



**WORLD ORGANIZATION OF NATURAL MEDICINE
MEMBERSHIP APPLICATION**

Name: _____

Address: _____

Postal code/Zip code: _____ Country: _____

Phone number: _____ Fax number: _____

Email address: _____

REGISTRATION CRITERIA

Doctor of Missionary Medicine(DMM)

This level is reserved for qualified physicians and surgeons who perform serviceable and charitable acts of emergency and relief assistance to disaster zones. Must provide evidence of medical training and licensed and in addition be familiar with some aspects of traditional natural medicine health care.

DOCTOR OF HUMANITARIAN SERVICE(DHS)

Doctors at this level deliver traditional and natural medicine health care geared towards the poor through clinics for humanity program world wide

Naturally oriented medical doctor (MD), chiropractor (DC), Medical Osteopath (DO), Dentist (DDS), Homeopath (HD), Naturopath (ND/NMD) and traditional Nature's Medicine Doctor(DNM), (DNM must provide evidence of 4,000 clock hours of formal training including basic medical sciences. individuals without formal training in medical sciences must register as PHS).

Allopathic trained doctors are required to obtained additional training of at least 100 clock hours in one of the following areas of natural medicine;

- Botanical Medicine
- Homeopathic Preparations
- Biological Medicine
- Indigenous Medicine
- Traditional eclectic medicine

PRACTITIONER OF HUMANATARIAN SERVICE (PMS)

Para medical practitioners and must provide evidence of 2,000 clock hours of medical/paramedical training and clinical experience.

This category of registrants are required to participate in Clinics for Humanity and work in collaboration with Doctors of Humanitarian Medicine

- Nurse (must receive additional training in at least one aspect of natural medicine therapeutics)
- Massage therapist (must receive medical missionary or wilderness medicine training
- Nutritionist and, Naturotherapy practitioner (must receive training in missionary medicine or wilderness medicine) and other Para medical practitioners.

Natural Medicine trained professionals are required to obtain additional training in at least one of the following areas;

- Wilderness medicine
- Emergency Medicine
- Missionary Medicine
- Well drilling & Water filtration

WONM registry approves and provides referral to educational institutions and programs to upgrade practitioners, in order to meet the requirements for registration and continued competency in humanitarian medicine.

FORMAL EDUCATION:

INSTRUCTIONS: STATE YOUR HIGHEST LEVEL OF EDUCATION OBTAINED, YEAR OF GRADUATION, AND HOURS OF STUDY.

Please enclose verified photocopies of all relevant Certificates, Diplomas, Transcripts, and Curriculum Vitae.

Transcripts must be obtained directly from graduating institution; or notarized copy of official transcripts. The registrar retains the right to reject unsupported documents.

SUPPLEMENTAL EDUCATION:

Clock hour conversion: *Since we process applications from all over the world in many languages, we adopted the clock hour system as internationally and generally acceptable. Use the table on this form to tabulate educational hours earned. Number of semester and quarter hours of academic credit are expressed in 60 minute clock hours and not 50 minutes class hours. It includes both classroom time and homework time. One semester hour is typically defined as one 50 minute class meeting a week for 15 weeks (includes exam week) plus completing assigned homework, projects, etc. for example ;if you graduated with a 3 hour course in Biology as part of a Bachelor's degree, you may note on your transcript 95 clock hours.*

Instructions: *We accept only courses that are relevant to the Health Field. Whether your undergraduate degree was in the health sciences or otherwise, you may include only semester or quarter hours as part of this application. For example, if you graduated with 120 semester hours, but only claim 21 hours you may mark the equivalent of 651 (21 x 31) clock hours equivalent.*

Make a photocopy of your transcript(s). Highlight in yellow or underline only those courses that have relevance to the health field, e.g. biology, chemistry, microbiology, public health, nursing, Etc. Mark in the right hand column the clock hour equivalent. At the bottom of the transcript copy, mark down the total number of hours applicable to this application and mark below as part of your formal application.

NAME OF INSTITUTION, COLLEGE, UNIVERSITY YEAR OF GRADUATION HOURS

(__Qtr./__Sem./__Clock)__ Notarized Transcript Attached

(__Qtr./__Sem./__Clock)__ Notarized Transcript Attached

(__Qtr./__Sem./__Clock)__Notarized Transcript Attached

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(__Qtr./ __Sem./ __Clock) __Notarized Transcript Attached

TOTAL ACADEMIC HOURS _____

POST GRADUATE/PROFESSIONAL/SUPPLEMENTARY EDUCATION

This part of the application considers post-graduate education obtained by CEU's, Seminars, Workshops, etc.

You should be aware that CEU's, by nature, are different than college credits. The CEU (Continuing Education Unit) is granted for professional and continuing education seminars and workshops, with the general standard that one CEU equals ten hours of "contact time." Partial CEU's are frowned upon, although it is not uncommon to see, say, 1.5 CEU's granted for a 15-hour course or seminar. The CEU is not, nor is it intended to be, used as college credit.

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NAME OF INSTITUTION, COLLEGE, UNIVERSITY DATE OF EVENT CLOCK HOURS

• _____
Type of Study, Health Related Function _____

• _____
Type of Study, Health Related Function _____

• _____
Type of Study, Health Related Function _____

TOTAL CONTACT HOURS _____

List other organizations you are a member of:

*Doctor Registration fee is \$300.00USD renewal is \$150.00USD (donation annually)
Practitioner Registration fee \$200.00USD renewal is \$100.00USD (donation annually)
Registration fee is considered as a yearly donation for advancing WONM's humanitarian medicine programs*

AGREEMENT

Please read the following statements, sign and date at the bottom and submit this form along with certified photocopies of your Certificates, Diplomas and/ or Curriculum Vitae

- I have successfully completed the course of instruction as indicated on the enclosed documentation.*
- I understand the registration as a doctor of missionary/humanitarian medicine or practitioner of humanitarian service designation is not an academic degree, it is to validate my educational standing and suitability to participate in WONM humanitarian medicine project. It must be renewed annually to validate my position on its registry.*
- I certify that the above information is correct to the best of my knowledge.*
- I the undersigned respectfully request to be admitted into membership with the WONM registry department, and fully concur with its mandate of humanitarian medicine*

DATE OF APPLICATION

SIGNATURE

FOR OFFICE USE ONLY (Do not write below this line)

Dated: _____, 20____ *(Signed),* _____

Recommended by: _____

Approved by registrar or authorized officer: _____

Please forward completed application and accompanying documentation to:

*WONM-NORTH AMERICAN OFFICE
2813 Victoria Park Avenue
Scarborough, Ontario M1W 1A1 Canada
Tel/Fax: 416 492 6725 Email registrar@wonm.org*