure your effectiveness as an instructor?
    - iii. Please cite an example from your own experience wherein you applied this philosophy.
  - b. If applying to an affiliate private clinic program through Bastyr or NCNM or SCNM please answer this question: An important component of being a resident in private clinic is developing your patient base. Please provide at least two specific ways on how you plan to approach this challenge.
  - d. If applying to a Naturopathic Oncology program through Bastyr, please respond to this question:

When managing patients with advanced stages of cancer, death and dying is an issue for these patients, their loved ones and their caregivers. In what ways would you attempt to support these patients and their families? How will you support yourself when working with these patients?
  - e. If applying to the ITI – STAIR program through Bastyr, please respond to this question:

An important aspect of being a resident in an integrative setting clinic is developing your ability to work well with practitioners of different professions, both naturopathic and non-naturopathic. Please identify a specific challenge that you may likely encounter and tell us how you intend to approach the situation. Please be as specific as possible.

### III. Instructions for answering the Essay Questions for the Second Year NCNM or Bastyr Residency Program

Please answer all three essay questions. These questions are required as part of your residency application. For each essay question below, write a complete, concise, one page (12 font typed, *DOUBLE-SPACED*, single sided with 1 inch margins) answer. Type your name in the upper right hand corner of the page.

1. **Essay Question 1 (For Bastyr and NCNM applicants):** Provide an outline of your goals for your second year residency. Please indicate your vision for the year and how you might help facilitate the growth of the residency program.
2. **Essay Question 2 (For Bastyr and NCNM applicants):** Comment on some of the challenges that you faced as a first year resident and how you overcame those challenges.
3. **Essay Question 3**
  - a. **For Bastyr applicants:** Provide an example of a work situation that had frequent rule changes, describe the specific steps you did at that time to address the issue, and now based on hindsight describe if and why you would make any changes to the initial measures you took .
  - b. **For NCNM applicants:** As a second Year Resident, you will transition from solely working with attending physicians to managing your own teaching shifts. How do you plan to use this experience to incorporate both academic and clinical learning into the experience of the students?

### IV. Instructions for answering the Essay Question for the SCNM Second Year Homeopathic Residency Program

Please answer the following question. This question is required as part of your residency application. For the essay question below, write a complete, concise, one page (12 font typed, *DOUBLE-SPACED*, single sided with 1 inch margins) answer. Type your name in the upper right hand corner of the page.

1. **Essay Question:** Please describe a case that you followed and treated using homeopathy.

### V. Instructions for answering the Essay Questions for the Third Year NCNM or the Bastyr Chief Residency Program

Please answer all three essay questions. These questions are required as part of your residency application. For each essay question below, write a complete, concise, one page (12 font typed, *DOUBLE-SPACED*, single sided with 1 inch margins) answer. Type your name in the upper right hand corner of the page.

1. **Essay Question 1:** As a third year resident of the department you will be expected to provide leadership among your fellow residents. Based your background experience, provide example of a situation in which your leadership was questioned by the persons you were tasked to oversee, and describe specific measures you utilized to gain their support.
2. **Essay Question 2:**
  - a. **For applicants to the Bastyr Chief Residency:** Identify potential challenges that you expect to encounter in implementing an evidence-based medicine shift and provide specific steps on how you would address these issues.
  - b. **For applicants to the NCNM Third Year Residency:** Please summarize your professional accomplishments from the last 1.5 years of residency and discuss your goals for a third year residency position.



## INSTRUCTIONS FOR WRITING A RÉSUMÉ

### Instructions for writing your Résumé

Please write your résumé in one (1) to a maximum of three (3) single-sided pages. Use **10 font typed and single-spaced with 1 inch margins**. Other than your title page, your résumé should have your name in the upper right hand corner of the page. **Please refer to the sample enclosed. It is important that you adhere to this format.**

### Definition of Terms

#### **Profile**

The selection committee is interested in a short paragraph that summarizes and highlights all your special interests, skills, and strengths. Limit your description to a maximum of five (5) lines.

#### **Education**

1. Identify the institution from which you will receive the ND degree. Include the city, state, years attended, and expected date of graduation. Provide a short description of the program (to a maximum of 5 lines). Other than those required by the courses attended, provide a short description (to a maximum of 5 lines for each) of the research projects in which you participated as a primary investigator, co-investigator, or research assistant. Please list your clinical supervisors and the focus of each shift during your ND education. List all your preceptorships – preceptor name, specialty or scope of practice, and hours attended.

2. If you are student who transferred from one ND school to another, kindly identify all institutions for credits earned towards the ND degree. Include the city, state, and years attended. Provide a short description of the program (to a maximum of 5 lines). Other than those required by the courses attended, provide a short description (to a maximum of 5 lines for each) of the research projects in which you participated as a primary investigator, co-investigator, or research assistant. Please list your clinical supervisors and the focus of each shift during your ND education. List all your preceptorships – preceptor name, scope of practice or specialty, and hours attended.

3. Identify all the institutions that you received your undergraduate and post-graduate degree(s). Include city, state, and years attended. Provide a short description of the program (to a maximum of 5 lines). Other than those required by the courses attended, provide a short description (to a maximum of 5 lines for each) of the campus or research projects in which you participated.

#### **Related Experience**

Identify the institution(s) or program(s) wherein you were able to demonstrate your **clinical / patient care, research, teaching, or leadership skills**. Include the city, state, and years worked or attended. Provide in bullet format (up to a max for 5 lines for each position) descriptions that will highlight you role and skills in the institution or program.

#### **Additional Relevant Information**

When applicable, kindly list all items in the categories of publication, scholarly work, licenses, awards professional memberships, and languages other than English. Provide as much information requested for each category.

First Name MI Last Name  
Current Home Address  
City, State, Zip Code  
Phone Number  
Email

### Profile

Desires a first year resident position in the ABC University Naturopathic Medicine Residency Program. Able to be effective in a practice of any size. Draw on experience with a range of patient issues, including additional work in women and children's care. Interested in health education for homeless. Strong desire to contribute to the success of a program through an ability to initiate and maintain relationships. Creative developer and presenter of educational information.

### Education

#### Doctor of Naturopathic Medicine, Graduating June 2004

Bastyr University, Kenmore, WA 1999 – 2004

Completing an accredited program of coursework and supervised practice in Botanical, Homeopathic, and Physical Medicine. Extensive exposure to issues involving women and children. Additional work in nutrition.

#### Research Project

- Assisted the primary investigator in a double blind, randomized controlled trail conducted at the Bastyr Center for Natural Health that evaluated the effectiveness of herbal supplements towards the control of Diabetes Mellitus in post-menopausal women. Co-authored the research report that has been submitted for publication to the Journal of Alternative Medicine.

#### Clinical Rotations:

- Mary Jane, ND, General Practice – 2 terms
- Bob Smith, ND, Minor Surgery- 2 terms
- Jane Doe, ND, Women's Health- 4 terms
- David Jones, ND, Community Health- 3 terms

#### Preceptorships:

- James Smith, ND, General Practice, 20 hours
- Agnes Carter, ND, Woman's Practice, 20 hours
- John Doe, MD, Internal Medicine, on-going
- Donna Jones, DO, Physical Medicine, on-going

#### Bachelor of Science, Zoology

Miami University, Oxford, OH 1991 - 1995

- Participated in a community service project to increase citizen participation in a cleanup campaign.
- Served as project leader in a fund raising project sponsored by the University Student Council towards helping homeless youths' return back to school.

### Related Experience

Bastyr University, Kenmore, WA 2000-present

#### Teaching Assistant

- Assists professor in the Anatomy class.
- Guides students during cadaver dissections.
- Answers questions and demonstrate as needed

Bastyr University, Kenmore, WA 2003

#### Secretary, Student Council

- Organized fund raising activities
- Coordinated student groups for DC Fly
- Maintained student council newsletter

Bastyr University, Kenmore, WA, 2000- 2001

**Research Assistant, Department of Exercise Science**

- Participated in comprehensive thesis development, data analysis and interpretation
- Submitted the research proposal for IRB approval
- Coordinated the schedule of research study subjects

Blue Moon Natural Clinic, Seattle, WA 1999-2001

**Assistant to the Clinic Manager**

- Assists in the inventory of clinic dispensary and clinic supplies
- Participates as front desk receptionist as needed
- Updates information on the clinic website

Kenmore Youth Ministry, Kenmore, WA 1999-2001

**Camp Group Leader**

- Participated in community youth group activities.
- Developed activity programs now utilized by the youth ministry in helping children improve reading skills.

Franciscan Care Center Nursing Home, Seattle, WA 1998 - 1999

**Volunteer Recreation Worker**

- Provided social support to patients by reading to them, writing letters, and visiting with them.
- Formed friendships which enriched lives of patients

Morgan Mountain Sports, Oxford, OH 1995-1997

**Owner and Operator**

- Started and managed this recreation business which served enthusiasts and tourists in State park.
- Created radio promotions, flyers and interesting events which increased participation in mountain biking

TEMPLATE

**Additional Relevant Information**

When applicable, list down items under the following categories:

- Publications:** Name of author(s), article title, name of scholarly journal (underlined), volume number, issue number, year of publication (in parentheses), and page number.  
**Unpublished dissertation, thesis, or research work:** Name of author(s), title of unpublished dissertation or thesis in quotes ("title"), label Diss. or MA thesis, name of university, and year
- Professional Conferences (Attended):** Topic, speaker, date, time, venue, and sponsoring organization
- Professional Conferences (Presented):** Topic, date, time, venue, and sponsoring organization
- Professional licenses:** Credential/License type, license number, status, year initially issued, year expires
- Awards:** Name of award, issuing institution, year awarded
- Professional memberships:** Name of association, year membership started, status
- List language(s) other than English and rate your proficiency:** Level of verbal proficiency, reading proficiency, and writing proficiency (Use a 5-point scale wherein "1" indicates the highest level of proficiency and "5" indicates the least.)

## **PART II**

### **APPLICATION PACKET FORMS TO BE SUBMITTED**

## PERSONAL DATA

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

Month and Year \_\_\_\_\_

- 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)

Please attach  
a recent  
photo of  
yourself  
(Optional)

### General Data *(Please type or print legibly)*

Legal Name \_\_\_\_\_ Sex  F  M  
Last First Middle Initial

Preferred Name \_\_\_\_\_ Former Last Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail 1 \_\_\_\_\_ E-mail 2 \_\_\_\_\_  
Optional - Use a non-school issued account (i.e. gmail, yahoo, etc.)

Current Address \_\_\_\_\_ Use address until \_\_\_\_\_  
Street Address Date  
\_\_\_\_\_  
City or Town State Zip Country

Permanent Address \_\_\_\_\_ Permanent Phone \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City or Town State Zip Country

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

Citizenship:  U.S.  U.S. Permanent Resident  Other \_\_\_\_\_  
Country Visa Type and Number

Will your current visa status allow you to complete the entire term of training program?  Yes  No

### Disclosure Statements

***Please answer the following questions. An applicant is required to submit a written supplement to this application if the answer is "Yes" to any of the questions below. 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

## List of References

Please list the names of individuals whom you have chosen to complete the evaluation forms and/or letter of recommendation below. By listing these individuals as references/evaluators and by signing below, you hereby authorized the sponsor institution to contact your references. You must complete this section in order to be considered for any residency position.

| Type of Evaluator<br>(Please check the appropriate box)   | Name of Evaluator | Credentials | Phone Number<br>(Include area code) |
|---|-------------------|-------------|-------------------------------------|
| <input type="checkbox"/> Clinical Supervisor  | 1)                |             |                                     |
| <input type="checkbox"/> Clinical Supervisor<br><input type="checkbox"/> Clinical Faculty   | 2)                |             |                                     |
| <input type="checkbox"/> Clinical Supervisor<br><input type="checkbox"/> Clinical Faculty<br><input type="checkbox"/> Clinical Preceptor<br><input type="checkbox"/> Medical Professional | 3)                |             |                                     |

By signing below, I hereby authorize the sponsor institution to contact any and all references/evaluators I have listed above in order to solicit information regarding my education, clinical performance, previous or current performance if employed by reference, 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 listed references above, I release my employer(s) from any liability for any information provided regarding my work history by said employer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Academic Records Release:

If you are applying to a residency program you must sign this release of records. By signing below, I 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## For All Applicants – Verification Of Application Authenticity & Integrity:

By signing below, I 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## For All Applicants – Matching Process Verification:

By signing below, I 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, my signature is evidence of my agreement with all parts, provisions, protocol and regulations as indicated in this application and supporting documents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT AND DISCLAIMER**

**ACKNOWLEDGEMENT**

By signing below, I certify that I have gathered all the necessary information needed for my application and that I have researched the needs of the sites that I have applied to. I acknowledge that my application fee is not refundable. I acknowledge that submission of application does not guarantee that I shall be invited for an interview. I acknowledge that the interview for the residency position is at the discretion of, and by invitation from, each individual site. I 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. Furthermore, I 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.

---

*Print Name* *Signature* *Date*

**DISCLAIMER**

By signing below, I 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 agree that the university shall not be held responsible for the cancellation of residency positions at any of the sites; that such cancellations shall be at the discretion of the hosting site; and that the university does not guarantee permanence of any offered position

---

*Print Name* *Signature* *Date*

Please check the box for each residency site that you are applying to. You may select as many programs that you feel you are eligible to enter. After completing your selections, carefully read the Acknowledgement and Disclaimer. If you agree with these statements, kindly print your name, sign, and date. Return this form with the application packet. Only completed forms will be considered.

|  |  |  |   |   |
|--|--|--|---|---|
| <p>Bastyr Center for Natural Health</p> <p><input type="checkbox"/> First Year Residency</p> <ul style="list-style-type: none"> <li>Seattle WA</li> <li>Six (6) Full-time positions</li> <li>Start date: September 2014</li> <li>Out-patient</li> <li>General Medicine</li> <li>Director: Gary Garcia, MD, MHA</li> </ul> <p><a href="http://www.bastyrcenter.org">www.bastyrcenter.org</a></p>  | <p><input type="checkbox"/> Cancer Treatment Centers of America at Southwestern Regional Medical Center, Tulsa, OK</p> <ul style="list-style-type: none"> <li>One (1) Full-time, two-year position</li> <li>Start date: November 2014</li> <li>Naturopathic Oncology</li> <li>Out-patient &amp; In-patient rotations</li> <li>Director: Katherine Anderson, ND, FABNO</li> </ul> <p><a href="http://www.cancercenter.com/southwestern">www.cancercenter.com/southwestern</a></p> | <p><input type="checkbox"/> IBS Treatment Center, Seattle, WA</p> <ul style="list-style-type: none"> <li>One (1) Full-time, one-year position</li> <li>Start date: October 2014</li> <li>Naturopathic General Medicine / GI</li> <li>Private Clinic</li> <li>Director: Stephen Wangen, ND</li> </ul> <p><a href="http://www.ibstreatmentcenter.com">www.ibstreatmentcenter.com</a></p>   | <p><input type="checkbox"/> Seattle Integrative Oncology at Institute of Complementary Medicine (Seattle WA) and Providence Integrative Care (Olympia, WA)</p> <ul style="list-style-type: none"> <li>One (1) Full-time, one-year position</li> <li>Start date: October 2014</li> <li>Naturopathic Oncology</li> <li>Private Clinic</li> <li>Director: Chad Aschtgen, ND, FABNO</li> </ul> <p><a href="http://seattlend.com">http://seattlend.com</a></p>   | <p><b>STAIR Integrative Residency</b><br/>First Year Residency</p> <ul style="list-style-type: none"> <li>STAIR Site A - TBD</li> <li>One (1) Full-time one-year position</li> <li>Start Date: October 2014</li> <li>NO APPLICATION FEE</li> <li>For more information visit</li> </ul> <p><a href="http://www.stair.integrativeinc.com">www.stair.integrativeinc.com</a></p>          |
| <p><input type="checkbox"/> Ayurvedic and Natural Medicine Clinic, Bellevue, WA</p> <ul style="list-style-type: none"> <li>One (1) Full-time, one-year position</li> <li>Start date: October 2014</li> <li>Naturopathic &amp; Ayurvedic Medicine</li> <li>Private Clinic</li> <li>Director: Virinder Sodhi, ND</li> </ul> <p><a href="http://ayurvedicscience.com">http://ayurvedicscience.com</a></p>   | <p><input type="checkbox"/> Cascade Natural Medicine, Kirkland, WA</p> <ul style="list-style-type: none"> <li>One (1) Full-time, two-year position</li> <li>Start date: October 2014</li> <li>Naturopathic Pediatric residency</li> <li>Private Clinic</li> <li>Director: Candace Aasan, ND</li> </ul> <p><a href="http://www.cascadenaturalmedicine.com">www.cascadenaturalmedicine.com</a></p>   | <p><input type="checkbox"/> IU Health Goshen Center for Cancer Care, Goshen IN</p> <ul style="list-style-type: none"> <li>One (1) Full-time, two-year position</li> <li>Start date: October 2014</li> <li>Naturopathic Oncology</li> <li>Out-patient &amp; In-patient rotations</li> <li>Director: Marcia Prenguber, ND, FABNO</li> </ul> <p><a href="http://iuhealth.org/goshen/cancer-care">http://iuhealth.org/goshen/cancer-care</a></p> | <p><input type="checkbox"/> San Francisco Natural Medicine, San Francisco, CA</p> <ul style="list-style-type: none"> <li>One (1) Full-time, one-year position</li> <li>Start date: January 2015</li> <li>Dual ND-AOM residency</li> <li>Director: Carl Hangee-Bauer, ND, LAc</li> <li>Contact Dr. Garcia at <a href="mailto:ggarcia@bastyr.edu">ggarcia@bastyr.edu</a> for a 4<sup>th</sup> AOM specific evaluation form</li> </ul> <p><a href="http://www.somaacupuncture.com">www.somaacupuncture.com</a></p> | <p><b>STAIR Integrative Residency</b><br/>First Year Residency</p> <ul style="list-style-type: none"> <li>STAIR Site B - TBD</li> <li>One (1) Full-time one-year position</li> <li>Start Date: October 2014</li> <li>NO APPLICATION FEE</li> <li>For more information visit</li> </ul> <p><a href="http://www.stair.integrativeinc.com">www.stair.integrativeinc.com</a></p>          |
| <p><input type="checkbox"/> Beaumont Hospital – Department of Family Medicine, Royal Oak, MI</p> <ul style="list-style-type: none"> <li>Two (2) Full-time, one-year position</li> <li>Start date: October 2014</li> <li>General Medicine / Oncology</li> <li>Out-patient &amp; In-patient rotations</li> <li>Director: Sheba Roy, ND, FABNO</li> </ul> <p><a href="http://www.beaumont.edu/family-medicine-center-sterling-heights">www.beaumont.edu/family-medicine-center-sterling-heights</a></p> | <p><input type="checkbox"/> Champlain Center for Natural Medicine, Shelburne, VT</p> <ul style="list-style-type: none"> <li>One (1) Full-time, one-year position</li> <li>Start date: October 2014</li> <li>Naturopathic General Medicine</li> <li>Private Clinic</li> <li>Director: Bill Warnock, ND</li> </ul> <p><a href="http://www.vtnaturalmed.com">www.vtnaturalmed.com</a></p>   | <p><input type="checkbox"/> Mother &amp; Child Clinic, Carnation, WA</p> <ul style="list-style-type: none"> <li>One (1) Full-time, one year position</li> <li>Start date: October 2014</li> <li>Naturopathic Pediatric Medicine</li> <li>Private Clinic</li> <li>Director: Kathleen Allen, ND</li> </ul> <p><a href="http://www.motherchildmedicine.com">www.motherchildmedicine.com</a></p>   | <p><input type="checkbox"/> Steelsmith Natural Health Center, Honolulu, HI</p> <ul style="list-style-type: none"> <li>One (1) Full-time, one-year position</li> <li>Start date: November 2014</li> <li>Dual ND-AOM residency</li> <li>Director: Laurie Steelsmith ND, LAc</li> <li>Contact Dr. Garcia at <a href="mailto:ggarcia@bastyr.edu">ggarcia@bastyr.edu</a> for a 4<sup>th</sup> AOM specific evaluation form.</li> </ul> <p><a href="http://steelsmithhealth.com">http://steelsmithhealth.com</a></p>  | <p><input type="checkbox"/> True North Health Center, Santa Rosa, CA</p> <ul style="list-style-type: none"> <li>One (1) Full-time, one-year position</li> <li>Start date: November 2014</li> <li>Integrative Research Medicine</li> <li>Private Clinic</li> <li>Director: Deirdre O'Connor, ND</li> </ul> <p><a href="http://www.healthpromoting.com">www.healthpromoting.com</a></p> |
| <p><input type="checkbox"/> Cancer Treatment Centers of America at Eastern Regional Medical Center, Philadelphia, PA</p> <ul style="list-style-type: none"> <li>One (1) Full-time, two-year position</li> <li>Start date: November 2014</li> <li>Naturopathic Oncology</li> <li>Out-patient &amp; In-patient rotations</li> <li>Director: Aminah Keats, ND, FABNO</li> </ul> <p><a href="http://www.cancercenter.com/eastern">www.cancercenter.com/eastern</a></p>                                   | <p><input type="checkbox"/> Emerald City Clinic, Seattle, WA</p> <ul style="list-style-type: none"> <li>One (1) Full-time, one-year position</li> <li>Start date: October 2014</li> <li>Naturopathic General Medicine</li> <li>Private Clinic</li> <li>Director: Molly Niedermeyer, ND</li> </ul> <p><a href="http://www.emeraldcityclinic.com">www.emeraldcityclinic.com</a></p>  | <p><input type="checkbox"/> Natura Medica, Mystic, CT</p> <ul style="list-style-type: none"> <li>One (1) Full-time, one year position</li> <li>Start date: October 2014</li> <li>Naturopathic General Medicine</li> <li>Private Clinic</li> <li>Director: Deirdre O'Connor, ND</li> </ul> <p><a href="http://www.naturamedicamystic.com">www.naturamedicamystic.com</a></p>  | <p><input type="checkbox"/> Specialty Natural Medicine Inc, Mukilteo, WA</p> <ul style="list-style-type: none"> <li>One (1) Full-time, one-year position</li> <li>Start date: October 2014</li> <li>General Naturopathic Medicine</li> <li>Private Clinic</li> <li>Director: Kathleen Janel ND</li> </ul> <p><a href="http://www.specialtynaturalmedicine.com">www.specialtynaturalmedicine.com</a></p>   | <p><input type="checkbox"/> Yellowstone Naturopathic Clinic, Billings, MT</p> <ul style="list-style-type: none"> <li>One (1) Full-time, two-year position</li> <li>Start date: October 2014</li> <li>Naturopathic General Medicine</li> <li>Private Clinic</li> <li>Director: Margaret Beeson, ND</li> </ul> <p><a href="http://www.yncnaturally.com">www.yncnaturally.com</a></p>    |
| <p><input type="checkbox"/> Cancer Treatment Centers of America at Midwestern Regional Medical Center, Zion, IL</p> <ul style="list-style-type: none"> <li>One (1) Full-time, two-year position</li> <li>Start date: November 2014</li> <li>Naturopathic Oncology</li> <li>Out-patient &amp; In-patient rotations</li> <li>Manager: Tracey Thomas, ND, FABNO</li> </ul> <p><a href="http://www.cancercenter.com/midwestern">www.cancercenter.com/midwestern</a></p>                                  | <p><input type="checkbox"/> Holistic Health Clinic, Tacoma, WA</p> <ul style="list-style-type: none"> <li>One (1) Full-time, two-year position</li> <li>Start date: October 2014</li> <li>Ok for July 1<sup>st</sup> 2014</li> <li>Naturopathic General Medicine</li> <li>Private Clinic</li> <li>Director: Owen Miller, ND</li> </ul> <p><a href="http://www.theholistichealthclinic.com">www.theholistichealthclinic.com</a></p>   | <p><input type="checkbox"/> Natural Family Medicine, Seattle WA</p> <ul style="list-style-type: none"> <li>One (1) Full-time, one-year position</li> <li>Start date: October 2014</li> <li>Naturopathic Pediatric residency</li> <li>Private Clinic</li> <li>Director: Tamara Cullen, ND</li> </ul> <p><a href="http://naturopathicfamilymedicine.com">http://naturopathicfamilymedicine.com</a></p>   | <p><input type="checkbox"/> Vital Kids Medicine, Seattle WA</p> <ul style="list-style-type: none"> <li>One (1) Full-time, one-year position</li> <li>Start date: October 2014</li> <li>Naturopathic Pediatric residency</li> <li>Private Clinic</li> <li>Director: Hatha Gbedawo, ND</li> </ul> <p><a href="http://www.vitalkidsmedicine.com">www.vitalkidsmedicine.com</a></p>   | <p><input type="checkbox"/> Yellowstone Naturopathic Clinic, Billings, MT</p> <ul style="list-style-type: none"> <li>One (1) Full-time, two-year position</li> <li>Start date: October 2014</li> <li>Naturopathic Oncology</li> <li>Private Clinic</li> <li>Director: Margaret Beeson, ND</li> </ul> <p><a href="http://www.yncnaturally.com">www.yncnaturally.com</a></p>            |

### CAREFULLY READ THE FOLLOWING ACKNOWLEDGEMENT AND DISCLAIMER STATEMENTS

#### ACKNOWLEDGEMENT

By signing below, I certify that I have gathered all the necessary information needed to make my selection above regarding the programs offered at each site. I understand that interviews for positions are at the discretion of, and by invitation from, each individual site. I recognize that should I accept an offered position to any of the above selected programs, that this may require that I relocate to the appointing site, and that this shall be all on my expense. Furthermore, I understand that not accepting the offer within the appropriate timelines may decrease my future chances of being accepted to any of the above selected programs.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### DISCLAIMER

By signing below, I 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 agree that the university shall not be held responsible for the cancellation of residency positions at any of the sites; that such cancellations shall be at the discretion of the hosting site; and that the university does not guarantee permanence of any offered position.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### New Site Preferences Notification

A. Please indicate below if you would like to be included for other future residency training offerings should any be available for the 2014-2015 program year.

- Yes**, please make my application and supporting documents available
- No**, do not make my application and supporting documents available
- Depends** Only send my application and supporting documents if the program is in: \_\_\_\_\_

B. I received a recent announcement concerning a new Bastyr-affiliate program not previously listed site on this preference sheet.

- Please send my application and supporting documents to: \_\_\_\_\_





**Program Preference Form  
2014-2015 List of Available Residency Sites**

Please check the box for each opportunity for which you would like to be considered. More information about each site can be found on our website at: <http://www.ncnm.edu/naturopathic-medicine-residency-program/residency-opportunities.php>. After completing your selections, carefully read the *Acknowledgement and Disclaimer*. If you agree with these statements, kindly print your name, sign, and date. Return this form with the application packet. Only completed forms will be considered.

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| <input type="checkbox"/> <b>NCNM Clinic, Portland, OR</b> <ul style="list-style-type: none"> <li>Seven (7) Full-time, One-Year Positions</li> <li>Start date: October 2014</li> <li>General practice with time split between NCNM Clinic and community clinics.</li> <li>Assist in academic CPD, GYN and other lab classes as needed. Assist in student proficiency testing.</li> <li>Opportunities for private practice shifts.</li> <li>Strong academic and teaching background preferred.</li> <li>Director: MaryK Geyer, ND</li> </ul> | <input type="checkbox"/> <b>A Woman's Time/NCNM, Portland, OR</b> <ul style="list-style-type: none"> <li>One (1) Full-Time, One-Year Position</li> <li>Start date: October 2014</li> <li>Integrative medicine – preferential focus on women's health</li> <li>1/4 time at NCNM clinics/lab classes</li> <li>Applicants must have demonstrated a special interest in women's health</li> <li>Knowledge of botanical and nutritional therapeutics is beneficial</li> <li><b>Current residents are encouraged to apply</b></li> <li>Director: Tori Hudson, ND</li> </ul> | <input type="checkbox"/> <b>A Woman's Time, Portland, OR</b> <ul style="list-style-type: none"> <li>One (1) Full-Time, One-Year Position with possibility of extending into a 2<sup>nd</sup> year.</li> <li>Start date: October 2014</li> <li>Preferential focus on women's health.</li> <li>Applicants must have demonstrated some acumen and special interest in women's health.</li> <li>Knowledge of botanical and nutritional therapeutics is beneficial.</li> <li><b>Current residents are encouraged to apply.</b></li> <li>Director: Tori Hudson, ND</li> </ul>                      | <input type="checkbox"/> <b>Cameron Wellness Center, SLC, Utah</b> <ul style="list-style-type: none"> <li>One (1) Full-time, One-Year Position.</li> <li>Start date: October 2014</li> <li>General Naturopathic family practice, endocrine health, IV therapy, injection therapies, weight loss, Bio-Impedance analysis, detoxification protocols, Skenar technology, Doppler technology, simple wound repair and minor surgery.</li> <li>Director: Todd Cameron, BSN, NMD</li> </ul>   |
| <input type="checkbox"/> <b>A Family Healing Center, McMinnville, OR</b> <ul style="list-style-type: none"> <li>One (1) Full-Time, One-Year Position</li> <li>Start date: October 2014</li> <li>Primary care with focus on women's medicine, pediatric care, and pain management.</li> <li>Participate in the care of patients, management and writing new material for public relations, and have an obligation to ensure the continuing of naturopathic care.</li> <li>Director: Jason Black, ND &amp; Jessica Black, ND</li> </ul>      | <input type="checkbox"/> <b>Full Circle Care, Salt Lake City, UT</b> <ul style="list-style-type: none"> <li>One (1) Full-Time, One-Year Position</li> <li>Start date: October 2014</li> <li><b>Candidates must intend to practice in Utah after residency to be considered.</b></li> <li>Primary focus is on adult internal medicine with emphases in endocrinology, reproductive health, gastroenterology, and autoimmune diseases.</li> <li>Director: Leslie Peterson, ND</li> </ul>  | <input type="checkbox"/> <b>Portland Clinic of Holistic Health</b> <ul style="list-style-type: none"> <li>One (1) Full-Time, One-Year Position.</li> <li>Start date: October 2014</li> <li>Primary care with wide span of clinical cases including complicated recalcitrant conditions.</li> <li>Areas of educational focus will include oncology, women's medicine, infectious disease, respiratory disease, autoimmune disease and pediatrics.</li> <li>Resident is expected to participate in community outreach and wellness lectures.</li> <li>Director: Eric Blake, ND, LAc</li> </ul> | <input type="checkbox"/> <b>Canby Clinic, Canby, OR</b> <ul style="list-style-type: none"> <li>One (1) Full-time, One-Year Position</li> <li>Start date: October 2014</li> <li>Small town family practice with a focus in primary care and IV Therapy.</li> <li>Director: Erin Walker, ND</li> </ul>  |
| <input type="checkbox"/> <b>Grain Integrative Health, Portland, OR</b> <ul style="list-style-type: none"> <li>One (1) Full-time, One-Year Position</li> <li>Start date: October, 2014</li> <li>Primary care integrative medicine – whole family healthcare from infancy through hospice care with acute care management is emphasized.</li> <li>Clinically, this residency demands a strong philosophical foundation.</li> <li>Directors: Sarah Kates-Chinoy, ND and Lindsay Baum, ND</li> </ul>   | <input type="checkbox"/> <b>Lokahi Health Center, Kailua Kona, HI</b> <ul style="list-style-type: none"> <li>One (1) Full-Time, One Year Position</li> <li>Start date: Oct. 2014</li> <li>General Naturopathic practice including minor surgery, chelation, physical medicine, homeopathy and lifestyle counseling.</li> <li>Integrative practice including MD and ND specialties with specific focuses in Dermatology and Oncology.</li> <li>Specialty rotations with MDs and NDs.</li> <li>Director: Michael Traub, ND</li> </ul>                                   | <input type="checkbox"/> <b>University of Bridgeport Naturopathic College, CT</b> <ul style="list-style-type: none"> <li>One (1) Full-time, One-Year Position</li> <li>Start date: October 2014</li> <li>General family medicine at UB Health Center and/or satellite clinics, working with supervising physicians on student teaching shifts.</li> <li>The remainder of the weekly hours is divided between clinical rotations and research work at local hospitals.</li> <li>Strong academic and teaching experience preferred.</li> <li>Director: Jennifer Johnson, ND</li> </ul>         | <input type="checkbox"/> <b>2<sup>nd</sup>/3<sup>rd</sup> YEAR RESIDENCY OPPORTUNITIES, NCNM Clinic, Portland, OR</b> <ul style="list-style-type: none"> <li>Three (3) Full-time, One-Year Positions</li> <li>Start date: October 2014</li> <li>Assist and supervise student teaching shifts, assist in academic CPD, GYN and other lab classes as needed. Assist in student testing.</li> <li>Opportunity for private shifts at NCNM Clinic</li> <li>Organize and supervise Clinic Synthesis classes &amp; weekly Grand Rounds at NCNM.</li> <li><b>2<sup>nd</sup> year residency:</b> Completion of first-year residency from an accredited program is required.</li> <li><b>3<sup>rd</sup> year residency:</b> Completion of second-year residency from an accredited program is required.</li> <li>Director: MaryK Geyer, ND</li> </ul> |

Please indicate below if you would like to be included for other future residency training offerings should any be available for the 2014-2015 program year.

- Yes, please notify me of new program offerings.
- No, I do not wish to be notified about new program offerings.
- Depends Please notify me about new programs meeting the following criteria:
  - o Location: \_\_\_\_\_
  - o Specialty: \_\_\_\_\_

**CAREFULLY READ THE FOLLOWING ACKNOWLEDGEMENT AND DISCLAIMER STATEMENTS**

**ACKNOWLEDGEMENT**

By signing below, I certify that I have gathered all the necessary information needed to make my selection above regarding the programs offered at each site. I understand that interviews for positions are at the discretion of, and by invitation from, each individual site. I recognize that should I accept an offered position to any of the above selected programs, that this may require that I relocate to the appointing site, and that this shall be all on my expense. Furthermore, I understand that not accepting the offer within the appropriate timelines may decrease my future chances of being accepted to any of the above selected programs.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**DISCLAIMER**

By signing below, I 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 agree that the university shall not be held responsible for the cancellation of residency positions at any of the sites; that such cancellations shall be at the discretion of the hosting site; and that the university does not guarantee permanence of any offered position.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



**Program Preference Form  
2014-2015 List of Available Residency Sites**

NATUROPATHIC MEDICINE

Please check the box for each residency site that you are applying to. You may select as many programs that you feel you are eligible to enter. After completing your selections, carefully read the Acknowledgement and Disclaimer. If you agree with these statements, kindly print your name, sign, and date. Return this form with the application packet. Only completed forms will be considered.

|   |   |
|---|---|
| <input type="checkbox"/> <b>Southwest College of Naturopathic Medicine<br/>First Year General Medicine</b><br>Five (5) Full-time, One Year Position<br>Start date: Sept 2014<br>General Practice<br>Jessica Mitchell, ND<br>j.mitchell@scnm.edu<br>Tempe, Arizona<br>This is a general medicine residency. Residents rotate through all rotations and with all specialties. | <input type="checkbox"/> <b>Southwest College of Naturopathic Medicine<br/>Second Year Homeopathic Specialty</b><br>One (1) Full-time, One Year Position<br>Start date: Sept 2014<br>Homeopathic Practice<br>Stephen Messer, ND<br>s.messer@scnm.edu<br>Tempe, Arizona<br>This is a second year homeopathic specialty residents. Requirement for application includes one year residency Or one year in private practice. |
|---|---|

**Affiliated Site First Year Residency Opportunities**

|   |  |
|---|--|
| <input type="checkbox"/> <b>Alaska Center for Natural Medicine</b><br>One (1) Full-time, One Year Position<br>Start Date: Sept 2014<br>General Medicine Practice<br>Scott Luper, ND,<br>Fairbanks, Alaska<br>This is a busy private practice in Fairbanks Alaska looking for a resident with special interest in the pediatric population. Please contact Heather at <a href="mailto:altmedchick@yahoo.com">altmedchick@yahoo.com</a> for more information.   | <input type="checkbox"/> <b>Centro de Salud Familiar</b><br>One (1), Full-time Two Year Position<br>Start date: Sept 2014<br>General Practice/Urgent Care Medicine<br>Sam Walker, ND, and Cathy Walker, ND<br>Phoenix, Arizona<br>This is a very busy, predominantly Spanish speaking, low income, high volume clinic. Please contact Dr. Cathy Walker at <a href="mailto:drcwokr@aol.com">drcwokr@aol.com</a> for more information. |
| <input type="checkbox"/> <b>Acupuncture and Integrative Medicine Center</b><br>First Year General Medicine<br>One (1) Full-time, One Year Position<br>Start date: Sept 2014<br>General Practice/Primary Care<br>Tracy Magerus, NMD<br><a href="mailto:drmagerus@gmail.com">drmagerus@gmail.com</a><br>Phoenix, Arizona<br>This is a primary care office that sees a variety of ages and conditions. This residency will be focused in women's medicine and will offer an integrative experience with conventional ob/gyn. Acupuncture training preferred. |  |

*\* We strongly suggest that you continue to check on any updates to the local and distant sites during the next 2 months. These sites may change; new sites are in development and may be added to this application before the final deadline.*

**ACKNOWLEDGEMENT**

By signing below, I certify that I have gathered all the necessary information needed to make my selection above regarding the programs offered at each site. I understand that interviews for positions are at the discretion of, and by invitation from, each individual site. I recognize that should I accept an offered position to any of the above selected programs, that this may require that I relocate to the appointing site, and that this shall be all on my expense. Furthermore, I understand that not accepting the offer within the appropriate timelines may decrease my future chances of being accepted to any of the above selected programs.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DISCLAIMER**

By signing below, I 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 acknowledge that the university does not guarantee interviews at sponsoring inst I agree that the university shall not be held responsible for the cancellation of residency positions at any of the sites; that such cancellations shall be at the discretion of the hosting site; and that the university does not guarantee permanence of any offered position.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **EVALUATION FORMS**

**TO THE APPLICANT** Please complete this section and give it to the person who has agreed to serve as your reference and complete the application Evaluation Form. This form must be submitted together with the other application documents by the required deadline as part of your application packet. This form must be in its unopened, original, sealed envelope with the signature of your reference across the seal to be considered as part of the application packet. It is your sole responsibility, during all phases of the application process, to be apprised of the deadlines and ensure that all necessary forms, documentation and other required elements of the application are submitted to the selection committee on time. **Incomplete packets will not be considered.**

By signing below, you waive the right to view this evaluation form. In the interest of maintaining the strictest standards of confidentiality, forms that are not signed (and any attachments associated with unsigned forms) will be considered incomplete and will not be considered as part of the application.

I, the undersigned, understand this is a confidential evaluation form. I understand neither this form nor any related submissions will be made available to anyone outside Bastyr University, NCNM, or SCNM unless required by legal action. I understand this record will be destroyed one year after my application for residency. I will not ask to review this form or any associated submissions.

Applicant's Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Legal Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**TO THE EVALUATOR:**

- 1. The person named above is applying to Bastyr University or NCNM or SCNM for a clinical residency position. The applicant has listed you as a reference and requested your evaluation be included as part of the information on which the members of selection committee will base their decision. Please respond frankly to the questions and issues on this form and feel free to include or attach any additional pertinent comments. These records will be destroyed one year after the selection process and the applicant will not be allowed to review your submission unless otherwise required by legal action. Evaluations are a critical component in an applicant's application.**
- 2. Due to the sensitive nature of this evaluation and our request for your honest assessment of this individual, the applicant has been apprised that any indication of a breach of the confidential nature of this form, including tampering, will result in immediate and permanent termination of his/her residency application.**
- 3. Once completely filled out, this form may be copied by the Evaluator depending on the number of residency sponsor schools the applicant is applying to (Bastyr University, NCNM, or SCNM). The Evaluator must place each form in a sealed envelope and sign across the sealed front flap for this evaluation to be considered.**
- 4. Please return this form in the sealed and signed envelope to the applicant so that she/he may mail it with together with other required supporting documents.**

**On behalf of the applicant, the Resident Selection Committee would like to thank you for agreeing to serve as a reference and evaluator. Please understand that as a reference you may be contacted to address additional questions or concerns if necessary. In order to facilitate this process, we ask that you provide the selection committee with the necessary contact information.**

Evaluator's relationship with the applicant (please check only one condition that applies):

- Clinical Supervising Physician (Clinical faculty member that has directly worked with the student in the clinical setting)
- Clinical Faculty Member (Member of clinical faculty, but have only worked with the student in a didactic or lab setting)
- Clinical Preceptor or Other Medical Professional

I have known the applicant for:

- 1 quarter (3 months)
- 2 quarters (6 months)
- 3 quarters (9 months)
- 4 quarters (12 months)
- >4 quarters (>12 months)

By signing below, you certify that all information contained on this form and any associated submissions are true to the best of your knowledge.

Evaluator's Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

Evaluator's Legal Name \_\_\_\_\_

Evaluator's Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**TO THE EVALUATOR** Your evaluation is a critical component of the applicant's application. Please take your time to respond to the categories on this form and feel free to include any additional pertinent comments. Please assess the applicant's style and skill level in the following categories. Check ALL traits that apply to this applicant and rate accordingly. Feel free to write additional comments.

**I. Communication Skills**

**A. Verbal Style**      Deliberate      Articulate      Direct      Circuitous      Insensitive      Not Observed

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**B. Listening Style**      Thoughtful      Attentive      Empathetic      Oblivious      Distracted      Not Observed

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**C. Writing Style**      Excellent      Good      Satisfactory      Adequate      Poor      Not Observed

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**D. Group Interactions**      Respectful      Motivating      Shows Initiative      Dominating      Needs Prompting      Not Observed

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**E. Case / Clinical**

**Presentation Skills**      Clear & Concise      Articulate      Well-researched      Disjointed      Unprepared      Not Observed

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**II. Situational Performance**

**A. Medical Emergency**

Quick thinking      Organized      Focused and Calm      Panicked      Hesitant      Cannot Evaluate

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**B. Last minute changes in schedule or patient appointments**

Accepting      Composed      Adaptable      Irritated      Frustrated      Cannot Evaluate

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**C. Attitude on patient of different racial, socioeconomic, religious, sexual orientation, or cultural background**

Respectful      Receptive      Avoidant      Judgmental      Dismissive      Cannot Evaluate


|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**D. Challenging Patients (patients whose behaviors are angry, admiring, cynical, etc.)**

Empathetic      Clear thinking      Appropriate      Avoidant      Confrontational      Cannot Evaluate


How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. 

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**E. Friction with Supervisor, Student, Staff**

Respectful      Professional      Calm composed      Reactive      Antagonistic      Cannot Evaluate

How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. 


| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**III. Medical Expertise**

**A. When taking the clinical history and review of system**

Thorough      Methodical      Confident      Uncertain      Disorganized      Cannot Evaluate


How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. 

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**B. When recognizing abnormal results on a Physical Exam**

Thorough      Competent      Adept      Undiscerning      Uncertain      Cannot Evaluate


How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. 

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**C. When interpreting and analyzing abnormal results on PE, Lab, or Imaging**

Competent      Thorough      Illogical      Dismissive      Uncertain      Cannot Evaluate


How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. 

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**D. When prescribing and dosing of nutritional supplements**

Knowledgeable      Appropriate      Anecdotal      Overuses      Baseless      Cannot Evaluate


How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. 

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**E. When prescribing and dosing of naturopathic remedies**

Knowledgeable      Appropriate      Evidence Based      Overuses      Anecdotal      Cannot Evaluate


How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. 

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**F. When prescribing and dosing of homeopathic remedies**

Knowledgeable      Appropriate      Anecdotal      Overuses      Baseless      Cannot Evaluate

How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. 

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Applicant Name: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**G. When prescribing, formulating, and dosing of botanical formulas**

Knowledgeable     Appropriate     Evidence Based     Overuses     Anecdotal     Cannot Evaluate

How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. **➡**

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**H. Technique, Application, and Use of Hydrotherapy**

Knowledgeable     Appropriate     Anecdotal     Overuses     Baseless     Cannot Evaluate

How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. **➡**

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**I. Technique, Application, and Use of Physical Medicine**

Knowledgeable     Appropriate     Competent     Tentative/Uncertain     Anecdotal     Cannot Evaluate

How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. **➡**

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**J. Technique, Application, and Use of Lifestyle and Diet**

Knowledgeable     Appropriate     Evidence based     Reasonable pt expectations     Anecdotal     Cannot Evaluate

How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. **➡**

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**K. Incorporation of the Principles of Naturopathic Medicine – Philosophy / Treatment / Management**

Knowledgeable     Appropriate     Competent     Not considered     Baseless     Cannot Evaluate

How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. **➡**

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**IV. Additional Information**

**A. If not covered by the previous questions, please list the applicant's strengths AND/OR weaknesses.**

\_\_\_\_\_  
\_\_\_\_\_

**B. Please add other information about this applicant that you would like us to know.**

\_\_\_\_\_  
\_\_\_\_\_

How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. **➡**

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Based on the evaluation that you have indicated above, please select the statement that best applies.

- I **WOULD NOT RECOMMEND** this applicant to your residency program.
- I would recommend this applicant to your residency program, **BUT WITH SOME RESERVATIONS.**
- I **WOULD RECOMMEND** this applicant to your residency program.
- I **WOULD HIGHLY RECOMMEND** this applicant to your residency program.

Printed Name: \_\_\_\_\_ Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

# EVALUATION FORM

Page 1 of 4

**TO THE APPLICANT** Please complete this section and give it to the person who has agreed to serve as your reference and complete the application Evaluation Form. This form must be submitted together with the other application documents by the required deadline as part of your application packet. This form must be in its unopened, original, sealed envelope with the signature of your reference across the seal to be considered as part of the application packet. It is your sole responsibility, during all phases of the application process, to be apprised of the deadlines and ensure that all necessary forms, documentation and other required elements of the application are submitted to the selection committee on time. **Incomplete packets will not be considered.**

By signing below, you waive the right to view this evaluation form. In the interest of maintaining the strictest standards of confidentiality, forms that are not signed (and any attachments associated with unsigned forms) will be considered incomplete and will not be considered as part of the application.

I, the undersigned, understand this is a confidential evaluation form. I understand neither this form nor any related submissions will be made available to anyone outside Bastyr University, NCNM, or SCNM unless required by legal action. I understand this record will be destroyed one year after my application for residency. I will not ask to review this form or any associated submissions.

Applicant's Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Legal Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

## TO THE EVALUATOR:

- 1. The person named above is applying to Bastyr University or NCNM or SCNM for a clinical residency position. The applicant has listed you as a reference and requested your evaluation be included as part of the information on which the members of selection committee will base their decision. Please respond frankly to the questions and issues on this form and feel free to include or attach any additional pertinent comments. These records will be destroyed one year after the selection process and the applicant will not be allowed to review your submission unless otherwise required by legal action. Evaluations are a critical component in an applicant's application.**
- 2. Due to the sensitive nature of this evaluation and our request for your honest assessment of this individual, the applicant has been apprised that any indication of a breach of the confidential nature of this form, including tampering, will result in immediate and permanent termination of his/her residency application.**
- 3. Once completely filled out, this form may be copied by the Evaluator depending on the number of residency sponsor schools the applicant is applying to (Bastyr University, NCNM, or SCNM). The Evaluator must place each form in a sealed envelope and sign across the sealed front flap for this evaluation to be considered.**
- 4. Please return this form in the sealed and signed envelope to the applicant so that she/he may mail it with together with other required supporting documents.**

**On behalf of the applicant, the Resident Selection Committee would like to thank you for agreeing to serve as a reference and evaluator. Please understand that as a reference you may be contacted to address additional questions or concerns if necessary. In order to facilitate this process, we ask that you provide the selection committee with the necessary contact information.**

Evaluator's relationship with the applicant (please check only one condition that applies):

- Clinical Supervising Physician (Clinical faculty member that has directly worked with the student in the clinical setting)
- Clinical Faculty Member (Member of clinical faculty, but have only worked with the student in a didactic or lab setting)
- Clinical Preceptor or Other Medical Professional

I have known the applicant for:

- 1 quarter (3 months)
- 2 quarters (6 months)
- 3 quarters (9 months)
- 4 quarters (12 months)
- >4 quarters (>12 months)

By signing below, you certify that all information contained on this form and any associated submissions are true to the best of your knowledge.

Evaluator's Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

Evaluator's Legal Name \_\_\_\_\_

Evaluator's Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_ Best Time to Call \_\_\_\_\_



Applicant Name: \_\_\_\_\_

**TO THE EVALUATOR** Your evaluation is a critical component of the applicant's application. Please take your time to respond to the categories on this form and feel free to include any additional pertinent comments. Please assess the applicant's style and skill level in the following categories. Check ALL traits that apply to this applicant and rate accordingly. Feel free to write additional comments.

**I. Communication Skills**

**A. Verbal Style**      Deliberate      Articulate      Direct      Circuitous      Insensitive      Not Observed

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**B. Listening Style**      Thoughtful      Attentive      Empathetic      Oblivious      Distracted      Not Observed

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**C. Writing Style**      Excellent      Good      Satisfactory      Adequate      Poor      Not Observed

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**D. Group Interactions**      Respectful      Motivating      Shows Initiative      Dominating      Needs Prompting      Not Observed

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
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|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**E. Case / Clinical**

**Presentation Skills**      Clear & Concise      Articulate      Well-researched      Disjointed      Unprepared      Not Observed

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**II. Situational Performance**

**A. Medical Emergency**

Quick thinking      Organized      Focused and Calm      Panicked      Hesitant      Cannot Evaluate

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**B. Last minute changes in schedule or patient appointments**

Accepting      Composed      Adaptable      Irritated      Frustrated      Cannot Evaluate

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**C. Attitude on patient of different racial, socioeconomic, religious, sexual orientation, or cultural background**

Respectful      Receptive      Avoidant      Judgmental      Dismissive      Cannot Evaluate


|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**D. Challenging Patients (patients whose behaviors are angry, admiring, cynical, etc.)**

Empathetic      Clear thinking      Appropriate      Avoidant      Confrontational      Cannot Evaluate


How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. 

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**E. Friction with Supervisor, Student, Staff**

Respectful      Professional      Calm composed      Reactive      Antagonistic      Cannot Evaluate

How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. 


| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**III. Medical Expertise**

**A. When taking the clinical history and review of system**

Thorough      Methodical      Confident      Uncertain      Disorganized      Cannot Evaluate


How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. 

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**B. When recognizing abnormal results on a Physical Exam**

Thorough      Competent      Adept      Undiscerning      Uncertain      Cannot Evaluate


How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. 

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**C. When interpreting and analyzing abnormal results on PE, Lab, or Imaging**

Competent      Thorough      Illogical      Dismissive      Uncertain      Cannot Evaluate


How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. 

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**D. When prescribing and dosing of nutritional supplements**

Knowledgeable      Appropriate      Anecdotal      Overuses      Baseless      Cannot Evaluate


How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. 

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**E. When prescribing and dosing of naturopathic remedies**

Knowledgeable      Appropriate      Evidence Based      Overuses      Anecdotal      Cannot Evaluate


How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. 

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**F. When prescribing and dosing of homeopathic remedies**

Knowledgeable      Appropriate      Anecdotal      Overuses      Baseless      Cannot Evaluate

How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. 

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Applicant Name: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**G. When prescribing, formulating, and dosing of botanical formulas**

Knowledgeable     Appropriate     Evidence Based     Overuses     Anecdotal     Cannot Evaluate

How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. **➡**

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**H. Technique, Application, and Use of Hydrotherapy**

Knowledgeable     Appropriate     Anecdotal     Overuses     Baseless     Cannot Evaluate

How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. **➡**

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**I. Technique, Application, and Use of Physical Medicine**

Knowledgeable     Appropriate     Competent     Tentative/Uncertain     Anecdotal     Cannot Evaluate

How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. **➡**

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**J. Technique, Application, and Use of Lifestyle and Diet**

Knowledgeable     Appropriate     Evidence based     Reasonable pt expectations     Anecdotal     Cannot Evaluate

How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. **➡**

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**K. Incorporation of the Principles of Naturopathic Medicine – Philosophy / Treatment / Management**

Knowledgeable     Appropriate     Competent     Not considered     Baseless     Cannot Evaluate

How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. **➡**

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**IV. Additional Information**

**A. If not covered by the previous questions, please list the applicant’s strengths AND/OR weaknesses.**

\_\_\_\_\_  
\_\_\_\_\_

**B. Please add other information about this applicant that you would like us to know.**

\_\_\_\_\_  
\_\_\_\_\_

How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. **➡**

| Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Based on the evaluation that you have indicated above, please select the statement that best applies.

- I **WOULD NOT RECOMMEND** this applicant to your residency program.
- I would recommend this applicant to your residency program, **BUT WITH SOME RESERVATIONS.**
- I **WOULD RECOMMEND** this applicant to your residency program.
- I **WOULD HIGHLY RECOMMEND** this applicant to your residency program.

Printed Name: \_\_\_\_\_ Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

**TO THE APPLICANT** Please complete this section and give it to the person who has agreed to serve as your reference and complete the application Evaluation Form. This form must be submitted together with the other application documents by the required deadline as part of your application packet. This form must be in its unopened, original, sealed envelope with the signature of your reference across the seal to be considered as part of the application packet. It is your sole responsibility, during all phases of the application process, to be apprised of the deadlines and ensure that all necessary forms, documentation and other required elements of the application are submitted to the selection committee on time. **Incomplete packets will not be considered.**

By signing below, you waive the right to view this evaluation form. In the interest of maintaining the strictest standards of confidentiality, forms that are not signed (and any attachments associated with unsigned forms) will be considered incomplete and will not be considered as part of the application.

I, the undersigned, understand this is a confidential evaluation form. I understand neither this form nor any related submissions will be made available to anyone outside Bastyr University, NCNM, or SCNM unless required by legal action. I understand this record will be destroyed one year after my application for residency. I will not ask to review this form or any associated submissions.

Applicant's Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Legal Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**TO THE EVALUATOR:**

- 1. The person named above is applying to Bastyr University or NCNM or SCNM for a clinical residency position. The applicant has listed you as a reference and requested your evaluation be included as part of the information on which the members of selection committee will base their decision. Please respond frankly to the questions and issues on this form and feel free to include or attach any additional pertinent comments. These records will be destroyed one year after the selection process and the applicant will not be allowed to review your submission unless otherwise required by legal action. Evaluations are a critical component in an applicant's application.**
- 2. Due to the sensitive nature of this evaluation and our request for your honest assessment of this individual, the applicant has been apprised that any indication of a breach of the confidential nature of this form, including tampering, will result in immediate and permanent termination of his/her residency application.**
- 3. Once completely filled out, this form may be copied by the Evaluator depending on the number of residency sponsor schools the applicant is applying to (Bastyr University, NCNM, or SCNM). The Evaluator must place each form in a sealed envelope and sign across the sealed front flap for this evaluation to be considered.**
- 4. Please return this form in the sealed and signed envelope to the applicant so that she/he may mail it with together with other required supporting documents.**

**On behalf of the applicant, the Resident Selection Committee would like to thank you for agreeing to serve as a reference and evaluator. Please understand that as a reference you may be contacted to address additional questions or concerns if necessary. In order to facilitate this process, we ask that you provide the selection committee with the necessary contact information.**

Evaluator's relationship with the applicant (please check only one condition that applies):

- Clinical Supervising Physician (Clinical faculty member that has directly worked with the student in the clinical setting)
- Clinical Faculty Member (Member of clinical faculty, but have only worked with the student in a didactic or lab setting)
- Clinical Preceptor or Other Medical Professional

I have known the applicant for:

- 1 quarter (3 months)
- 2 quarters (6 months)
- 3 quarters (9 months)
- 4 quarters (12 months)
- >4 quarters (>12 months)

By signing below, you certify that all information contained on this form and any associated submissions are true to the best of your knowledge.

Evaluator's Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

Evaluator's Legal Name \_\_\_\_\_

Evaluator's Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_ Best Time to Call \_\_\_\_\_

**TO THE EVALUATOR** Your evaluation is a critical component of the applicant’s application. Please take your time to respond to the categories on this form and feel free to include any additional pertinent comments. Please assess the applicant’s style and skill level in the following categories. Check ALL traits that apply to this applicant and rate accordingly. Feel free to write additional comments.

**I. Communication Skills**

**A. Verbal Style**      Deliberate      Articulate      Direct      Circuitous      Insensitive      Not Observed

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**B. Listening Style**      Thoughtful      Attentive      Empathetic      Oblivious      Distracted      Not Observed

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**C. Writing Style**      Excellent      Good      Satisfactory      Adequate      Poor      Not Observed

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**D. Group Interactions**      Respectful      Motivating      Shows Initiative      Dominating      Needs Prompting      Not Observed

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**E. Case / Clinical Presentation Skills**      Clear & Concise      Articulate      Well-researched      Disjointed      Unprepared      Not Observed

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**II. Situational Performance**

**A. Medical Emergency**  
Quick thinking      Organized      Focused and Calm      Panicked      Hesitant      Cannot Evaluate

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**B. Last minute changes in schedule or patient appointments**  
Accepting      Composed      Adaptable      Irritated      Frustrated      Cannot Evaluate

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_


**C. Attitude on patient of different racial, socioeconomic, religious, sexual orientation, or cultural background**  
Respectful      Receptive      Avoidant      Judgmental      Dismissive      Cannot Evaluate

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. ➡ | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**D. Challenging Patients (patients whose behaviors are angry, admiring, cynical, etc.)**


Empathetic      Clear thinking      Appropriate      Avoidant      Confrontational      Cannot Evaluate

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10.  | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**E. Friction with Supervisor, Student, Staff**

Respectful      Professional      Calm composed      Reactive      Antagonistic      Cannot Evaluate


|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10.  | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**III. Medical Expertise**

**A. When taking the clinical history and review of system**


Thorough      Methodical      Confident      Uncertain      Disorganized      Cannot Evaluate

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10.  | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**B. When recognizing abnormal results on a Physical Exam**


Thorough      Competent      Adept      Undiscerning      Uncertain      Cannot Evaluate

|  |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10.  | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|  | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**C. When interpreting and analyzing abnormal results on PE, Lab, or Imaging**


Competent      Thorough      Illogical      Dismissive      Uncertain      Cannot Evaluate

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10.  | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**D. When prescribing and dosing of nutritional supplements**


Knowledgeable      Appropriate      Anecdotal      Overuses      Baseless      Cannot Evaluate

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10.  | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**E. When prescribing and dosing of naturopathic remedies**


Knowledgeable      Appropriate      Evidence Based      Overuses      Anecdotal      Cannot Evaluate

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10.  | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**F. When prescribing and dosing of homeopathic remedies**

Knowledgeable      Appropriate      Anecdotal      Overuses      Baseless      Cannot Evaluate

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10.  | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**G. When prescribing, formulating, and dosing of botanical formulas**

Knowledgeable     Appropriate     Evidence Based     Overuses     Anecdotal     Cannot Evaluate

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**H. Technique, Application, and Use of Hydrotherapy**

Knowledgeable     Appropriate     Anecdotal     Overuses     Baseless     Cannot Evaluate

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**I. Technique, Application, and Use of Physical Medicine**

Knowledgeable     Appropriate     Competent     Tentative/Uncertain     Anecdotal     Cannot Evaluate

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**J. Technique, Application, and Use of Lifestyle and Diet**

Knowledgeable     Appropriate     Evidence based     Reasonable pt expectations     Anecdotal     Cannot Evaluate

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**K. Incorporation of the Principles of Naturopathic Medicine – Philosophy / Treatment / Management**

Knowledgeable     Appropriate     Competent     Not considered     Baseless     Cannot Evaluate

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Additional Comments: \_\_\_\_\_

**IV. Additional Information**

**A. If not covered by the previous questions, please list the applicant’s strengths AND/OR weaknesses.**

\_\_\_\_\_  
\_\_\_\_\_

**B. Please add other information about this applicant that you would like us to know.**

\_\_\_\_\_  
\_\_\_\_\_

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| How would you rate this applicant in this category? On a 1-10 scale, with an average student being a 5 and someone with exceptional skill being a 10. | Please shade or encircle the appropriate number |   |   |   |   |   |   |   |   |   |
|   | 10  | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Based on the evaluation that you have indicated above, please select the statement that best applies.

- I **WOULD NOT RECOMMEND** this applicant to your residency program.
- I would recommend this applicant to your residency program, **BUT WITH SOME RESERVATIONS.**
- I **WOULD RECOMMEND** this applicant to your residency program.
- I **WOULD HIGHLY RECOMMEND** this applicant to your residency program.

Printed Name: \_\_\_\_\_ Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_