



UNIVERSAL APPLICATION

FOR

CNME- APPROVED

NATUROPATHIC

RESIDENCIES

2012 – 2013 Application

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 2012-2013 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 intent to be licensed in.** For example, in the State of Arizona, licensure requires the "Add-On Examinations" of Homeopathy, Acupuncture, and Minor Surgery on or prior to the summer of 2012. Failure to pass all board examinations, including the "Add-On Examinations" of Homeopathy, Acupuncture, and Minor Surgery – 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 we recommend 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, 2012**. **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.3-5). 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 and program sites shall submit their preferences based on a Residency Preference List (RPL). 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 a RPL to the NPGA Match Administrator via e-mail (see enclosed form) 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 RPL 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.

One day prior to "NPGA 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 **April 21, 2012**. Formal letters (to both matched and unmatched applicants) will be mailed on **April 23, 2012**. 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

- II. Application for National College of Natural Medicine and affiliate residencies, please mail to the following:
 Melanie Henriksen, ND, LAc, CNM
 National College of Natural Medicine
 049 SW Porter
 Portland, OR 97201
For inquiries, please call: 503-552-1848 or email: residency@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

TIMELINE FOR THE APPLICATION PROCESS

Deadline for First Year Residency Application: **January 13, 2012**
 Deadline for First Year Residency Preference List: **April 12, 2012**
 Deadline for Second & Third Year Residency application: **April 30, 2012**

Programs will begin accepting applications on **Thursday December 1, 2011**. The application process for residencies associated with the sponsor institutions involves several steps as outlined below. **Please read this section carefully.**

The following is a projected calendar overview of the application process.	
November 1, 2011	Universal Residency Application available to students and all participating CNME Residency Sponsor Institutions. Please see college websites: www.bastyr.edu , www.ncnm.edu , www.scnm.edu
December 1, 2011	Residency Sponsor Institutions begin accepting applications
January 13, 2012	Applications for First Year Residency positions due by 5:00PM Pacific Standard Time
January 20, 2012	Written notification to applicants confirming eligibility and providing instructions for interview process at all participating sites are mailed
February 10, 2012	Start of the Interview period for first-year residency positions. Please anticipate that interviews may be scheduled by a site at anytime during this period.
April 8, 2012	End of the Interview period. All interviews to be completed for all sites.
April 12, 2012	Residency Preference Lists form for Sites and Applicants are due via e-mail by 5:00pm Pacific Standard Time
April 19, 2012	Applicants receive their confidential match identification number from the NPGA Match Administrator.
April 21, 2012	NPGA Residency Matching Committee convenes
April 22, 2012	NPGA Match Day! Student matches available on NPGA website by 5:00 pm Pacific Standard Time. Site administrators will be contacted via e-mail by Sponsor School Program Administrators.
April 23, 2012	Formal letters mailed to students confirming selection with "statement of intent" or denial
May 4, 2012	Signed Statement of Intent must be post-marked by this date.
May 7, 2012	If applicable- Letters sent to all unmatched applicants informing them of unmatched or newly developed sites, as well as the application process for those sites
April 30, 2012	Applications for Second/Third Year Residency Positions due by 5:00PM Pacific Standard Time
May 11, 2012	Interview dates for Second/Third Year Residency Positions (To be announced)

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-ITI-AANP residency 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 Residency Preference List to NPGA Match Administrator. *(*Please refer to the NPGA website before submitting your RPL for payment instructions.)*
- Résumé.** Please refer to the enclosed résumé template
- 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.
- A release of records document.**
- 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. **You must have a clinical supervisor as one reference, a clinical supervisor or clinical faculty (someone who teaches in the clinic and but has not supervised you personally) as your second reference, and either a clinical supervisor or faculty, clinical preceptor, or medical professional as a third.** 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 (In descending order of preference)	CANDIDATE	Selection based on Candidate RPL (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: 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

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: 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

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: 1 , 3 , 2 , 6	Candidate 1	Sites: A , C , D , B
Site B	Candidates: 4 , 2 , 4 , 3 , 5	Candidate 2	Sites: A , B , C
Site C	Candidates: 2 , 4 , 6 , 4	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 , 4	Candidate 5	Sites: E, A
		Candidate 6	Sites: A , E, D, C , B

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: 1 , 3 , 2 , 6	Candidate 1	Sites: A , C , D , B
Site B	Candidates: 4 , 2 , 4 , 3 , 5	Candidate 2	Sites: A , B , C
Site C	Candidates: 2 , 4 , 6 , 4	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 , 4	Candidate 5	Sites: E, A
		Candidate 6	Sites: A , E , D , C , B

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: 1 , 3 , 2 , 6	Candidate 1	Sites: A , C , D , B
Site B	Candidates: 4 , 2 , 4 , 3 , 5	Candidate 2	Sites: A , B , C
Site C	Candidates: 2 , 4 , 6 , 4	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 , 4	Candidate 5	Sites: E, A
		Candidate 6	Sites: A , E , D , C , B

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.

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:** Being an effective clinical resident requires possessing not only professional leadership skills but also the ability to work well within a team.
 - a) How do you envision integrating these two seemingly different qualities in your role as a resident?
 - b) Please cite an example from your own experience wherein you achieved doing this.

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, 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.

 - c. If you are applying for Dr. Guggenheim's site please answer the following question: Working with rheumatology patients often involves polypharmacy. Why does this experience appeal to you and what is your approach to prescribing pharmaceuticals?

- 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?

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

Please answer all both of the following 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

Kindly list all applicable items in the categories of publication, scholarly work, licenses, awards professional memberships, and spoken languages.

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 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 _____ Date of Birth _____ Sex F M
Last First Middle Initial Month/Day/Year

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 (Please check the appropriate box)	Name of Evaluator	Credentials	Phone Number (Include area code)
<input type="checkbox"/> Clinical Supervisor	1)		
<input type="checkbox"/> Clinical Supervisor <input type="checkbox"/> Clinical Faculty	2)		
<input type="checkbox"/> Clinical Supervisor <input type="checkbox"/> Clinical Faculty <input type="checkbox"/> Clinical Preceptor <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 sponsored through your alma mater you may sign this release of records instead of providing a transcript from that institution (i.e. NCNM grads do not need to supply the NCNM Residency Dept with an NCNM transcript).

By signing below, I hereby give my expressed permission to the sponsor institution 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 "How the NPGA Matching Algorithm Works" 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

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> <input type="checkbox"/> First Year Residency <ul style="list-style-type: none"> Seattle WA Six (6) Full-time positions Start date: September 2012 Out-patient General Medicine Director: Gary Garcia, MD, MHA 	<p>ITI-AANP STAIR Residency Program</p> <input type="checkbox"/> Natural Medicine Plus & Urgent Care Plus, Helena MT <ul style="list-style-type: none"> Naturopathic & Integrative Gen Med One (1) Full-time one-year position Start Date: October 2012 Urgent Primary Care No Application Fee For more information visit www.stair.integrativeinc.com 	<input type="checkbox"/> Center for Cancer Care, Goshen IN Indiana University Health <ul style="list-style-type: none"> One (1) Full-time, two-year position Start date: October 2012 Naturopathic Oncology Out-patient & In-patient rotations Director: Marcia Pregeluber, ND 	<input type="checkbox"/> San Francisco Natural Medicine Clinic, San Francisco, CA <ul style="list-style-type: none"> One (1) Full-time, one-year position Start date: January 2013 Dual ND-AOM residency Private Clinic Director: Carl Hangee-Bauer, ND
<p>Bastyr Center for Natural Health</p> <input type="checkbox"/> Second Year Residency <ul style="list-style-type: none"> Seattle WA Two (2) Full-time positions Start date: September 2012 Out-patient General Medicine Director: Gary Garcia, MD, MHA 	<p>ITI-AANP STAIR Residency Program</p> <input type="checkbox"/> A Woman's Time & NW Rehabilitation Portland OR <ul style="list-style-type: none"> Naturopathic & Integrative Gen Med One (1) Full-time one-year position Start Date: October 2012 Women's Health & Rheumatology No Application Fee For more information visit www.stair.integrativeinc.com 	<input type="checkbox"/> Cancer Care Partners, Mishawaka, IN Indiana University Health <ul style="list-style-type: none"> One (1) Full-time, two-year position Start date: October 2012 Naturopathic Oncology Out-patient & In-patient rotations Director: Marcia Pregeluber, ND 	<input type="checkbox"/> Yellowstone Naturopathic Clinic Billings, MT <ul style="list-style-type: none"> One (1) Full-time, 2-year position Start date: October 2012 Naturopathic General Medicine Private Clinic Director: Margaret Beeson, ND
<p>Bastyr Center for Natural Health</p> <input type="checkbox"/> Chief Resident of Naturopathic Medicine <ul style="list-style-type: none"> Seattle WA One (1) Full-time position Start date: September 2012 Out-patient Evidence Based General Medicine Director: Gary Garcia, MD, MHA 	<input type="checkbox"/> Cascade Natural Medicine, Kirkland WA <ul style="list-style-type: none"> One (1) Full-time, one-year position Start date: October 2012 Naturopathic Pediatrics Private Clinic Director: Candace Aasan, ND 	<input type="checkbox"/> Cancer Treatment Centers of America at Eastern Regional Medical Center, Philadelphia, PA <ul style="list-style-type: none"> One (1) Full-time, two-year position Start date: November 2012 Naturopathic Oncology Out-patient & In-patient rotations Director: Aminah Keats, ND 	<p>A. Please indicate below if you would like to be included for other future residency training offerings should any be available for the 2012-2013 program year.</p> <input type="checkbox"/> Yes , please make my application and supporting documents available if a new program offering arises.
<input type="checkbox"/> Ayurvedic and Natural Medicine Clinic, Bellevue, WA <ul style="list-style-type: none"> One (1) Full-time, one-year position Start date: October 2012 Naturopathic & Ayurvedic Medicine Private Clinic Director: Virinder Sodhi, ND 	<input type="checkbox"/> Holistic Health Clinic, Tacoma WA <ul style="list-style-type: none"> One (1) Full-time, one-year position Start date: October 2012 Naturopathic General Medicine Private Clinic Director: Owen Miller, ND 	<input type="checkbox"/> Cancer Treatment Centers of America at Midwestern Regional Medical Center, Zion, IL <ul style="list-style-type: none"> One (1) Full-time, two-year position Start date: November 2012 Naturopathic Oncology Out-patient & In-patient rotations Director: Kristin Stiles-Green, ND 	<input type="checkbox"/> No , do not make my application and supporting documents available to other new program offerings.
<input type="checkbox"/> Emerald City Clinic, Seattle, WA <ul style="list-style-type: none"> One (1) Full-time, two-year position Start date: October 2011 Naturopathic General Medicine Private Clinic Director: Molly Linton, ND 	<input type="checkbox"/> Natural Family Medicine, Seattle WA <ul style="list-style-type: none"> One (1) Full-time, one-year position Start date: October 2012 Naturopathic Pediatric residency Private Clinic Director: Tamara Cullen, ND 	<input type="checkbox"/> Cancer Treatment Centers of America at Southwestern Regional Medical Center, Tulsa, OK <ul style="list-style-type: none"> One (1) Full-time, two-year position Start date: November 2012 Naturopathic Oncology Out-patient & In-patient rotations Director: Katherine Anderson, ND 	<p>B. I received a recent announcement concerning a new Bastyr-affiliate program not previously listed site on this preference sheet.</p> <input type="checkbox"/> Please send my application and supporting documents to: _____

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 _____

2012-2013 List of Available Residency Sites

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.

- Southwest College of Naturopathic Medicine**
 Five (5) Full-time, One Year Position
 Start date: Sept 2011
 General Practice
 Jessica Mitchell, ND
 Tempe, Arizona

Distant Site First Year Residency Opportunities

- | | |
|---|--|
| <p><input type="checkbox"/> Alaska Center for Natural Medicine
 One (1) Full-time, One Year Position
 Start Date: October 2012
 General Medicine Practice
 Scott Luper, ND,
 Fairbanks, Alaska</p> | <p><input type="checkbox"/> Centro de Salud Familiar
 One (1), Full-time Two Year Position
 Start date: October 2012
 General Practice/Urgent Care Medicine
 Sam Walker, ND, and Cathy Walker, ND
 Phoenix, Arizona</p> |
|---|--|

** 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.*

SCNM's Selective Second Year Residency Applications will not be available until April 2012. These include Pediatrics, Environmental Medicine and Homeopathy Positions. Positions are contingent on funding. Please check on the SCNM website for updates.

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
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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
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**NATUROPATHIC POST-GRADUATE ASSOCIATION MATCHING PROGRAM
RESIDENT PREFERENCE LIST (RPL)
SUPPLEMENTAL FORM**

Instructions:

1. You may submit as many supplemental pages to you deem appropriate and necessary. 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 listed with a No. 1 preference 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. You may submit an additional list by submitting the additional supplemental page(s).
2. Please review the "Naturopathic Post-Graduate Association Matching Program (NPMP)" document thoroughly. For any questions regarding the process, please contact the residency program administrator for the school to which you have applied.
3. Once you have completed your list, submit your RPL to the NPMP Match Administrator by April 12, 2012, 5:00 PDT at npgamatch@gmail.com
4. Please make sure that you mark the boxes for the "Matching Process Verification" and "Matching Process Agreement" below.
5. Use the **Tab Key** or **Arrow Keys** to move from one field to the next. **Do not use the Enter Key.**

<i>Preference</i>	<i>Clinic Name/Site Name</i>	<i>City</i>	<i>State</i>	<i>Site Program Director</i>

Matching Process Verification:

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.

First Name
Last Name
MI
Date

Matching Process Agreement:

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.

First Name
Last Name
MI
Date

EVALUATION FORMS

EVALUATION FORM

Page 1 of 4

Applicant Name: _____

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:

- 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.**
- 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.**
- 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.**
- 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
 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 _____

EVALUATION FORM

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
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. Aural Style (Listening)

- Thoughtful
 Attentive
 Empathetic
 Oblivious
 Distracted
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

C. Written Communication

- Excellent
 Good
 Satisfactory
 Adequate
 Poor
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. Group Interactions

- Passionate
 Motivating
 Shows Initiative
 Dominating
 Needs Prompting
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. Case / Clinical Presentation Skills

- Clear and Concise
 Articulate
 Well-researched
 Disjointed
 Unprepared
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

EVALUATION FORM

Applicant Name: _____

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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. Friction with Supervisor, Student, Staff

- Communicative
 Professional
 Calm composed
 Reactive
 Antagonistic
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. When prescribing and dosing of naturopathic remedies

- Knowledgeable
 Appropriate
 Anecdotal
 Overuses
 Baseless
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

EVALUATION FORM

Applicant Name: _____

F. When prescribing and dosing of homeopathic remedies

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

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

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

I. Technique, Application, and Use of Physical Medicine

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

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

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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 Overuses Baseless Cannot Evaluate

How would you rate this applicant overall? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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 overall? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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

Applicant Name: _____

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
 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 _____

EVALUATION FORM

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.

II. Communication Skills

A. Verbal Style

- Deliberate
 Articulate
 Direct
 Circuitous
 Insensitive
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. Aural Style (Listening)

- Thoughtful
 Attentive
 Empathetic
 Oblivious
 Distracted
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

CI. Written Communication

- Excellent
 Good
 Satisfactory
 Adequate
 Poor
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. Group Interactions

- Passionate
 Motivating
 Shows Initiative
 Dominating
 Needs Prompting
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. Case / Clinical Presentation Skills

- Clear and Concise
 Articulate
 Well-researched
 Disjointed
 Unprepared
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

EVALUATION FORM

Applicant Name: _____

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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. Friction with Supervisor, Student, Staff

- Communicative
 Professional
 Calm composed
 Reactive
 Antagonistic
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. When prescribing and dosing of naturopathic remedies

- Knowledgeable
 Appropriate
 Anecdotal
 Overuses
 Baseless
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

EVALUATION FORM

Applicant Name: _____

F. When prescribing and dosing of homeopathic remedies

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

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

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

I. Technique, Application, and Use of Physical Medicine

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

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

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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 Overuses Baseless Cannot Evaluate

How would you rate this applicant overall? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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 overall? (Please shade the appropriate number) ➔	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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

Applicant Name: _____

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.**

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Applicant's Legal Signature _____ Date _____

Applicant's Legal Name _____

Applicant's Address _____

City/State/Zip _____ Phone _____

TO THE EVALUATOR:

- 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.**
- 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.**
- 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.**
- 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
 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 _____

EVALUATION FORM

Page 2 of 4

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.

III. Communication Skills

A. Verbal Style

- Deliberate
 Articulate
 Direct
 Circuitous
 Insensitive
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

B. Aural Style (Listening)

- Thoughtful
 Attentive
 Empathetic
 Oblivious
 Distracted
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

A. Written Communication

- Excellent
 Good
 Satisfactory
 Adequate
 Poor
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

D. Group Interactions

- Passionate
 Motivating
 Shows Initiative
 Dominating
 Needs Prompting
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. Case / Clinical Presentation Skills

- Clear and Concise
 Articulate
 Well-researched
 Disjointed
 Unprepared
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

EVALUATION FORM

Applicant Name: _____

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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. Friction with Supervisor, Student, Staff

- Communicative
 Professional
 Calm composed
 Reactive
 Antagonistic
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

E. When prescribing and dosing of naturopathic remedies

- Knowledgeable
 Appropriate
 Anecdotal
 Overuses
 Baseless
 Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number)	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

EVALUATION FORM

Applicant Name: _____

F. When prescribing and dosing of homeopathic remedies

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

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

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

I. Technique, Application, and Use of Physical Medicine

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	10	9	8	7	6	5	4	3	2	1

Additional Comments: _____

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

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate

How would you rate this applicant in this category? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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 Overuses Baseless Cannot Evaluate

How would you rate this applicant overall? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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 overall? (Please shade the appropriate number) →	Top 10%			Top 11%-25%			Top 26%-50%			<50%
	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: _____