

2018 Naturopathic Oncology Residency Toolkit



Introduction

Naturopathic physicians have a long history of serving people with cancer alongside medical and radiation oncologists, surgeons and other specialty providers. Although the naturopathic doctor has historically been a multimodal generalist, as with so many other medical disciplines, it is becoming more commonplace for today's naturopathic provider to become specialized in a specific area, including oncology. We now see numerous naturopathic physicians in Canada, the United States, and elsewhere who focus their practice entirely on integrative cancer care.

Given the vast collection of individual and disparate diseases that the term "cancer" encompasses, and with the increasingly complex treatment modalities involved, it is clear that it takes a specialist who dedicates their professional career to the field in order to safely and effectively treat the patient with cancer.

Recognizing the benefit to patient outcomes by incorporating the tools and service of naturopathic physicians, Cancer Treatment Centers of America (CTCA) began employing such professionals in the late 1980s. Recognizing the need for in depth training in this quickly evolving specialty of integrative oncology, in 1998 CTCA welcomed their first naturopathic resident. For the subsequent nearly two decades this organization has largely led the way in naturopathic oncology. In fact, a very large number of the now board certified naturopathic oncologists either completed a Cancer Treatment Centers of America residency or developed a substantive amount of their expertise while on staff at one of the many CTCA hospital sites.

To date, there have been a relatively small number of private practice and even fewer non-CTCA related hospital affiliated oncology residency programs and positions available. Unfortunately, Cancer Treatment Centers of America ended their residency training program in 2016. This has quickly created a significant deficit in the training opportunities available and a large need for the development of private practice naturopathic oncology residency sites.

Recognizing the impending void in the profession, a number of individuals and professional entities that have been considerably involved with naturopathic oncology residency programs joined efforts in early 2017 to form the OncANP Residency Committee. This group's initial goal has been to gather and collate what resources currently exist and make them more easily available to new and near-new residency programs. Although much of the materials are administrative in nature, the recently developed ABNO Core Curriculum is a welcome guide for the didactic portion of the resident's training, which is also included in the Tool Kit that follows. The OncANP Residency Committee anticipates that this newly developed Residency Program Tool Kit will encourage those would-be, yet so far hesitant, future residency directors to initiate their own private practice-based training program to proceed with greater haste and confidence. Furthermore, the committee is hopeful that these efforts may plant a seed of curiosity and inspiration for those who may not have been considering what might have been previously considered a daunting, if not impossible feat.

In addition to centralizing these numerous resources, eliminating unnecessary redundant work and creating a nearly turn-key programmatic resource, as much as possible for a dynamic training program, a number of additional goals have been identified and achieved in the process. The committee's efforts have not only improved information sharing between past and currently active naturopathic oncology residency programs, but also a new level of collaboration, inspiration and innovation is being experienced among veteran and novice residency directors alike.

Although it was not the initial intention of the committee, it has become apparent that a new standard for specialty oncology residency programs within the naturopathic profession is developing with these efforts. Ultimately, it is our hope and expectation that this Tool Kit will increase residency opportunities for new graduates within an increasingly consistent and standardized framework.

It is understood that the primary barriers to starting and maintaining a private practice-based residency program are funding and administrative support. This tool kit is meant to include nearly everything administratively necessary to start the residency program from initial conception through completion. Although it is meant to be all-inclusive, it is also meant to be a flexible, dynamic and working document that will be revised as needed to remain current.

Unfortunately, this resource does not contain the necessary funding. Nonetheless, this is a topic that is briefly addressed. It also does not provide the personal inspiration, perseverance, grit, and fortitude that must be provided by both the residency director and the new resident.

In addition to creating new naturopathic oncology residency and practice opportunities, we anticipate that this resource will improve the standard of naturopathic oncology practice as a whole. It will also set the stage for the next iteration, professional advancement, continued generation of the specialty: expanding research, collaboration, and ultimately patient outcomes.

On behalf of the OncANP Board of Directors, the Residency Program Committee, and board certified naturopathic oncologists everywhere, we wish you continued success.

Yours sincerely,

Gurdev Parmar, ND, FABNO
Chair – Residency Committee, Oncology Association of Naturopathic Physicians
Integrated Health Clinic – Ft. Langley, B.C.

Michael Traub ND, DHANP, FABNO
Hawai'i Integrative Oncology – Kailua Kona, HI

Chad Aschtgen, ND, FABNO
Seattle Integrative Oncology – Seattle, WA

Naturopathic Oncology Residency Map (NORM)

An Enhanced Table of Contents

1. Initiation or Pre-Planning Phase 18-24 Months Prior to Start Date

- a. This is the general inquiry phase, which if you are here reading this document for the first time, chances are you've already begun!
- b. It is necessary to understand that a naturopathic oncology residency will have the following features:
 - i. A two-year, full-time position.
 - ii. CNME accredited.
 - iii. Naturopathic university or college affiliated.
 - iv. Upon successful completion, the resident physician becomes eligible to apply for the ABNO examination to achieve board certification (FABNO).
- c. Review the ***Naturopathic Oncology Residency Poster*** (Appendix A)
- d. Review the ***OncANP Principles of Care*** (Appendix B)
- e. For the viability of a naturopathic oncology residency, it must be financially sustainable, fiscally neutral at the very least. The private practice clinic must be able to generate increased income from the resident's provision of health care services, increased clinic and/or attending physician efficiency, added research funding, and/or reduced operating costs elsewhere in the clinic.
- f. Begin allocating or saving a small portion of funds toward the residency program and salary expense. For example put \$1,000/ month into a dedicated savings or payroll account.

2. Visioning the Program Development Phase 18 Months Prior to Start Date

- a. Identify and evaluate risk and benefits of residency program to your private practice.
- b. Conduct a readiness evaluation for your practice.
- c. Consider increasing your practice efficiencies; including electronic health records and practice management software, simplified payroll services, etc.
- d. Identify which academic center to affiliate with, such as Bastyr University, Canadian College of Naturopathic Medicine (CCNM), National University of Natural Medicine (NUNM) or Southwest College of Naturopathic Medicine (SCNM).
- e. Initiate communication with the respective post-graduate training program or residency director liaison at the respective academic center to express your interest and intentions.
- f. Consider communicating with the Naturopathic Research and Education Consortium (NERC) to request a portion of funding.
- g. Consider designing a research project for the resident to carry out that could be funded by a public or private entity, to defray the cost of the resident's salary and other expenses.

3. Planning Phase

12 Months Prior to Start Date

- a. Review the *CNME Handbook for Naturopathic Medicine Residency Programs* (Appendix C)
- b. Complete the *Universal Residency Site Application* (Appendix D)
- c. If your practice is operated within another facility, such as a hospital, you may need to develop an operating agreement that applies to the new residency program. See example *Operating Agreement* (Appendix E). See also *Affiliate Site Agreement/Letter of Understanding* (Appendix F).
- d. Familiarize yourself with the residency application, interview and AANMC universal residency match process from the residency candidate's perspective. Review the *ND Residency Application Packet*, which can be found on the university website.
- e. You may also wish to familiarize yourself with the other residency programs that are available each year.
- f. Write a job description; see example *Residency Job Description* (Appendix G). This should be submitted to the affiliate academic representative to be made available to residency candidates at the time of their applications in December/ January.

4. Residency Candidate Selection Phase

9 Months Prior to Start Date

- a. Receive (from the affiliate academic representative) and review candidate applications; see *Residency Applicant Review Matrix* (Appendix H)
- b. Interview applicants in February/ March
- c. Submit match preference to the academic affiliate by early April
- d. Receive match results from the affiliate academic representative in May
- e. Review the *CPNME Guidelines for Resident Employment* (Appendix I)
- f. Negotiate employment contract with the new resident. See example *Residency Employee Agreement* (Appendix J)
- g. Provide the new resident with any pre-start materials and/or expectations

5. Pre-Initiation Phase

3-6 Months Prior to Start Date

- a. Review and edit a Naturopathic Oncology Residency Training Manual for your specific site. See example *Naturopathic Oncology Residency Program Training Manual* (Appendix K)
- b. Develop a *Weekly Schedule* with predictable days for clinic observation and eventual care (~60% or 3d/wk), residency rotations (~10-20% or 1d/wk), direct didactic training (~10% or 4-8 hrs/wk), administrative and practice building responsibilities (~5-10% or 4-8 hrs/wk). Refer again to the *Naturopathic Oncology Residency Poster* (Appendix A).
- c. Develop a flexible *Didactic Format* that will work for your clinic and anticipated program. Refer to *ABNO Core Curriculum* (Appendix L).

6. **Initiate and Manage the Residency Training** – *now the real work begins!* **Start Date**
 - a. Orientation; review the example **Residency Program Orientation** (Appendix M)
 - b. Initiate the *Weekly Schedule* and *Didactic Format* as developed above.
 - c. The following should be updated weekly by the resident and will need to be presented to the affiliate academic representative quarterly:
 - i. **Conference Log** (Appendix N)
 - ii. **RECAP; patient tracking form** (Appendix O)
 - iii. **Preceptor Rotation Log** (Appendix P)

7. **Quarterly Evaluation & Feedback** **3 / 6 / 9 / 12 Months**
 - a. The residency director must complete a quarterly evaluation for the resident; see **Quarterly Resident Evaluation Form** (Appendix Q). The resident will similarly complete a quarterly evaluation for the residency director.
 - b. Schedule a face-to-face meeting to review these evaluations.
 - c. The resident must also conduct a quarterly review, usually by telephone, with the affiliate academic representative having provided the forms in 6.c. above head of time.

8. **Transition into the Second Year of Residency (R2)** **12 Months**
 - a. While also potentially preparing a new first year resident to start, having already gone through many of the steps above concurrently.
 - b. Continue with the quarterly evaluations at months 15, 18 and 21.

9. **Complete the Second Year of Residency** **24 Months**
 - a. Complete a final evaluation; in addition to the quarterly review noted above, see **Preceptor's Evaluation of the Resident** (Appendix R).
 - b. The resident physician will also complete a final evaluation of the program that must be submitted to the affiliate academic representative. Refer to **Remote Site Exit Resident Feedback Form** (Appendix S).
 - c. Resident to apply for ABNO examination.

APPENDIX LIST:

- A. Naturopathic Oncology Residency Poster (Appendix A)
- B. CNME Handbook for Naturopathic Medicine Residency Programs (Appendix B)
- C. Universal Residency Site Application (Appendix C)
- D. Operating Agreement (Appendix D)
- E. Affiliate Site Agreement/Letter of Understanding (Appendix E)
- F. Residency Job Description (Appendix F)
- G. Residency Applicant Review Matrix (Appendix G)
- H. CPNME Guidelines for Resident Employment (Appendix H)
- I. Residency Employee Agreement (Appendix I)
- J. Naturopathic Oncology Residency Program Training Manual (Appendix J)
- K. ABNO Core Curriculum (Appendix K)
- L. Residency Program Orientation (Appendix L)
- M. Conference Log (Appendix M)
- N. RECAP; patient tracking form (Appendix N)
- O. Preceptor Rotation Log (Appendix O)
- P. Quarterly Resident Evaluation Form (Appendix P)
- Q. Preceptor's Evaluation of the Resident (Appendix Q)
- R. Remote Site Exit Resident Feedback Form (Appendix R)

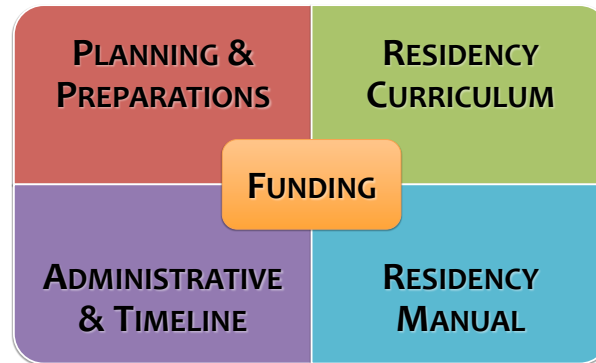
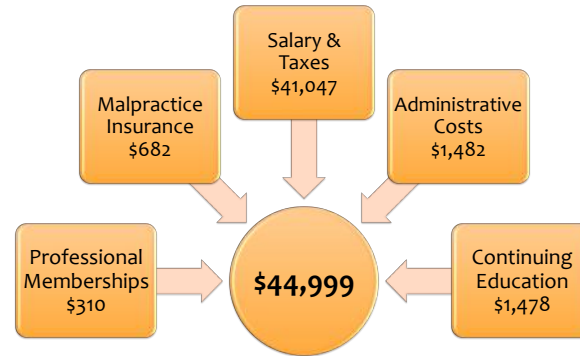
Developing a Naturopathic Oncology Residency

- a private practice, clinic and hospital-based experience

Chad Aschtgen, ND, FABNO & Erica Joseph, ND, LAC

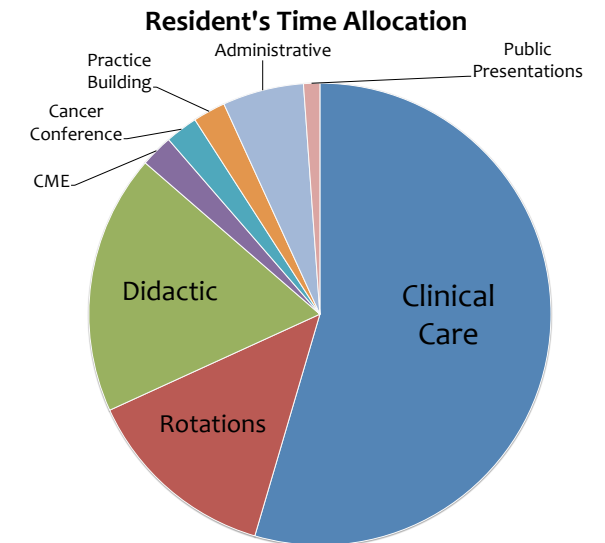
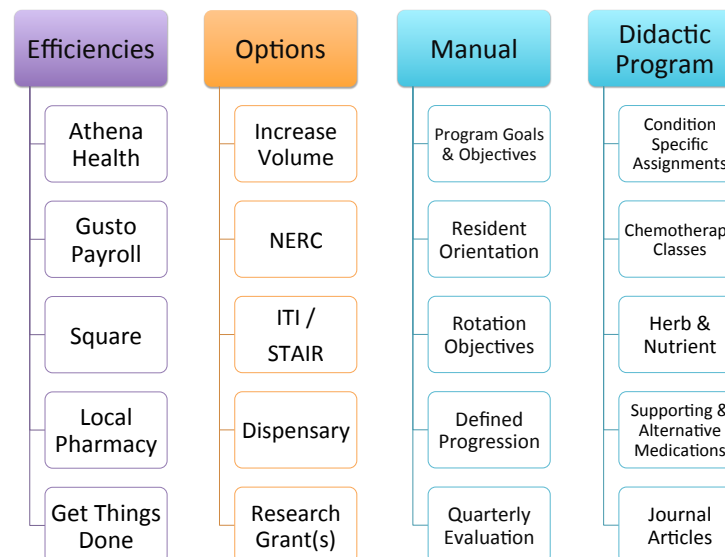


Pre-Planning / Details to Consider
Primary Barriers – Cost (#1) & Resource Support (#2)
\$22,500 – Goal of one-half of annual cost available at start date
\$156.26 – Average collected per patient visit over prior six years
46 – Number of weeks/ year for planning purposes
6.26 – Additional patient visits per week to cover cost of a resident. <small>Total annual cost of \$44,999 ÷ \$156.26/visit ÷ 46 weeks = 6.26 patient visits/week.</small>
35.7% – Actual increase in patient numbers 1 st year; 90% 2 nd year
\$0 – Dollars from dispensary (we do not have a dispensary at SIO)
\$38,539 – Average <u>salary</u> of a Medical Assistant (M.A.)
\$1,490 – Unanticipated coffee & lunch costs for first year
Countless! – Phone calls & emails returned, chart notes faxed, meetings scheduled, presentations given (19), holiday cards sent , etc.
1 – Pathway to Partnership
103 – Current number of board certified physicians (FABNO); 14 in WA
5 – Current number of oncology residencies available (2017/2018)



Residency Curriculum & Format
A two-year program that is majority clinic or hospital-based
Patient care driven with an overwhelmingly oncology caseload
Supervised by at least one primary residency director who is board certified in Naturopathic Oncology (FABNO)
Includes a structured didactic educational component; see the American Board of Naturopathic Oncology (ABNO) Core Curriculum
Provides ABNO exam eligibility
Necessarily includes numerous specialty rotations; Medical oncology, radiation, surgery, urology, GynOnc, etc.
Encourages or mandates CME conference attendance; ASCO, OncANP (\$1,228 yr #1), SIO (\$866 yr #2), etc.
Encourages published research projects; Review article, clinical trial and/or case reports
Requires public presentations by the developing resident
Includes regular and frequent tumor board/cancer conference attendance
Provides an administrative and/or practice management component
Follows the Council on Naturopathic Medical Education (CNME) residency guidelines and is affiliated with a CNME accredited institution

Administrative Timeline
18 Months Prior: Practice evaluation for readiness & funding CNME/ Academic site visit Begin allocating \$1,000/ month into a payroll account
12 Months Prior: Write a site-specific job description Evaluate clinic efficiencies and projects
9 Months Prior: Residency selection process Contact legal to develop an employee contract
6 Months Prior: Select resident & match Review and offer an employee contract
3 Months Prior: Review curriculum (ABNO)
Go Live!
3 Months in: Quarterly review Prepare for the NEXT residency cycle



Contact: Residency@SeattleND.com



HANDBOOK

FOR

NATUROPATHIC MEDICINE

RESIDENCY PROGRAMS

2017 Edition

HANDBOOK
FOR
NATUROPATHIC MEDICINE
RESIDENCY PROGRAMS

2017 Edition



PO Box 178, Great Barrington, MA 01230
Phone (413) 528-8877 ♦ www.cnme.org

2017 Edition. Previous editions were published in 2005 and 2012. CNME reserves the right to make changes to the *Handbook for Naturopathic Medicine Residency Programs* at any time without prior notice.

Please contact the CNME office for any updates.

Any portion of this *Handbook*, or the *Handbook* in its entirety, may be reproduced without permission.

Table of Contents

INTRODUCTION	1
PART ONE: Overview of Naturopathic Education and Licensure	3
Section 1.1: The Education of Naturopathic Physicians	3
Section 1.2: Naturopathic Licensure	4
Section 1.3: Board Certification in a Naturopathic Specialty	5
Section 1.4: CNME Approval of Naturopathic Residency Programs	5
PART TWO: Sponsor Recognition Standards	5
Section 2.1: Commitment to Postdoctoral Medical Education; Scholarly Environment	5
Section 2.2: Letter of Intent	5
Section 2.3: Administrative Oversight	6
Section 2.4: Program Structure	7
Section 2.5: Site-vetting	7
Section 2.6: Affiliation Agreement	7
PART THREE: Residency Program Approval Standards	9
Section 3.1: Program Duration	9
Section 3.2: Program Size	9
Section 3.3: Scope of Training	10
Section 3.4: Identification of Learning Goals	10
Section 3.5: Adequacy of Resource Base	11
Section 3.6: Appointment and Qualifications of the Residency Supervisor	11
Section 3.7: Maintenance of Naturopathic Perspective	11
Section 3.8: Experiential Program	12
Section 3.9: Didactic/Continuing Medical Education (CME) Program	12
Section 3.10: Evaluation	12
Section 3.11: Research and Scholarly Activity	13
Section 3.12: Quality Assurance	14
Section 3.13: Resident Workload and Support	14
Section 3.14: Residency Manual	15
Section 3.15: Resident Rights	16
Section 3.16: Resident Responsibilities	16
Section 3.17: Certificate of Completion	16
PART FOUR: Application Process for Initial CNME Recognition as a Sponsor	17
Section 4.1: Application Submission Process	17
Section 4.2: Application Review Process	17
PART FIVE: Initial Approval Process for Residency Programs	18
Section 5.1: Initial Approval	18

Section 5.2: CNME Right to Intervene	18
Section 5.3: How Changes in Sponsor Recognition Status Affect Residency Approval Status	18
PART SIX: Maintaining CNME Recognition and Approval:	
Updating the Informational Database	19
Section 6.1: Maintaining CNME Recognition and Approval of Affiliated Sites	19
Section 6.2: Recognized Sponsor’s Responsibility for Database Updating	20
Section 6.3: Cooperation of Affiliated Sites	20
Section 6.4: CPNME Annual Review of Database Information on Selected Residency Sites	20
PART SEVEN: Maintaining CNME Recognition and Approval:	
Monitoring and Self-Study Responsibilities	20
Section 7.1: A Recognized Sponsor’s Ongoing Monitoring Responsibility	20
Section 7.2: Periodic Review of Recognized Sponsors by the Council	20
Section 7.3: Onsite Review by Evaluation Team	22
PART EIGHT: CNME Recognition Actions	22
Section 8.1: Determination Process	22
Section 8.2: The Range of Recognition Actions	23
Section 8.3: Withdrawal of CNME Recognition	24
Section 8.4: Deferral of CNME Recognition Action	25
Section 8.5: Substantive Change	25
Section 8.6: Letter of Notification	26
Section 8.7: Notifying Residents and Applicants of Recognition Status	26
Section 8.8: Transferring Approved Residency Sites from One Recognized Sponsor to Another	27
PART NINE: Appeal Procedures	27
Section 9.1: Request for an Appeal	27
Section 9.2: Appeal Hearing	27
Section 9.3: Deciding the Appeal	28
Section 9.4: Costs of the Appeal	29
PART TEN: Fees and Expenses	29
Section 10.1: Application Fee	29
Section 10.2: Evaluation Visit Expenses	29
Section 10.3: Annual Fee	29
PART ELEVEN: Glossary	29

INTRODUCTION

The Council on Naturopathic Medical Education (CNME) was established in 1978 to ensure the high quality of naturopathic medical education in Canada and the U.S. through a voluntary accreditation process. The naturopathic medicine programs recognized by the Council offer four-year, doctoral-level medical training that leads to qualification as a Doctor of Naturopathy (“ND”). Each college or university that offers a CNME-recognized program has a mission that encompasses preparation of students for practice as licensed primary-care naturopathic physicians.

Some of the institutions that offer CNME-recognized ND programs have also opted to offer—either directly or through affiliation—postdoctoral naturopathic medical training programs. In order to ensure consistent quality of postdoctoral naturopathic medical training programs, referred to in this handbook as “naturopathic residency programs” or “residencies,” the Council developed a set of standards for residency programs and a process for recognition of *sponsors* of these programs (note that the term “recognized sponsor,” as used in this handbook, does not imply provision of financial support). The *CNME Naturopathic Residency Handbook* sets forth the standards for residency programs and a review process for sponsors.

A naturopathic residency program is an educational experience, following an individual’s graduation with an ND degree, diploma or other designation, that provides a mentored opportunity for experience and learning in a clinic or other appropriate setting. For such an educational experience to come under the Council’s purview, it must be a minimum of one year in duration. A fundamental objective of any residency program is for the naturopathic physician to increase professional competence, knowledge and skills.

The Council on Naturopathic Medical Education recognizes the central importance of residency programs to the continuing growth and evolution of naturopathic medicine as a healthcare profession. Increasing demand for such programs is presenting a number of challenges for both the Council and the profession’s educational institutions and programs. In response, CNME developed—with input from the naturopathic educational community—a review process and a set of standards for residencies offered by CNME-accredited ND programs, along with a number of related policies and guidelines. Educational institutions and ND programs that meet CNME’s standards are denoted as “*recognized sponsors*” of residencies. CNME-recognized sponsors are authorized to designate individual affiliated residency programs that have been verified to meet or exceed the CNME standards as being “*CNME-approved*.”

CNME’s accreditation process for ND programs is a cooperative activity that includes continuing self-assessment/self-study on the part of each institution, and external review—including site visits—conducted by the CNME. CNME-recognized sponsors are required, under the review process set forth in this handbook, to broaden their self-study process to include monitoring individually approved residency programs for continued compliance with CNME standards. CNME will verify that the recognized sponsor is discharging this obligation by reviewing the sponsor’s analysis of its residency programs

in the self-study report and visiting selected affiliated residency sites during onsite accreditation reviews of the educational program in naturopathic medicine.

The review process is intended to assist institutions in attaining and maintaining excellence in residency education. A residency program's designation as "CNME-approved" serves to inform the public, licensing agencies, residents, and applicants for residencies that a residency program and its sponsoring institution are in compliance with the Council's standards for residencies.

The CNME Board of Directors has delegated to the Committee on Postdoctoral Naturopathic Medical Education (CPNME) the primary responsibility for developing the standards and policies for sponsor recognition and residency site approval, for reviewing institutions seeking initial recognition as a sponsor, and for conducting periodic reviews of recognized sponsors. In the case of revisions to the standards and policies, the CPNME makes recommendations to the Council, which is responsible for approving them. In the case of recognition actions, the CPNME has the authority to make final decisions, and the Council serves as an appeals body in the event that an ND program chooses to appeal an adverse decision.

The CPNME is composed of members of the Board of Directors appointed by the Council's president, including at least one public member. The directors of residency programs offered by recognized sponsors are invited to attend and participate in CPNME meetings and to serve on subcommittees and taskforces that address residency-related issues.

Purpose of Handbook

The *CNME Naturopathic Residency Handbook* sets forth (i) the standards for recognition of sponsors of residency programs, (ii) the standards for approval of residency programs offered under the auspices of a recognized sponsor, (iii) the policies and procedures by which an institution or naturopathic program can become a CNME-recognized sponsor of residency programs, and (iv) the policies and procedures for continued recognition and related matters. While the handbook is primarily intended as a resource for CNME-recognized sponsors, institutions interested in gaining recognition, and directors of individual residency sites, it also provides information pertinent to residents and naturopathic physicians considering entering a residency program, as well as other individuals or institutions interested in understanding the nature of naturopathic residency programs.

CNME recognizes that naturopathic residencies are still in a relatively early stage of development. Many challenges are involved in their further growth and development, including the need to identify and develop appropriate residency sites, to identify and orient faculty who can mentor and guide residents, to further develop program policies, procedures and educational content, and to operate within the budget constraints of a medical field that is still not universally recognized. The satisfactory growth and evolution of postdoctoral naturopathic medical education is vitally important to the

profession and the public it serves, and the CNME contributes to and supports this development through its regulatory process. The CNME considers the standards set forth in this handbook to be consistent with the current stage of development of residencies and sufficient to ensure the fundamental quality of those residency programs that meet the standards. As the field of naturopathic medicine continues to develop and mature, the CNME will periodically review and upgrade these standards to reflect the field's evolution.

In this developmental context, particular attention should be paid to the wording of the residency program standards. For instance, a statement may employ either the word "must" or the word "should." The difference in wording signifies the current importance of the particular standard as a requirement for approval of a residency site. Definitions of the wording used in the standards are as follows:

"Must"; "Shall"; "CNME expects"; "It is expected":

These words or phrases indicate program standards that are considered to be essential or mandatory.

"Should":

This word implies that compliance with the standard is desirable, but not mandatory.

"May or Could":

These words indicate that program has discretion to follow an alternative to the stated requirement.

CNME anticipates that, as residency programs mature, certain "should" statements will become "must" statements in future editions of this handbook.

PART ONE: OVERVIEW OF NATUROPATHIC EDUCATION AND LICENSURE

1.1 The Education of Naturopathic Physicians

Naturopathic medical education in the United States and Canada occurs in four major phases:

Undergraduate Education: The first phase is a student's undergraduate education, including the prerequisite courses for entering a naturopathic medicine program. Each accredited naturopathic medicine program establishes its own prerequisites, with all programs generally recommending a bachelor's degree in a pre-medical field or the natural sciences.

Graduate-Level/Doctoral-Level Medical Education: The second phase of the educational process is the graduate-level naturopathic medical education that leads to qualification as a Doctor of Naturopathy or Doctor of Naturopathic Medicine (ND) degree or diploma. (Note that MD education is usually referred to as "undergraduate" medical education even though it is generally at a post-baccalaureate level.) Ensuring the high quality of naturopathic medical education through the voluntary accreditation of

naturopathic medicine programs is the Council's primary mission. The Council's *Handbook of Accreditation for Naturopathic Medicine Programs* contains the eligibility requirements, accreditation standards, policies and procedures related to the evaluation and accreditation of naturopathic medicine programs.

Postdoctoral Medical Education: The third phase of the educational process consists of optional postdoctoral medical education programs, often also called "graduate medical education programs." This optional training includes residency programs such as those regulated by the CNME that further develop a naturopathic physician's skills to provide primary-care naturopathic medicine, as well as other types of programs designed to develop a naturopathic physician's ability to practice in a specialty area (note that the CNME is not involved with regulating or overseeing naturopathic specialty training programs, though residency training may in some cases focus on the treatment of certain conditions or the use of certain naturopathic modalities). The purpose of such residencies is to provide an organized, supervised educational and training experience for the resident. The training of the resident relies primarily on learning acquired through providing patient care under supervision, and the resident takes on progressively greater responsibility for patient care during the course of the residency. Other forms of postdoctoral medical education include internships, clerkships and fellowships; these types of training programs are not covered under the CNME residency program standards.

Continuing Education: The fourth phase of the educational process consists of the continuing education of naturopathic physicians so they remain current in their field and meet requirements for maintaining licensure. Continuing education programs take many forms, including seminars and workshops, hands-on training, lectures, and distance-learning courses. A number of CNME-accredited ND programs offer continuing education; the CNME considers this to be an important service to the profession, and it has adopted an accreditation standard to ensure the high quality of continuing education offerings. Naturopathic physicians also participate in continuing education programs offered by professional associations and scientific societies.

1.2 Naturopathic Licensure

Licensure is a regulatory process of U.S. state and Canadian provincial governments by virtue of which an individual naturopathic physician is legally permitted to practice naturopathic medicine in a particular state, province, or other jurisdiction. An authorized agency (e.g., a board of naturopathic medical examiners or an agency with a similar name) grants naturopathic licenses and specifies how the licensure status is officially designated (in at least one jurisdiction, licensed practitioners use the designation "NMD"). Naturopathic medicine is not yet universally licensed in either the U.S. or Canada; a current list of licensed jurisdictions can be found at www.naturopathic.org (U.S) and www.cand.ca (Canada).

1.3 Board Certification in a Naturopathic Specialty

Board certification is the process for determining whether an individual naturopathic physician has met established requirements within a particular naturopathic medical specialty. The respective specialty boards (e.g., the Oncology Association of Naturopathic Physicians or “OncANP”) conduct this process. The CNME is not involved in any way with board certification processes.

1.4 CNME Approval of Naturopathic Residency Programs

For a naturopathic residency program to become “*CNME-approved*” it must be affiliated with a qualified sponsoring educational program or institution, which is referred to as a “*CNME-recognized sponsor*.” Only CNME-accredited and candidate programs/institutions are eligible to become a CNME-recognized sponsor. The standards for CNME recognition are set forth in Part Two, “Sponsor Recognition Standards.”

Part Three—“Residency Program Approval Standards”—sets forth the additional standards that an individual residency training program must meet in order for a recognized sponsor to list the residency as “CNME-approved.”

As noted above, the CNME Committee on Postdoctoral Naturopathic Medical Education (CPNME) makes the determination whether an ND program/institution meets the sponsor recognition standards and, based on that determination, grants recognition to the ND program/institution. Once an ND program/institution become a CNME-recognized sponsor of residency programs, the CPNME monitors and evaluates the sponsor’s continuing compliance with all standards. (Note that technically the CNME only accredits ND programs; however, in this handbook the terms recognized institution and recognized ND program are used interchangeably.)

PART TWO: SPONSOR RECOGNITION STANDARDS

To become a CNME-recognized sponsor, a CNME-recognized ND program/institution must demonstrate compliance with the following standards:

2.1 Commitment to Postdoctoral Medical Education; Scholarly Environment

The sponsoring institution must have a published statement of its commitment to postdoctoral medical education that is supported by the institution’s governing authority, administration, and teaching staff, and must exhibit a scholarly environment appropriate for developing, supporting and monitoring the residency programs that are offered under its auspices.

2.2 Letter of Intent

CNME must be provided with a letter of intent declaring the prospective sponsor’s commitment to (i) maintaining compliance with the sponsor recognition standards

(presented in this part), and (ii) assuming responsibility for ensuring that every residency it identifies as “approved” complies with the residency program approval standards set forth in Part Three.

2.3 Administrative Oversight

An organized administrative system must be in place to oversee the residency program(s) sponsored by an institution. An individual must be designated as the “Director of Residency Programs” or a similar title.

The Director of Residency Programs must hold periodic meetings (at least twice annually) with the individuals responsible for supervising resident experiences at the school’s primary clinic sites and affiliated residency training sites. The main purpose of these meetings is to ensure that everyone involved in supervising residency programs understands and complies with CNME’s standards and policies. Personnel at off-campus sites may participate in these meetings via conference call. Everyone involved does not have to attend the same meeting; the director may organize meetings of smaller groups to accommodate local circumstances. Attendance and minutes of meetings must be kept and documentation made available for inspection by onsite evaluation teams. Topics that should be covered over the course of the year include the following:

- a) A review of CNME standards for approval of residency programs and, in particular, a review of the specific arrangements at each site for resident clinical experience, supervision, mentoring and instruction that meet these standards;
- b) Development and implementation of policies and procedures for the selection, evaluation, promotion, and dismissal of residents;
- c) Agreement on how the recognized sponsor will monitor training site compliance with policies and the its success in meeting educational goals;
- d) Identification of any of the recognized sponsor’s resources that are available for use by training sites;
- e) Arrangements for ongoing communication and liaison between the recognized sponsor and its affiliated residency sites;
- f) Agreement on policy and procedures to be employed for discipline and the adjudication of complaints and grievances relevant to a residency program. These policies and procedures must satisfy the requirements of fairness and due process, and they must apply equally to all residents and teaching staff of the sponsoring institution; and
- g) Review of the curriculum and suggestions improvements.

Ideally, some or all of the above activities should be accomplished within the context of a Residency Program Committee (or a similarly named committee) responsible for advising on and monitoring all key aspects of residency education; however, the Director of Residency Programs may use his/her judgment in developing an appropriate oversight structure. Committee members should include the Director of Residency Programs, teaching staff and residents. Such a committee should meet periodically, and minutes should be kept and made available for inspection by onsite evaluation teams. In addition to the points listed above, the committee should advise on and monitor the following:

- a) Assurance of reasonable and equitable funding for resident positions, including benefits and support services;
- b) Appropriate working conditions (including hours and patient load) of residents; and
- c) Regular review of ethical, socioeconomic, and medical-legal issues that affect resident education.

2.4 Program Structure

The structure of a residency program may involve any of several administrative forms. A program may be conducted within the sponsoring institution, with the assignment of residents limited to that institution and the training sites it directly administers. A sponsoring institution may also establish an affiliation agreement with one or more organizations to offer residents training sites. Additionally, two or more sponsoring institutions may jointly sponsor a specific training site or a separate residency program. Regardless of the administrative structure, ensuring that specific residency sites qualify for CNME approval is still the responsibility of the sponsoring institution(s).

2.5 Site-vetting

The sponsoring institution must vet potential residency training sites to ensure the existence and availability of the basic educational and patient care resources necessary to provide the resident with meaningful involvement and responsibility in the required clinical care. Additionally, the sponsor must ensure that there are no potential conflicts of interest in the funding of residency sites that would compromise the quality of the educational experience and that an appropriate conflict of interest policy is in place.

2.6 Affiliation Agreement

When a residency program is not entirely under the administrative control of a single sponsoring institution, there must be a formal affiliation agreement with each training site cooperating in the provision of a residency program.

- a) The affiliation agreement must specify any agreements concerning residents, including:
 - i. The number of residents to be accommodated;
 - ii. The period of assignment of residents to the program provided at the training site, together with any criteria for selection of the resident(s); and
 - iii. Any service obligations of residents.
- b) The affiliation agreement must briefly describe the planned types of clinical experience, including the anticipated volume or extent of these.
- c) The affiliation agreement must outline the respective responsibilities of the recognized sponsor and the training site, as well as their joint commitments or agreements, in accordance with the following requirements.

The outlined responsibilities of the recognized sponsor shall include:

- i. An express commitment to ensuring that educational programs for residents provide the level of guidance, mentoring and supervision necessary to facilitate a resident's progressively increasing professional competence and autonomy;
- ii. A description of the recognized sponsor's plans for ensuring that resident progress and achievement are appropriately monitored, and for providing educational advice and expertise to the residency program;
- iii. A descriptive listing of the recognized sponsor's planned educational contributions, if any, to the residency program;
- iv. Information on how the recognized sponsor will maintain the educational records of residents (in general, policies governing residents' educational records should be consistent with policies for ND student records);
- v. Information on the type of malpractice insurance coverage (or general liability insurance, if malpractice insurance is not available) that will be maintained on residents (note that either the recognized sponsor or the approved site *must* maintain coverage); and
- vi. Information on any legal or financial obligations of the recognized sponsor. (As noted earlier, the use of the word "sponsor" does not imply that the sponsoring institution is responsible for financially supporting an affiliated residency site unless this is mutually agreed upon.)

The outlined responsibilities of the approved residency training site shall include:

- i. In consultation with the recognized sponsor, to appoint an onsite residency program supervisor, and to specify his/her authority and responsibilities for educational activities at the site;
- ii. In consultation with the recognized sponsor, to identify any other teaching staff responsible for the instruction and supervision of residents at the training site;
- iii. An express acknowledgment of the training site's commitment to its primary responsibility: ensuring a residency experience that will fulfill the educational objectives and facilitate each resident's progressive professional growth;
- iv. A descriptive listing of the training site's planned educational contributions to the residency program;
- v. Information on the type of malpractice insurance coverage (or general liability insurance, if malpractice insurance is not available) that will be maintained on residents (note that either the recognized sponsor or the approved site *must* maintain coverage); and
- vi. Information on any legal or financial obligations of the training site.

d) The affiliation agreement must specify that, in order to be eligible for selection, an applicant must meet the following two requirements:

- i. Be a graduate of naturopathic medicine program that is accredited by—or has candidate status with—the Council on Naturopathic Medical Education; and
- ii. Possess (or obtain before the end of the first academic term) a current, valid

naturopathic medical license in a U.S. state or Canadian province, and be in good standing with the jurisdiction's regulatory authority.

- e) The affiliation agreement should indicate how an applicant's abilities, academic credentials, and communication and interpersonal skills will be considered in the selection process. A policy must be in place to ensure that the selection process supports equal opportunity for all qualified individuals.

PART THREE: RESIDENCY PROGRAM APPROVAL STANDARDS

This part sets forth the specific requirements that a naturopathic medicine residency program must meet in order to be approved by a CNME-recognized sponsor. Generally speaking, a residency is characterized by an integration of (i) didactic learning experiences in the context of a structured curriculum, (ii) treatment and management of patients under an appropriate level of supervision, and (iii) research/scholarly activity aimed at developing and reinforcing lifelong learning skills. In the case of some residencies, the development of teaching skills will also be an important objective. Regardless of how a residency program is organized, providing good quality of patient care is always the highest priority.

A CNME-recognized sponsor may identify and publicize as "*CNME-approved*" those residencies that it has verified as being in substantial compliance with the standards set forth below. Once approved, the recognized sponsor is responsible for monitoring an approved residency program to ensure that it remains in ongoing compliance with CNME standards.

3.1 Program Duration

To be eligible for approval, a residency program must be full-time and a minimum of 12 months in length; see section 3.13 ("Resident Workload and Support") below for more detailed information on minimum program length and related matters. Residency programs may be longer, but are usually divided into twelve-month intervals. The resident's appointment may be limited to a single year, or may be renewed and extended as appropriate. The written agreement/contract with each resident states the length of the appointment. Experienced naturopathic physicians entering a residency program longer than one year in length may be placed directly into the second year.

3.2 Program Size

A residency program may be of any size commensurate with the program's capacity to offer each resident an educational experience that meets the objectives of the program and allows continuing compliance with CNME standards. The Council requires Recognized Sponsors to impose limitations on the permitted number of residents if a residency exhibits continuing difficulties in providing adequate resident supervision and mentoring, resource problems or other deficiencies.

3.3 Scope of Training

The CNME allows recognized sponsors and approved residency programs latitude in the design and scope of the training offered, provided that all residents receive ongoing/periodic mentoring by a naturopathic physician (“naturopathic mentor”) during the course of the residency training. Recognized sponsors and approved residencies are free to develop residency programs that reflect the unique qualities of each residency site and agreed upon learning goals (see next section).

3.4 Identification of Learning Goals

The learning goals of a residency experience must be specified. While a selection from the following examples of typical goals may be included, all goals will *not* be applicable to *every* residency program—and other goals may be specified as needed.

The resident may:

- Develop greater depth, skill, judgment and confidence as a practitioner
- Through mentoring, gain an understanding of a specific professional role in private practice, education, institutional care, research, health-related business, etc.
- Learn to deal more effectively with complex cases
- Strengthen skills in specific naturopathic medicine modalities
- Deepen the ability to treat specific medical conditions
- Expand diagnostic awareness
- Develop teaching skills
- Develop practice management skills
- Develop understanding of how the naturopathic philosophy applies in a particular context
- Develop understanding of/participate in clinical, basic science or other research
- Develop understanding of how research benefits clinical practice
- Develop appreciation of the need for continuing education and scholarly activity
- Develop the ability to practice collaborative medicine
- Gain experience working with other health practitioners
- Gain experience working in group practice, institutional and/or business settings
- Develop awareness of associated legal and regulatory frameworks impacting the practice of naturopathic medicine
- Develop understanding of the larger context and system of health care, as well as the ability to call upon other resources in the system to provide optimal health care
- Develop understanding of authorized scope of practice, and of personal abilities and limitations
- Develop understanding of the possible role and contribution of naturopathic physicians in a jurisdiction that does not yet provide licensure.

3.5 Adequacy of Resource Base

The sponsoring institution must ensure the existence and availability of those basic educational and patient care resources necessary (i) to provide the resident with meaningful involvement and responsibility in the required clinical care, and (ii) to ensure that identified learning goals are achieved.

The resource base required to provide such assurance has physical, human, financial, clinical and educational dimensions:

- a) Physical, human and financial resources must be sufficient to support the residency program.
- b) Clinical opportunities must be sufficient, including adequacy of patient volume and availability/appropriateness of the case mix.
- c) Educational dimensions include provision for formative mentoring, formative and summative evaluation, and supportive didactic instruction.

3.6 Appointment and Qualifications of the Residency Supervisor

- a) A single Residency Site Supervisor, appointed in consultation with the CNME-recognized sponsor, is responsible for the affiliated residency program. Continuity of leadership is desirable.
- b) The supervisor must possess appropriate professional and clinical expertise. Prior to assuming this position, the supervisor should have had a minimum of two years of full-time professional activity in active practice (or one day per week of active practice during two years of full-time employment in naturopathic education).
- c) Previous teaching experience is highly desirable. The supervisor must be able to support the goals of the educational program.
- d) The supervisor must demonstrate a commitment to his or her own continuing medical education and interest and involvement in scholarly activities.
- e) The supervisor must be capable of administering the program in an effective manner. Prior administrative experience is desirable.
- f) The supervisor must be able to devote a sufficient amount of time to the educational program and his or her responsibilities for resident instruction, mentoring, and evaluation.

3.7 Maintenance of Naturopathic Perspective

Residency programs are, by definition, supervised learning experiences intended to develop *naturopathic* clinical skills, confidence and judgment. For residencies that include a strong focus on conventional or integrative medicine, effort must be made to ensure *maintenance of a naturopathic perspective for the experience as a whole*. As noted above, all residents must receive ongoing/periodic mentoring from a naturopathic mentor during the course of the residency training; while the mentor is not required to be onsite, he or she must engage regularly with residents to review their experience in a naturopathic context and to ensure that educational milestones are met.

In cases where the residency site supervisor is not a naturopathic doctor, the sponsoring institution must provide an orientation program and/or written information for the non-naturopathic supervisor so that he or she develops sufficient familiarity with naturopathic medicine to effectively supervise a naturopathic resident. Additionally, a licensed naturopathic physician who is familiar with the legal requirements for practice must be available to serve as an advisor to the supervisor, and should participate in the process of developing program learning goals and activities; note that the advising naturopathic physician is not required to be onsite, and may be the same person as the naturopathic mentor.

3.8 Experiential Program

There must be evidence of a plan to ensure that the specified educational goals for the residency program will be achieved. Planning involves the identification of learning activities and clinical experiences that will contribute to the achievement of each goal. Formative and summative evaluation must be used to support and verify achievement of goals. (See 3.10 below)

3.9 Didactic/Continuing Medical Education (CME) Program

At the core of a residency experience is the resident's opportunity to learn from supervised clinical practice. However, such experiential learning must be reinforced by appropriate didactic/CME instruction, as follows:

- a) There must be provision for residents to follow a didactic/CME curriculum supportive of the learning goals of the residency—either onsite or via distance education.
- b) A residency program must be able to demonstrate that its residents have access to a minimum of 35 hours per year of such didactic/CME instruction. A total of 70 hours or more per year is considered desirable.
- c) Didactic/CME instruction should be at a graduate, postgraduate, specialized or expert level. It must not be simply a repetition of course elements from a doctoral program, but it may include electives from the naturopathic doctoral program that a resident has not studied previously.

3.10 Evaluation

The sponsoring institution or program—in conjunction with the onsite supervisor/faculty—must ensure that residents are evaluated in order to (i) assist their learning (formative evaluation), and (ii) assess their achievement (summative evaluation).

- a) **Formative evaluation is part of the mentoring process.** Regular and timely performance feedback is essential. The residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program so that residents can utilize the results to improve their performance. Written assessments should be provided to each resident at least semi-annually.

- b) **Summative evaluation verifies achievement of learning goals.** The onsite supervisor/ faculty must provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated professional growth. The final evaluation may give consideration to clinical performance evaluations by the onsite supervisor/faculty, other professional staff, patients, peers, and a resident's self-evaluation. The results of summative evaluations should be submitted to the sponsoring institution and the resident.
- c) Both formative and summative evaluation processes should cover dimensions such as the resident's competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- d) Criterion-referenced clinical evaluation or other methods aimed at producing an objective evaluation of a resident's clinical skills should be employed to the fullest extent possible.

3.11 Research and Scholarly Activity

- a) Resident training must take place in an environment of inquiry and scholarship where residents can observe—and, ideally, participate in—the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry and critical thinking. The participation of each resident in an active research program is encouraged as an essential part of preparation for a lifetime of self-education after the completion of formal training. Such experience gives residents an awareness of the basic principles of study design, performance, analysis, and reporting, as well as an awareness of the relevance of research to patient care. Clinical research verifying the efficacy of naturopathic treatment also contributes to public understanding of—and support for—naturopathic medicine. Generally, this activity is concurrent with other assignments, provided the responsibilities of the resident are adjusted in a way to permit a reasonable time for research activity. Guidance and technical support should be available to residents involved in research projects.
- b) Residents must participate in some activities that promote a spirit of inquiry, scholarship, and critical thinking, such as: discussions; rounds; study clubs; presentations; conferences; and local, regional or national professional associations and scientific societies. The following are examples of acceptable research and scholarly activities for residents:
 - i. Conduct formal research—either as lead, mentor or consultant;
 - ii. Write up case reports;
 - iii. Collect and analyze clinical data;
 - iv. Participate in a research project in affiliation with a university research department;

- v. Write up a research project, scholarly thesis or article and submit for publication (e.g., case based or topic based);
- vi. Make a case presentation;
- vii. Participate on an IRB or other relevant research-oriented committee; and
- viii. Present a scholarly or research lecture or webinar.

3.12 Quality Assurance

Residency training sites must conduct formal quality assurance programs and review any complications. Residents must be informed of an institution's procedures for quality assurance. They should participate in the quality assurance activities of the clinical services to which they are assigned and have access to outcome studies of patient care, including successful and unsuccessful treatment protocols.

The medical records system of a health care institution documents each patient's medical history and treatments, and represents a valuable resource that should be available to support the education of residents—not only with respect to quality assurance activities, but also for approved research projects or scholarly activity.

3.13 Resident Workload and Support

A proper balance of clinical, educational, administrative and scholarly activity must be maintained so that a program does not rely on residents to meet clinical service needs at the expense of educational objectives.

- a) Residency programs must avoid placing residents in situations where they must carry excessive workloads, have an inappropriate intensity of service or case mix, or unduly long shifts contributing to excessive fatigue and stress. Residents must be informed at the beginning of their residency as to the expected workload in terms of hours per week in various duties, and also as to the amount of support they can expect from supervisory physicians.
- b) Where appropriate and possible, residency programs should encourage residents to undertake some teaching/supervision responsibilities. The extent of teaching/supervision responsibilities should reflect the resident's experience and abilities and, as the residency progresses, these responsibilities should be incrementally increased.
- c) Program staff must be sensitive to the residents' needs for confidential counseling or psychological support regarding potential mental and emotional stress or substance abuse. Training situations that consistently produce undesirable stress on residents must be identified and modified. To prevent impairment and promote physician well-being, residents should be encouraged to balance personal and professional responsibilities in a way that can be maintained throughout the course of the residency and future career.

- d) The following additional conditions of employment must be observed:
- i. To earn a certificate for a one-year residency, a resident must complete a minimum of 48 weeks onsite over the course of 12 months. Note that if a problem arises that prevents a resident from completing 48 weeks of a one-year residency within a 12-month period, a residency site may choose—at its discretion—to extend the length of the residency beyond the 12-month period to accommodate the resident.
 - ii. Residency sites must provide to residents a minimum of 10 days of paid time off per year in addition to established holidays (i.e., 10 days that can be used either as sick days, personal days or vacation days).
 - iii. Prior to or during the interview process with candidates for a residency position, the residency site must provide information on the following:
 - Whether the resident will be required to agree to a non-compete provision in the employment contract as a condition of employment and, if so, what the terms are; and
 - The salary and benefits being offered, including paid time off.

(Note that the CPNME has developed a number of guidelines regarding salary, benefits and other conditions of employment that are published separately from this handbook—see the document “CPNME Guidelines for Resident Employment.” While not mandatory, residency sites are strongly encouraged to follow these guidelines.)

- e) To ensure a variety of educational experiences over the course of the year of residency training, residents must have opportunities to do rotations with a minimum of three different physicians in addition to the primary supervising physician; time spent in rotations should average around 15 hours per quarter for a total of 60 hours per year. Rotations are defined as follows:
- i. *Offsite Rotation*: the resident spends clinically based/active time with a physician at another facility where the site supervisor has an affiliation (e.g., referral clinic, professional contact, etc.).
 - ii. *Onsite Rotation*: the resident spends clinically active time at the residency site with another physician who is not the resident’s main supervisor.
 - iii. *Professional Rotation*: the resident spends time in another adjunct/clinical-based facility to augment their learning (e.g., compounding pharmacy, nutraceutical company, another type of medical facility, etc.).

3.14 Residency Manual

There should be a residency manual that provides, at a minimum, clear, specific and accurate information on the following:

- a) A statement of the residency program’s mission and learning goals;
- b) The program’s curriculum, including scholarly activities and clinical rotations.
- c) Information on the residents’ clinical duties and responsibilities;
- d) Clinic policies and procedures;
- e) Compensation and benefits, including policies governing leave; and

- f) Policies governing evaluation, complaints/grievances, disciplinary action, and appeals.

When a residency program is located at an institution providing a range of services, residents should also have access to the “institutional” administrative manual that presents the institutional relationships, policies and procedures, and job descriptions of teaching and administrative staff.

3.15 Resident Rights

Each resident shall have a right to:

- a) Develop, with guidance from the teaching staff, a personal program for professional growth;
- b) Participate under supervision in safe, effective, and compassionate patient care commensurate with his/her level of knowledge and ability;
- c) Participate appropriately in the educational and scholarly activities of the residency program (e.g., grand rounds presentations, continuing education experiences, public and professional lecturing, research);
- d) Participate in the evaluation of the quality of education provided by the residency program; and
- e) Participate as practical on the institution’s committees and councils—especially those related to patient-care review activities.

3.16 Resident Responsibilities

Each resident shall have a responsibility to:

- a) Respect the law, including applicable regulations, and adhere to the institution’s established practices, policies, and procedures;
- b) Observe professional decorum;
- c) Interact cooperatively with other professionals;
- d) Practice professionally, ethically and compassionately; and
- e) Undertake some teaching and supervising of other residents and students, as the nature and resources of the residency program permit (note that while this is encouraged, it is not a required component of a residency).

3.17 Certificate of Completion

Within three months of completion of a CNME-approved residency, the resident (or the sponsoring institution on his or her behalf) *must* apply to the Council for a CNME Residency Certificate using an application form provided by the Council and must pay an administrative fee of \$150.00 (U.S.). If the certificate is not applied for by the 3-month deadline, the CNME may invoice the sponsoring institution for the fee amount.

The recognized sponsor has the discretion to also issue a certificate of completion; the certificate may identify the residency program as “CNME-approved,” provided that the

site at which the resident trained is an approved site when the resident completes the first year.

PART FOUR: APPLICATION PROCESS FOR INITIAL CNME RECOGNITION AS A SPONSOR

Only CNME-accredited and candidate naturopathic programs/institutions are eligible to become CNME-recognized sponsors of residency programs. Part Two above sets forth the standards that must be met in order become recognized. This part outlines the application process for initial recognition.

4.1 Application Submission Process

An institution or naturopathic program seeking CNME recognition as a sponsor is required to do the following:

- a) Submit a completed sponsor recognition application along with all required supporting materials to the Council (contact the CNME executive director for an application); and
- b) Enter information and upload documents/forms into the Council's online residency database (contact the CNME executive director for instructions on how to use the database and a password).

4.2 Application Review Process

The following are the steps in the application review process:

- a) The CPNME chair along with the Council's executive director first review the submitted application and supporting materials—as well as the information and materials entered into the residency database—for completeness and responsiveness; if there are any deficiencies, the applicant is requested to revise the application and/or database, and to provide any additional information or materials as may be needed to complete the application.
- b) The Council's Committee on Postdoctoral Naturopathic Medical Education (CPNME) reviews the completed application and supporting materials at an in-person meeting held in conjunction with a regularly scheduled Council meeting; representatives from the applicant institution/program attend a portion of the hearing on the application to provide information and answer questions. Council meetings are held twice a year, generally in the spring and fall; an applicant should plan to submit an application at least four months prior to the date of the Council meeting at which the applicant would like to be reviewed.
- c) Following the hearing, the CPNME makes a decision on whether to grant initial recognition. The CPNME may, at its discretion, defer a decision pending receipt of further information from the applicant program/school, or may deny the application. If the application is denied, the applicant may appeal the decision to the full Council in accordance with the procedures set forth in Part Nine below. In the event of a denial, an applicant must wait at least a year before submitting a new application for recognition.

PART FIVE: INITIAL APPROVAL PROCESS FOR RESIDENCY PROGRAMS

5.1 Initial Approval

When a program or institution offering naturopathic medical residency programs first becomes a CNME-recognized sponsor, all of the residency programs entered into the online database automatically become “CNME-approved,” and may be publicized as such. This is because, in the judgment of the CPNME, the recognized sponsor has provided satisfactory documentation and assurance of compliance of the individual residency sites with the CNME residency standards.

Once initially approved, the recognized sponsor is responsible for monitoring residency sites’ compliance with CNME standards to ensure that they remain in compliance. In the case of residency sites that fall out of compliance, the recognized sponsor must take appropriate corrective action to ensure that areas of non-compliance are corrected. If the residency site is unable to return to full compliance, then the sponsor must withdraw approval.

If a residency site loses its approval status before a resident completes the residency program, the resident is not eligible to apply for a certificate; for this reason, a recognized sponsor should take reasonable steps to try to ensure that the timing of withdrawal of approval status does adversely impact individual residents.

5.2 CNME Right to Intervene

The Council, through the CPNME, relies upon the recognized sponsor to identify approved residency programs. When CPNME identifies concerns with respect to the approval of one or more programs, the recognized sponsor is normally expected to address them as part of the process of maintaining CNME recognition. This process will be followed and respected by CPNME to the fullest extent possible. However, the CPNME reserves the right to withdraw the approval status of an individual residency if the recognized sponsor has failed to recognize or address a serious issue in a timely fashion, and there are strong concerns that failure to act immediately is having significant and serious negative impact upon residents and/or creating potential legal problems or vulnerabilities for the Council.

5.3 How Changes in Sponsor Recognition Status Affect Residency Approval Status

As described in Parts Seven and Eight below, a CNME-Recognized Sponsor is periodically reviewed to determine whether it is maintaining compliance with the standards set forth in this handbook. Additionally, the CPNME or the Council has the discretion to initiate a review of a recognized sponsor at any time a concern arises about the sponsor’s compliance with the standards.

Should a sponsor’s status change from full recognition to probationary recognition, the CPNME has discretion to specify *which* residencies may be considered CNME-approved

and to require the sponsor to withdraw approval from any residencies the CPNME considers deficient.

Should a sponsor lose its recognition entirely, all of the affiliated sites of the formerly recognized sponsor automatically lose their status of being CNME-approved as of the date that a sponsor's recognition is withdrawn.

Should a sponsor with probationary status regain full recognition, all of its affiliated residencies are once again automatically deemed CNME-approved.

PART SIX: MAINTAINING CNME RECOGNITION AND APPROVAL: UPDATING THE INFORMATIONAL DATABASE

CNME's standards, as set out in this handbook, focus in particular on the following characteristics of a satisfactory residency program:

- a) The residency program is under the auspices of—or affiliated with—an institution that is recognized by CNME as a sponsor of residency programs.
- b) The residency program provides a supervised educational experience that is designed to meet the specific learning goals of the residency.
- c) An affiliation agreement defines the respective responsibilities of the recognized sponsor and the residency site.
- d) The residency program has the educational philosophy, policies, procedures, and human and other resources required to conduct the onsite educational experience—including volume and diversity of the resident's opportunities for patient care.
- e) The residency program includes appropriate supporting didactic instruction, opportunities for research/scholarly activity, and opportunities for working with/observing other professionals.
- f) The program's residents have appropriate rights and responsibilities, and are assured of increasingly autonomous participation in patient care as they progress through the program.
- g) The mentoring of residents includes formative evaluation and counseling, and the resident's overall achievement is verified by summative evaluation.

6.1 Maintaining CNME Recognition and Approval of Affiliated Sites

The processes for the initial recognition of sponsors and the initial approval of residency sites involve the collection of data on the above topics and its entry into the CNME online residency database (accessed via www.cpnme.org).

Initial recognition of a sponsor is granted on the basis of a satisfactory review of database entries in conjunction with a review of the application submitted by the institution or program seeking recognition. The Council's Committee on Postdoctoral Naturopathic Medical Education (CPNME) reviews submissions for completeness and compliance with standards, holds a hearing with representatives of the

institution/program on initial recognition, and makes the decision on whether to grant recognition.

Initial approval of the listed affiliated residency programs is automatic upon the Council's granting of recognition to a sponsor. Updating and maintenance of the recognized sponsor's portion of the database is required for **ongoing** CNME recognition.

6.2 Recognized Sponsor's Responsibility for Database Updating

The CNME-recognized sponsor **must annually update** existing information that has changed and input new information in its section of the online database by the date set by the CPNME, and must make sure that the database covers all of its approved residency sites, whether currently active or not.

6.3 Cooperation of Affiliated Sites

Each CNME-approved residency site **must provide updated information** to the CNME-recognized sponsor in a timely manner; it is the recognized sponsor's responsibility to ensure collection of updated information and entry of this information into the database.

6.4 CPNME Annual Review of Database information on Selected Residency Sites

The CPNME annually conducts a review of information contained in the residency database on several selected residency sites affiliated with each CNME-recognized sponsor. The purpose of the annual review is to confirm that recognized sponsors and their affiliated sites are carrying out their responsibility for updating information in an accurate and timely manner.

PART SEVEN: MAINTAINING CNME RECOGNITION AND APPROVAL: MONITORING AND SELF-STUDY RESPONSIBILITIES

7.1 A Recognized Sponsor's Ongoing Monitoring Responsibility

The CNME-recognized sponsor has a responsibility to monitor each residency for ongoing compliance with CNME standards, and to take such steps as are necessary to assist a residency to remedy existing or developing deficiencies. As noted above, a recognized sponsor may withdraw approval from a site when circumstances necessitate such action.

7.2 Periodic Review of Recognized Sponsors by the Council

In addition to annually spot-checking selected residency sites in order to make sure that recognized sponsors are effectively carrying out their responsibility for monitoring affiliated sites, the Council engages in a formal periodic review of recognized sponsors whenever the sponsor's CNME accreditation status is up for renewal. The Council has

chosen to combine these two recognition processes to conserve the resources of both the schools and Council.

To facilitate the periodic review, recognized sponsors are required to broaden their comprehensive self-study process (i.e., the self-study for reaffirmation of accreditation of the ND) **to demonstrate how they have effectively monitored individually approved residencies to ensure that they continue to meet CNME standards.** The Council verifies that the recognized sponsor is discharging this responsibility by (i) reviewing the chapter of the sponsor's self-study report pertaining to the residency program, (ii) verifying the contents of the self-study report during an onsite evaluation visit that includes a visit to one or more selected affiliated residencies, and (iii) engaging in a hearing process to make a determination on continued recognition (this latter step is described in the next section).

The recognized sponsor's self-study report must contain a chapter with a description and analysis of its entire residency program, including information on how the sponsor ensures effective monitoring of affiliated residency sites, as well as information on each affiliated residency. To assist in the self-study process, affiliated residencies are required to cooperate with the recognized sponsor by providing to the sponsor any information on and/or an analysis of the residency site's compliance with CNME's standards that the sponsor may request. The self-study report chapter on the residency program should include the following:

- a) An overview of the residency program, including the number of residency sites and residents, a description of the recognized sponsor's assessment processes and observed outcomes, and general information on how the sponsor meets CNME's standards for recognition.
- b) A description of how the recognized sponsor conducts its monitoring activities to ensure that approved residencies maintain compliance with CNME standards.
- c) A description of each affiliated residency with CNME approval status that covers at a minimum the following (this information can be integrated into the self-study chapter on the residency program or included in an addendum):
 - i. Program duration
 - ii. Program size
 - iii. Scope of training
 - iv. Learning goals
 - v. Resource base
 - vi. Qualifications of residency supervisor
 - vii. Experiential curriculum
 - viii. Didactic curriculum
 - ix. Resident evaluation
 - x. Research and scholarly activity
 - xi. Resident responsibilities
- d) Conclusions resulting from the review process, including: (i) identification of major strengths and concerns/challenges associated with the overall residency program, as well as those associated with individual sites, and (ii) a presentation

of any initiatives that are planned or being taken in response to identified concerns or to further improve the program.

7.3 Onsite Review by Evaluation Team

Onsite review by an evaluation team is a component of the CPNME's process for reaffirming the recognition status of a sponsor. Onsite review provides an opportunity to clarify and augment information on residencies presented in the self-study report, and to verify the accuracy and completeness of documentation. As noted above, one or more residencies affiliated with a CNME-recognized sponsor are visited by members of a CNME evaluation team during the course of an onsite accreditation review of the recognized sponsor's ND program. Specific sites may be chosen at the Council's discretion. As part of the onsite review, the evaluation team may also meet with the recognized sponsor's administrators involved with the residency program, interview current and former residents, and review records and other documents related to the residency program maintained by the recognized sponsor. Depending on the overall size and complexity of the sponsor's residency program and the number of affiliated sites, the Council may appoint additional members familiar with the Council's residency standards to the evaluation team to ensure adequate onsite review.

Following an onsite visit to a school, an evaluation team issues a report that summarizes the team's findings. The report includes a section that specifically addresses the residency program, including the program's compliance with CNME standards and the adequacy of the recognized sponsor's oversight of affiliated residency sites. The recognized sponsor is given an opportunity to provide a written response to the team report.

PART EIGHT: CNME RECOGNITION ACTIONS

Part Four above provides information on the CPNME's procedures for reviewing an application for initial recognition of a sponsor. This part describes the process by which the CPNME makes a determination regarding continued recognition of a sponsor—including the range of decisions and sanctions related to continued recognition and their implications for approval of individual residency sites.

8.1 Determination Process

As in the case of granting initial recognition to a sponsor, the CPNME has responsibility for determining whether a sponsor's recognition should be reaffirmed. The full Council, in turn, serves as an appeals body regarding continuation/reaffirmation of a sponsor's recognition status in the event of an adverse decision by the CPNME. The CPNME's review process for recognized sponsors (described below) is similar to the Council's review process for reaffirmation of an ND program's accreditation, as described in the Council's *Handbook of Accreditation for Naturopathic Medicine Programs*.

At the CPNME's first regular meeting following the onsite visit and the issuance of the evaluation team report (see Section 7.3 above), the CPNME holds a hearing in closed

session on continued recognition of the sponsor. Representatives of the sponsor are in attendance during the first part of the hearing. Following a brief oral presentation by an evaluation team member or a CPNME member on the relevant sections of the evaluation team report, the representatives are invited to make an oral presentation regarding the team report (the oral presentation is in addition to any written response previously submitted). CPNME members may ask questions of the representatives and engage in dialogue following the presentation. After the question-and-answer portion of the hearing, the recognized sponsor's representatives leave the meeting. At this point, while still in closed session, the members of the CPNME are informed of the team's confidential recommendation regarding reaffirmation of sponsorship status; they then discuss and make a decision based on the written record and oral testimony. The CPNME's decision on continued recognition is conveyed to the ND program within the same timeframe as the Council's decision on continued accreditation of the ND program.

8.2 The Range of Recognition Actions

The CPNME may take any the following recognition actions:

- a) Reaffirm CNME recognition;
- b) Issue a warning notice;
- c) Impose probationary recognition; or
- d) Withdraw CNME recognition.

Reaffirming Recognition

Following an evaluation visit to a sponsoring institution and selected residency sites, the CPNME may reaffirm CNME recognition of a sponsoring institution, if the CPNME determines that the recognized sponsor's responsibilities are being satisfactorily met. This decision means that each individual residency documented by the recognized sponsor maintains its CNME-approved status.

Issuing a Warning Notice

The CPNME issues a non-public warning notice to the recognized sponsor if:

- a) The CPNME believes the recognized sponsor is not satisfactorily meeting its responsibilities, and/or
- b) The CPNME believes that one or more individual residency sites are no longer in substantial compliance with the residency approval standards, and the recognized sponsor has not taken appropriate corrective action.

The warning notice states the CPNME's concerns, and advises that CPNME will impose probationary recognition or withdraw recognition if identified deficiencies are not corrected within a specified time. The notice also requires submission of an interim report by a specific date, and may also require an evaluation visit following submission of the interim report. Following submission of the interim report and any evaluation visit, the CPNME may: (i) reaffirm the sponsor's recognition if deficiencies have been corrected to

the CPNME's satisfaction, (ii) impose probation, or (iii) withdraw recognition if the severity of the situation so warrants.

Probationary Recognition

The CPNME may impose the status of probationary recognition on a sponsor (i) for a previously identified noncompliance with the CNME recognition standards, or (ii) for a new noncompliance that is having—or may potentially have—a significant adverse impact on the sponsoring school's ability to meet its responsibilities or ensure the quality of one or more individual residencies (this may be done without prior notice). Interim evaluation visits may be subsequently scheduled at intervals of no longer than two years to determine whether the noncompliance has been satisfactorily addressed. After reviewing a recognized sponsor that is under probation, the CPNME may remove probation, continue probation, or withdraw recognition.

A recognized sponsor that remains under probation for four consecutive years automatically loses its recognition four years from the date that the CPNME first imposed probation.

During any period of time when probationary recognition is in place, automatic CNME approval of individual affiliated residency sites is suspended, and the CPNME has discretion to modify or withdraw the approval status of individual sites. The effective date for the withdrawal of CNME approval from a residency is normally at the end of the training year in which the action takes place in order to allow for the completion of that year's training of residents.

8.3 Withdrawal of CNME Recognition

CNME Recognition may be withdrawn in several ways:

Withdrawal of CNME Recognition for Noncompliance

The CPNME may at any time withdraw a sponsoring institution's recognition for noncompliance with one or more CNME recognition standards. Usually, the CPNME first notifies the institution of any noncompliance in the form of a non-public warning notice or public probation. Withdrawal may, however, be without prior notice if the nature of the noncompliance is sufficiently serious or extensive that timely corrective action is not feasible. The effective date for the withdrawal of CNME recognition for noncompliance is generally at the end of the training year in which the action takes place (to allow for the completion of that year's training of residents), except that the Council may set any earlier date if it determines the program poses a risk to the health or safety of patients or residents.

Withdrawal by Administrative Action

Withdrawal by administrative action occurs under any of the three conditions below:

- a) **Annual Fee Delinquency.** A sponsoring institution has its CNME recognition withdrawn if it is delinquent in the payment of the required annual fee more than three months after the payment due date. The sponsor’s recognition may be reinstated at any time following payment of all outstanding fees.
- b) **Denying Requests Related to the Evaluation Process.** A sponsoring institution has its CNME recognition withdrawn if it refuses:
 - To undergo a requested evaluation visit and review; or
 - To provide an onsite evaluation team or the Council with requested information, unless a legal reason prohibits disclosure.
- c) **Program Inactivity.** A sponsoring institution has its CNME recognition withdrawn if **all** of its residency sites have been inactive for two years.

The withdrawal of CNME recognition by administrative action is automatic and effective immediately. The Council’s executive director notifies the affected institution and affiliated residencies in writing, ensuring that notice is received within fifteen days after the effective date of the decision to impose withdrawal by administrative action.

Withdrawing Voluntarily from CNME Recognition/Approval

A sponsoring institution (or an affiliated residency) may withdraw from CNME recognition (or CNME approval) by notifying the Council in writing. The party may specify an effective date for the withdrawal; otherwise, the withdrawal is effective on the date the Council receives the notification. Generally a recognized sponsor or residency site that wishes to withdraw should take reasonable steps to minimize disruption to current residents.

8.4 Deferral of CNME Recognition Action

The CPNME may defer to its next regular meeting—or to a special meeting before then—a decision on taking a CNME recognition action if the CPNME requires the sponsoring institution or an affiliated residency program to provide more information or to change one or more existing circumstances. The CPNME may defer a decision only once after which it must take action.

8.5 Substantive Change

The CPNME is responsible for reviewing substantive change reports. A sponsoring institution must submit to the Council a substantive change report whenever a substantive change is planned in the institution or its approved residency program(s) that could have a ***significant negative impact*** on the quality of individual residencies. The following are examples of a substantive change in the context of a residency program:

- a) A change in the recognized sponsor’s mission, legal status or control that may adversely impact the residency program, or the expectation that financial, personnel, or physical resources needed to conduct the residency program will significantly diminish.
- b) A major change in the primary residency training site such as the site’s

discontinuance or relocation, or a significant loss of funding, personnel, or physical resources at the site.

A substantive change report describes the reasons for the planned change and the potential impact on the educational quality of the residency program. The sponsoring institution submits the report before the planned change is implemented, allowing at least thirty days (when possible) for the CPNME to review the change before it is implemented.

A sponsoring institution that makes a substantive change without submitting a report for prior review risks withdrawal of CNME recognition and/or withdrawal of CNME approval of individual residency sites unless it can demonstrate the change has not had and will not have a negative impact on the educational quality of the residency program.

The following changes are not considered substantive changes:

- The replacement of the residency program director (note, however, that the sponsoring institution **must notify the Council within thirty days** of the former director's departure and of the new director's appointment).
- The addition or elimination of training sites other than the primary site. (A CNME recognized sponsor provides information on any new residency program training sites that became operational during the past year, and notes any closed sites, in its annual update of its online database; similarly, changes in personnel, such as the appointment of a new site supervisor, are reported in the update.)

8.6 Letter of Notification

A CNME recognition decision (together with any implications for approval of individual residencies) is reported to a sponsoring institution by a formal letter of notification. When the CPNME on behalf of the Council grants initial recognition, or when a sponsor's existing recognition is reaffirmed following a review, the notification letter includes reference to the approximate date of the next onsite evaluation.

8.7 Notifying Residents and Applicants of Recognition Status

- a) At all times, applicants to a residency program and current residents have the right to know the recognition status of a sponsor and the approval status of a residency. The sponsoring institution carries primary responsibility for ensuring that current applicants and residents have up-to-date information in this regard. Each affiliated residency is also responsible for cooperating fully in communicating this information.
- b) Sponsoring institutions must inform residents and applicants of their new or reaffirmed status as a CNME-recognized sponsor. Residents may be informed of CNME recognition by either the sponsoring institution or the residency program's onsite supervisor. The information on CNME recognition status is provided in writing prior to having applicants come to the program for interviews. The sponsoring

institution also provides written notice to any resident or applicant considering an appointment to an unapproved site if the program site does not have CNME approval.

- c) If the CPNME on behalf of the Council imposes probation or withdraws CNME recognition, the sponsoring institution or residency program onsite director notifies residents and applicants in writing within two weeks of any effect that the action will have on the residency site. A copy of the notice is sent to the Council's executive director within thirty days of the institution's receipt of the Council's letter of notification. The sponsoring institution also notifies affected residents, applicants, and supervising physicians if CPNME revokes approval of a training site, with a copy of the notice sent to the Council's executive director within thirty days.

8.8 Transferring Approved Residency Sites from One Recognized Sponsor to Another

Two recognized sponsoring institutions may agree to transfer one or more approved residency training sites from one institution's jurisdiction to another's. Such a transfer does not affect the approval status of the residency site or the recognition status of either sponsor. The institution to which an approved site is being transferred is responsible for informing the Council of the transfer prior to the effective date of the transfer, and for ensuring that the newly acquired residency site is in compliance with CNME's approval standards. Both institutions are required to update their sections of the online residency database to reflect the change in oversight.

PART NINE: APPEAL PROCEDURES

9.1 Request for an Appeal

- a) If the CPNME denies or withdraws recognition of a sponsor, or if a sponsor on probation loses its CNME recognition after four consecutive years of probation, the recognized sponsor may request an appeal hearing before the Council's Board of Directors. If a written request for such a hearing is not received by the Council's executive director within thirty days following receipt of the letter of notification, any Council action is considered final and no longer subject to appeal. (Note that if a recognized sponsor withdraws approval of an individual residency site, the site may not appeal the decision to CPNME or the Council.)
- b) When a sponsoring institution appeals a CPNME decision to remove the approval of a specific residency site, the approval of the site is restored until the Board of Directors makes a final determination.

9.2 Appeal Hearing

- a) If a hearing is requested, the CNME Board of Directors hears the appeal in closed session; however, CPNME members must recuse themselves in accordance with the Council's Policy on Potential Conflicts of Interest and do not vote on the

appeal decision. The appeal hearing is scheduled for the first regular meeting of the Board of Directors held at least sixty days after the sponsoring institution mails or transmits the hearing request, or at a special board meeting convened for the purpose of hearing the appeal. Supporting documents and written testimony may be submitted to the Council's executive director up to thirty days before the hearing. Oral testimony may be presented at the hearing, but no additional documents. At the Council's discretion, the hearing may be conducted in-person or via conference call.

- b) Because the Council's process for sponsor recognition and approval of residency programs is voluntary, appeal proceedings are not of an adversarial legal nature; rather, they provide an administrative mechanism for the peer review of an educational program and a means for assuring that the appropriate decision on CNME recognition is made. The Council is not bound by the technical rules of evidence usually employed in legal proceedings.

9.3 Deciding the Appeal

- a) All documentation pertinent to a CNME decision to withdraw recognition of a sponsor and placed on the record prior to notification of withdrawal will be open to review during the appeal process. The online database section maintained by the recognized sponsor as part of the standards for CNME recognition will also be open to review. Unless explicitly allowed by the CNME, subsequent developments and new information will be considered outside the scope of the appeal hearing, since the withdrawal decision is made on the basis of the documentation on file.
- b) The database and pertinent documents on any or all affiliated residency programs, records of the CPNME's and Council's actions, and written and oral presentations, shall provide the basis for the determination by the CNME Board of Directors. The sponsoring institution may not amend the statistical or narrative descriptions it originally submitted and on which the CPNME based its decision. Any changes in a residency program or sponsoring institution since the Council's review—or any new or revised descriptions of individual residencies or the sponsoring institution—are not considered at the hearing. Presentations are limited to clarifications of the record, the level of compliance with the CNME recognition and approval standards at the time of CPNME's review, and CPNME's review in the context of the administrative procedures governing CNME approval of naturopathic residency Programs.
- c) The CNME Board of Directors determines whether evidence exists to support the CPNME's action in the matter being appealed. It further determines whether there has been compliance with the administrative procedures governing the evaluation process. The decision of the board is final, with no provision for further appeal. The Council's executive director notifies the sponsoring institution of the board's decision within fifteen days.

9.4 Costs of the Appeal

Regardless of the hearing's outcome, the appellant and the Council bear their own expenses.

PART TEN: FEES AND EXPENSES

(All Amounts in U.S. Dollars; All Fees Are Subject to Change without Notice)

10.1 Application Fee

A non-refundable fee of \$1,000.00 is charged for processing an application to become a CNME-recognized sponsor. The fee is submitted with the application.

10.2 Evaluation Visit Expenses

All expenses associated with a comprehensive onsite evaluation that includes a review of a recognized sponsor's residency programs will be charged to the institution in accordance with the policies and procedures set forth in the CNME's *Handbook of Accreditation*.

10.3 Annual Fee

A CNME-recognized sponsor pays an annual fee established by the Council's Board of Directors. The annual fee as of the publication date of this handbook is \$2,000.00, and may be changed without notice. CNME invoices a sponsoring institution for the annual fee, which is due by January 15th. Programs that are delinquent in payment for thirty or more days are charged a monthly late fee of one percent of the amount due. Newly recognized sponsors have their fees prorated for the remainder of the year in which they are recognized, with the fee due thirty days after the Council grants CNME recognition.

PART ELEVEN: GLOSSARY

Affiliated Residency Program

An affiliated residency is a residency program that has entered into a formal affiliation agreement with a naturopathic institution/program that is a recognized sponsor; an affiliated program is not under the direct control of the recognized sponsor but operates under its authority.

Affiliated Residency Site

An affiliated site is any location where an affiliated residency program is located, such as a hospital, community clinic, private medical clinic, or other practice environment that provides a residency program to residents. A specific clinical department within an institution may administer an affiliated residency site.

Approved Residency Site

A residency site operating under the auspices of a CNME-recognized sponsor—either

directly or by virtue of an affiliation agreement—that the sponsor has verified as meeting CNME’s residency approval standards.

Committee on Postdoctoral Naturopathic Medical Education (CPNME)

The CPNME is a semi-autonomous committee of the Council that has been assigned responsibility to grant recognition to naturopathic medical institutions/programs that meet the standards published in the *CNME Residency Handbook*, and to monitor their ongoing compliance with the standards. The CPNME also recommends to the Council revisions and additions to the standards—as well as changes in policies, procedures and structures—related to oversight of recognized sponsors and approved residency programs.

Council on Naturopathic Medical Education

The Council on Naturopathic Medical Education (also referred to as the “CNME” or “Council”) is an accrediting agency for naturopathic medicine recognized by the United States Department of Education. The mission of CNME is quality assurance: serving the public by accrediting naturopathic medical education programs in the U.S. and Canada that voluntarily seek recognition and meet or exceed CNME’s standards. The Council grants candidacy to and accredits naturopathic medicine programs at the doctoral level (see entry below: ND degree/diploma)

Naturopathic Medical Education Program

A naturopathic medical education program is a four-year, doctoral-level professional training program for naturopathic physicians that leads to the awarding of the ND degree or diploma; it is analogous to an MD or DO degree program for conventional medicine. A naturopathic medical education program can be offered as the sole educational program in a single-purpose institution, or it can be offered in a department, division, school or college within a multipurpose institution that offers programs in other professional or academic fields.

Naturopathic Mentor

A naturopathic mentor is a naturopathic physician who serves as a resource for residents when an individual residency program site is supervised by someone who is not a naturopathic physician; the mentor assists residents in understanding their residency experience in a naturopathic context. Ideally, the naturopathic mentor is familiar with the standards of naturopathic practice in the regulatory jurisdiction where the program is located and has professional experience relevant to the specific residency site. The mentor can also serve as an advisor to the supervisor and recognized sponsor, and can be involved in the process of developing program goals.

ND Degree/Diploma

The credential awarded to a graduate of a candidate or an accredited Doctor of Naturopathic Medicine (ND) program. Currently, U.S. institutions offering accredited ND programs are authorized by their state higher education boards award a doctoral “degree” to graduates, while Canadian institutions are authorized by their provincial

higher education boards to award a doctoral “diploma” or a degree, depending on the province; these are equivalent credentials.

Primary Care Naturopathic Medicine

Primary care naturopathic medicine is the practice of the principal naturopathic treatment modalities with a traditional naturopathic philosophical orientation within a primary-care clinical setting or context. Primary-care naturopathic medicine assumes the presence of the clinical resources to provide a primary clinical diagnosis and an appropriate referral network within the community. Primary care naturopathic medicine includes, but is not limited to, the following modalities: preventive medicine, lifestyle modification, counseling, nutrition, botanical medicine, physical medicine, hydrotherapy, homeopathy, and Asian medicine.

Quality Assurance Program

A quality assurance program involves regular assessment of naturopathic clinical treatments and related activities in order to evaluate the quality of naturopathic medical care provided, with the main objective being ongoing improvement in the quality of care.

Recognition Action

A recognition action is a decision by the Committee on Postdoctoral Naturopathic Medical Education that pertains to an institution’s or program’s recognition status as a residency sponsor. The following is the range of possible recognition actions, as described in the *Residency Handbook*:

- a) Grant initial recognition;
- b) Reaffirm recognition;
- c) Issue a warning notice;
- d) Impose probationary recognition; or
- e) Withdraw recognition.

Recognized Residency Sponsor

A recognized residency sponsor is an individual naturopathic medical program (i.e., ND program) or institution offering an ND program that has been granted formal recognition by the Committee on Postdoctoral Naturopathic Medical Education, based on submission of an application, that it meets the Council’s residency sponsor standards. A recognized sponsor is authorized to designate individual affiliated residency sites and residency sites under its direct control that meet the Council’s standards as being “CNME-approved residencies.” Being recognized as a sponsor does not imply that the institution or program is required to provide financial support for the residency.

Residency Program

A residency program is a full-time postdoctoral naturopathic medical program of at least one year (consisting of a minimum of 48 weeks) in length that is open to graduates of CNME-accredited and candidate naturopathic medicine programs who possess (or will obtain before the end of the first academic term) a current, valid naturopathic medical license in a U.S. state or Canadian province.

Residency Program Director

The residency program director (or similarly titled position, such as director of residency education) is the person who has been assigned by a CNME-Recognized Sponsor the administrative responsibility for overseeing the institution's/program's residency program, including monitoring the compliance of campus-based and affiliated residency sites with the Council's standards.

Residency Site

A residency site is a hospital, community clinic, private medical clinic, school clinic, or other clinical practice environment that provides a supervised post-doctoral training opportunity to naturopathic physicians.

Residency Standards

Residency standards refer to the entire set of standards adopted by the Council set forth in the *Residency Handbook* that provide the basis for the Council's oversight of naturopathic residency programs. There are two categories of standards, as follows:

- **Sponsor Recognition Standards.** The Council's standards (and related policies and procedures, as set out in this handbook) that apply to individual ND programs or institutions wishing to obtain and maintain CNME designation as a recognized sponsor.
- **Residency Program Approval Standards.** The Council's standards (and related policies and procedures, as set out in this handbook) that apply to individual residency sites that operate under the authority of recognized sponsors. A recognized sponsor may deem a residency site that complies with the approval standards as being a "CNME-approved residency."

Residency Supervisor

A healthcare practitioner—usually a naturopathic physician—associated with a residency site who has been assigned responsibility for directly overseeing the residency experience and supervising individual residents. The residency supervisor works closely with the residency program director.

Resident

A resident is a graduate of a CNME-accredited or candidate naturopathic medicine program who possess (or will obtain before the end of the first academic term) a current, valid naturopathic medical license in a U.S. state or Canadian province who is in training at a residency site.



UNIVERSAL APPLICATION

FOR

CNME- APPROVED

NATUROPATHIC

RESIDENCIES

2015 – 2016 Application

BASTYR
UNIVERSITY

NCNM
NATIONAL COLLEGE OF
NATURAL MEDICINE

SOUTHWEST COLLEGE OF
SCNM
NATUROPATHIC MEDICINE

UNIVERSAL RESIDENCY APPLICATION PACKET

TABLE OF CONTENTS

Part I

General Information.....	1
Description Of The Application Process	1
Timeline For The Application Process	3
Checklist For The Application Packet.....	4
Matching Program Guidelines.....	5
Overview	5
Candidate Eligibility.....	5
Residency Site Eligibility	5
Timelines & Deadlines	5
Candidate Withdrawal	6
Residency Site Withdrawal	6
Disclaimer	6
Guidelines For The Matching Process	6
Matching Process Schematic.....	6
Steps on Submitting Your Preference List	9
Instructions For Writing A Personal Statement.....	12
And Answering The Essay Questions.....	12
Instructions For Writing A Résumé.....	14

Part II

Personal Data form.....	1
2015-16 Residency Program Preference Lists.....	4
Evaluation Forms	8

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 2015-2016 CNME approved Naturopathic Residency Program, the successful applicant shall possess, by the start of the program, the following:

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

Application Process

This is an applicant-managed application process. This means that applicants are responsible for collating all required elements of the application and submitting completed application packets to the respective school by the deadline, on **January 11, 2015**. **The applicant must submit one complete set of application materials to each school applied to.** No applications will be received or processed **after 5 p.m.** on the deadline date, unless the posting is reopened. It is the applicants' sole responsibility, during all phases of the application process, to know, understand, and comply with all deadlines and ensure that all forms, documentation, and other required elements of the application are submitted to the selection committee on time.

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

Interviews

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

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

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

Applicant Matching

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

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

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

The official results of the NPGA Matching Process shall be published to the NPGA Website by the NPGA Match Administrator on **May 1, 2015 at 9:00pm PT**. Formal letters (to both matched and unmatched applicants) will be mailed on **May 4, 2015**. 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 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:
Leslie Fuller, ND
National College of Natural Medicine
049 SW Porter
Portland, OR 97201
For inquiries, please call: 503-552-1833 or email: lfuller@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

Programs will begin accepting applications on **December 1, 2014**. The application process for residencies associated with the schools involves several steps as outlined below. **Please read this section carefully.**

Key Dates	Description of the process
November 13, 2014	Universal Residency Application available to students by participating US CNME Residency Sponsor Institutions. Please see college websites: www.bastyr.edu , www.ncnm.edu , www.scnm.edu
December 1, 2014	Residency sponsor schools begin accepting applications
January 12, 2015	Applications for First Year Residency positions are due by 5:00pm PT
January 26, 2015	Eligible applications are sent by residency administrators to all participating sites.
February 16- April 13, 2015	Interview period for First Year Residencies positions: An applicant should anticipate that a residency site may schedule interviews anytime during this period.
April 17, 2015	Ranking of residency sites are submitted by applicants through the NPGA match portal by 5:00pm PT. Ranking of applicants are submitted by sites to their corresponding residency administrators by 5:00pm PT
April 27, 2015	Applicants receive their confidential Match Identification Number from the NPGA Match Administrator.
May 1, 2015	NPGA Match Day! NPGA Residency Matching Committee convenes and match results are published on the NPGA website by 9:00 pm PT. Site administrators will be contacted via e-mail by residency administrators.
May 4, 2015	Formal letters mailed to applicants confirming selection with "statement of intent" or denial
May 18, 2015	Signed Statement of Intent acknowledging acceptance of the residency offers must be received 5:00pm PT.
May 20, 2015	If applicable- Unmatched applicants are informed of unmatched sites as well as the application procedures for those sites
May 1, 2015	Applications for Second/Third Year Residency Positions due by 5:00pm PT
May 15, 2015	Interview dates for Second/Third Year Residency Positions

APPLICATION PACKET CHECKLIST

(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 school 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 school's residency sites (refer to Part II pp. 3-5) you have applied to. Note: The application fee is waived if the applicant is only applying to the STAIR Integrative Residency Program through Bastyr University.
- Non-refundable Match Fee \$25* to the NPGA. DO NOT** include this payment when you submit your application documents. This is a separate fee and you will only need to pay this before submitting your site preference to NPGA Match Administrator. *(*Please refer to the NPGA website before submitting your list for payment instructions.)*
- Résumé.** Please refer to the enclosed résumé template
- A copy of your NPLEX I passing scores from NABNE.**
- Signed Academic Records**
- Signed Verification of Application Authenticity & Integrity**
- Signed Matching Process Verification**
- Signed Permission to Share Information with the NPGA**
- Signed Acknowledgements**
- Signed Disclaimer**
- Official transcript from your graduating naturopathic college or university. In addition, if you transferred from one ND school to another, kindly submit official transcripts from the other college or university at which credits were earned toward your ND degree.** All applicants must submit transcripts in their original sealed envelopes with an authorized signature across the envelope seal. If the selection committee suspects that a transcript has been altered or tampered with in any way, your residency application may be immediately and permanently terminated. **Note:** If you are a NCNM student, you do not need to supply the NCNM Residency Department with an NCNM transcript. By signing the release below, the department will access your transcript from the registrar's office.
- Three (3) Evaluation Forms.** In the **List of References** section of the Personal Data sheet, please write the name and information of the three (3) persons who have agreed to be your references and evaluators. Each person listed as a reference must fill out an evaluation. **For your first reference, you must have a clinical supervisor. For your second reference, you may have either a clinical supervisor or clinical faculty (someone who teaches in the clinic and but has not supervised you personally). For your third reference, you may select a clinical supervisor, clinical faculty, clinical preceptor, or medical professional.**

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

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

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

NATUROPATHIC POST-GRADUATE ASSOCIATION MATCHING PROGRAM GUIDELINES

Overview

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

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

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

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

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

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

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

Candidate Eligibility

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

Residency Site Eligibility

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

Timelines & Deadlines

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

Candidate Withdrawal

A candidate may withdraw from the matching process by submitting a request in writing to the residency program administrator of the CNME Recognized Sponsor School to which the candidate had applied. If a candidate withdraws prior to the match, the candidate will be excluded from being offered a residency position from the participating sites during the current match cycle. If a candidate withdraws after being matched, the candidate shall forfeit his/her matched position and will not be allowed to participate in future match cycles for an additional two (2) years.

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: 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 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: 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

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

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

Step 1

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

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

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

Step 2

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

Step 3

On your web browser, type the following web address - www.np-ga.com

Step 4

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

Step 5

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

Naturopathic Post-Graduate Association
Helping Naturopathic Doctors Take Root

Home Match List Residency Timeline Residency Site Submission Residency News About Us Q & A Contact Us

Naturopathic Post-Graduate Association Matching Program

Instructions:

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

* Required

Site Preference No 1

Step 6

Be as specific as possible when writing the clinic name.

Step 7

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

Step 8

Write the city & state of the site.

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

Site Preference No 1

Clinic Name *
Bastyr Center for Natural Health

Site Supervisor *
Gary Garcia

City *
Seattle

State *
WA

School Site Affiliation *
Bastyr

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

Yes
 No, next page

Continue »

Powered by Google Docs
[Report Abuse](#) - [Terms of Service](#) - [Additional Terms](#)

Step 9

Verify that all the information you typed is correct.

Step 10a

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

Step 11

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

OR

Site Preference No 1

Clinic Name *
Bastyr Center for Natural...

Site Supervisor *
Gary Garcia

City *
Seattle

State *
WA

School Site Affiliation *
Bastyr

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

Yes
 No, next page

Continue >

Powered by Google Docs

Step 10b

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

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

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

Site Preference No 1

Clinic Name *
Bastyr Center for Natural...

Site Supervisor *
Gary Garcia

City *
Seattle

State *
WA

School Site Affiliation *
Bastyr

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

Yes
 No, next page

Continue >

Powered by Google Docs

Step 11

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

Naturopathic Post-Graduate Association Matching Program

* Required

Agreement

I AGREE that by clicking and marking this box that my decision on sites listed above is final. I also agree that failure to mark the box will disqualify me automatically from the match. By sending this document electronically I hereby certify that I have read and understand the "Naturopathic Post-Graduate Association Matching Program (NPMP)" document. I understand that not following the matching process guidelines may result in the rejection of my application and/or dismissal from any position held or obtained through the NPMP matching process. *

I Agree

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

I Agree

< Back Continue >

Step 12

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

The screenshot shows a registration form for the Naturopathic Post-Graduate Association Matching Program. The form includes a "Submit" button at the top, followed by input fields for "First Name", "Middle Initial", "Last Name", "E-mail", and "Date". Below these is a "Comments" text area. At the bottom, there are "Back" and "Submit" buttons. A red asterisk indicates required fields.

Step 13

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

The screenshot shows the website header with the NPGA logo and tagline "Helping Naturopathic Doctors Take Root". Below the header is a navigation menu. The main content area displays a confirmation message: "Naturopathic Post-Graduate Association Matching Program. Your submission has been received. Please note that your NPGA submission requires a \$25 fee in order to be entered into the match process. you're almost done!". A link to the registration fee page is provided.

Step 14

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

The screenshot shows the payment page for the registration fee. It features the NPGA logo and tagline. The main content area includes a "Registration Fee" section with a "PayPal" button. Text explains that the \$25 fee is required for match entry and provides instructions for payment. A "PayPal" logo is also visible.

Step 15

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

The screenshot shows the checkout process. On the left is a "Your order summary" table with columns for "Description" and "Amount". The main area is titled "Choose a way to pay" and includes a "Have a PayPal account?" section with a "PayPal" logo. Below this is a "Don't have a PayPal account?" section with a "Pay with your debit or credit card, or with Bill Me Later" option. The form includes fields for "Country", "Card number", "Payment Type", "Expiration date", "Card", "CVC", "First name", "Last name", "Address line 1", "Address line 2", "City/State", "ZIP code", "Telephone", and "Email". A "Submit" button is at the bottom.

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 to. In the header of the document, type your name and residency site you are applying to (i.e. BCNH, NCM, SCNM, CTCA, STAIR, 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. In the header of the document, type your name and residency site you are applying to in the upper right hand corner of the page.

1. **Essay Question 1:** Undergoing a residency is very demanding and may require tasks that go beyond the usual expectations of the program.
 - a) Describe a past experience that would highlight your adaptability and flexibility in meeting your work/school related responsibilities.
 - b) Identify a quality or expectation in a residency work environment that you believe is essential in your success in the program. Explain in detail why this is important to you and how you plan to achieve it.
2. **Essay Question 2:** Part of the experience of working in a clinical setting involves interactions with a diverse environment of patients, office staff, students, and other physicians. Situations sometimes arise that involve ethical dilemmas or various types of conflict.
 - a) Discuss how you approach conflict resolution and ethical dilemmas.
 - b) Please cite an example from your own experience wherein you applied this approach.
3. **Essay Question 3** (Site Specific Essay Questions):
 - a. **If applying to BCNH through Bastyr, OR NCM Teaching Clinic through NCM, 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 NCM or SCNM** please answer this question: An important component of being a resident in private clinic is developing your patient base. Please provide at least two specific ways on how you plan to approach this challenge.
 - c. **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?
 - d. **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 Bastyr, NCNM, and SCNM 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, NCNM, and SCNM 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, NCNM, and SCNM applicants):** Comment on some of the challenges that you faced as a first year resident and how you overcame those challenges.
3. **Essay Question 3**
 - a. **For Bastyr applicants:** Provide an example of a work situation that had frequent rule changes, describe the specific steps you did at that time to address the issue, and now based on hindsight describe if and why you would make any changes to the initial measures you took .
 - b. **For NCNM applicants:** As a second Year Resident, you will transition from solely working with attending physicians to managing your own teaching shifts. How do you plan to use this experience to incorporate both academic and clinical learning into the experience of the students?

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

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

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

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

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

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

INSTRUCTIONS FOR WRITING A RÉSUMÉ

Instructions for writing your Résumé

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

Definition of Terms

Profile

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

Education

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

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

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

Related Experience

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

Additional Relevant Information

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

First Name MI Last Name

Current Home Address

City, State, Zip Code

Phone Number

Email

Profile

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

Education

Doctor of Naturopathic Medicine, Graduating June 2004

Bastyr University, Kenmore, WA 1999 – 2004

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

Research Project

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

Clinical Rotations:

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

Preceptorships:

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

Bachelor of Science, Zoology

Miami University, Oxford, OH 1991 - 1995

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

Related Experience

Bastyr University, Kenmore, WA 2000-present

Teaching Assistant

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

Bastyr University, Kenmore, WA 2003

Secretary, Student Council

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

Bastyr University, Kenmore, WA, 2000- 2001

Research Assistant, Department of Exercise Science

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

Blue Moon Natural Clinic, Seattle, WA 1999-2001

Assistant to the Clinic Manager

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

Kenmore Youth Ministry, Kenmore, WA 1999-2001

Camp Group Leader

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

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

Volunteer Recreation Worker

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

Morgan Mountain Sports, Oxford, OH 1995-1997

Owner and Operator

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

TEMPLATE

Additional Relevant Information

When applicable, list down items under the following categories:

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

PART II

APPLICATION PACKET FORMS TO BE SUBMITTED

PERSONAL DATA

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

Month and Year _____

- My degree is from:
- Bastyr University
 - Boucher Institute of Naturopathic Medicine
 - Canadian College of Naturopathic Medicine
 - National University of Health Sciences
 - National College of Natural Medicine
 - Southwest College of Naturopathic Medicine
 - University of Bridgeport College of Naturopathic Medicine

- I am applying for a:
- First Year Residency Position
 - Second Year Residency Position
 - Third Year Residency Position (if any are available)

**Please attach
a recent
photo of
yourself
(Optional)**

General Data *(Please type or print legibly)*

Legal Name _____ Sex F M
Last First Middle Initial

Preferred Name _____ Former Last Name(s) _____

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

Current Address _____ Use address until _____
Street Address Date

City or Town State Zip Country

Permanent Address _____ Permanent Phone _____
Street Address

City or Town State Zip Country

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

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

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

Disclosure Statements

Please answer the following questions. An applicant is required to submit a written supplement to this application if the answer is "Yes" to any of the questions below. The fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to questions 1 through 8.

1. Have you ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor? Yes No
2. Have you ever had a license/certificate, including a driver's license, suspended or revoked by any agency? Yes No
3. Have you ever been disciplined by any agency for an act of unprofessional conduct as defined in Arizona Revised Statutes, Section 32-1501? **This is for Arizona only.** Yes No
4. In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency? Yes No
5. Do you have a complaint pending before any agency? Yes No
6. Have you ever been found guilty of being medically incompetent? Yes No
7. Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgment? Yes No
8. Do you have any medical condition that in any way impairs or limits your ability to practice medicine? Yes No

List of References / Faculty Evaluators

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 school 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 school to contact any and all references/evaluators I have listed above in order to solicit information regarding my education, clinical performance, previous or current performance if employed by reference, and similar background information. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed by any or all listed references above, I release my employer(s) from any liability for any information provided regarding my work history by said employer.

Signature

Date

Academic Records Release:

If you are applying to a residency program you must sign this release of records. By signing below, I hereby give my expressed permission to the school administering the residency program and individuals designated by such to access all components of my institutional record.

Signature

Date

For All Applicants – Verification Of Application Authenticity & Integrity:

By signing below, I hereby certify that all information contained in this application is factually correct and honestly presented, and that I have read and understand all provision outlined in this application and supporting documents. I understand that any false information presented in this application or any part of the application process may result in the rejection of my application, dismissal from any position held with the school, and revocation of any degrees, certificates etc. awarded by the school. Furthermore, my signature is evidence of my agreement with all parts, provisions, protocol and regulations as indicated in this application and supporting documents.

Signature

Date

For All Applicants – Matching Process Verification:

By signing below, I hereby certify that I have read and understand the "NPGA Residency Matching Guidelines" and "Steps on Submitting Your Resident Preference List" documents. I understand that not following the Matching Process Guidelines may result in the rejection of my application and/or dismissal from any position held or obtained through the NPGA matching process. Furthermore, my signature is evidence of my agreement with all parts, provisions, protocol and regulations as indicated in this application and supporting documents.

Signature

Date

Permission to Share Information with the NPGA:

By signing below, I authorize the school to release information regarding my residency application which include the site(s) selected on the Program Preference form(s) that I submitted in my application.

I understand that information from the aforementioned forms shall be used by the NPGA solely for the purpose of collecting and collating statistical data to ensure an accurate census of the all applicants who applied during this application cycle.

I understand that I may cancel this permission at any time by notifying the NPGA and the sponsor school. If I cancel this permission, I acknowledge that the school cannot take back any information that it shared with the NPGA when it had my permission to do so.

I understand that by canceling my permission to share information with the NPGA that processing of my application will not be affected in any way.

Print Name

Signature

Date

Acknowledgements

I acknowledge that I have gathered all the necessary information needed for my application and that I have researched the needs of the sites that I have applied to.

I acknowledge that my application fee is not refundable regardless of the future availability of the residency site(s) that I have applied to.

I acknowledge that submission of an application does not guarantee that I shall be invited for an interview.

I acknowledge that the interview for the residency position is at the discretion of and by invitation from each individual site.

I acknowledge that should an in-person interviewed be required by the site that I shall be responsible for all the cost of travel and lodging, unless offered by the site to provide for such accommodations.

I acknowledge that should I accept an offered position, that this may require that I relocate to the appointing site, and that this shall be all on my expense.

I acknowledge that by not accepting the position within in the appropriate timelines, that the program shall consider my decision as final and shall fill the position with another individual without further notice.

By signing below, I certify that I am fully agree to and comprehend the statements enumerated statements above:

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. As such the cancellation or withdrawal of the residency position shall be at the discretion of the hosting site and can occur at any time during the application cycle.

I agree that the school shall not be held responsible for the cancellation of residency position at any of the sites and that the university does not guarantee permanence of any offered position.

Print Name

Signature

Date

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

<p>Bastyr Center for Natural Health</p> <input type="checkbox"/> First Year Residency <ul style="list-style-type: none"> Seattle WA Six (6) Full-time positions Start date: September 2015 Out-patient General Medicine Director: Gary Garcia, MD, MHA <p>www.bastyrcenter.org</p>	<p><input type="checkbox"/> Anderson Medical Specialty Associates</p> <ul style="list-style-type: none"> Seattle WA One (1) Full-time, one-year position Start date: Fall 2015 Naturopathic Oncology Private Clinic Director: Paul Anderson ND <p>www.amsa1.com</p>	<p><input type="checkbox"/> Champlain Center for Natural Medicine, Shelburne, VT</p> <ul style="list-style-type: none"> One (1) Full-time, one-year position Start date: October 2015 Naturopathic General Medicine Private Clinic Director: Bill Warnock, ND <p>www.vtnaturalmed.com</p>	<p><input type="checkbox"/> Institute of Complimentary Medicine Seattle, WA</p> <ul style="list-style-type: none"> One (1) Full-time, one-year position Start date: October 2015 Naturopathic General Medicine Private Clinic Director: Janci Karp, ND, LAc <p>www.icmedicine.com</p>	<p><input type="checkbox"/> STAIR Integrative Residency</p> <p>Acupuncture & Integrative Medicine Center Phoenix, AZ</p> <ul style="list-style-type: none"> One (1) Full-time one-year position Start Date: October 2015 Director: Julie Gorman, NMD, LAc NO APPLICATION FEE For more information visit <p>www.AIMCenterAZ.com</p>
<p>Bastyr University Clinic – San Diego</p> <input type="checkbox"/> First Year Residency <ul style="list-style-type: none"> San Diego, WA One (1) Full-time position Start date: September 2015 Out-patient General Medicine Director: Joni Olehausen, ND <p>www.bastyrclinic.org</p>	<p><input type="checkbox"/> Cancer Treatment Centers of America at Eastern Regional Medical Center, Philadelphia, PA</p> <ul style="list-style-type: none"> One (1) Full-time, two-year position Start date: November 2015 Naturopathic Oncology Out-patient & In-patient rotations Director: Marie Winters, ND, FABNO <p>www.cancercenter.com/eastern</p>	<p><input type="checkbox"/> Emerald City Clinic, Seattle, WA</p> <ul style="list-style-type: none"> One (1) Full-time, two-year position Start date: October 2015 Naturopathic General Medicine Private Clinic Director: Molly Niedermeyer, ND <p>www.emeraldcityclinic.com</p>	<p><input type="checkbox"/> IU Health Goshen Center for Cancer Care, Goshen IN</p> <ul style="list-style-type: none"> One (1) Full-time, two-year position Start date: October 2015 Naturopathic Oncology Out-patient & In-patient rotations Director: Emily Moore, ND, FABNO <p>www.iuhealth.org/goshen/cancer-care</p>	<p><input type="checkbox"/> True North Health Center Santa Rosa, CA</p> <ul style="list-style-type: none"> One (1) Full-time, one-year position Start date: November 2015 Clinical Research Residency Private Clinic Director: Alan Goldhamer, DC Mentor: John Finnell, ND <p>www.healthpromoting.com</p>
<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 2015 Out-patient General Medicine Director: Gary Garcia, MD, MHA <p>www.bastyrcenter.org</p>	<p><input type="checkbox"/> Cancer Treatment Centers of America at Midwestern Regional Medical Center, Zion, IL</p> <ul style="list-style-type: none"> One (1) Full-time, two-year position Start date: November 2015 Naturopathic Oncology Out-patient & In-patient rotations Manager: Tracey Thomas, ND, FABNO <p>www.cancercenter.com/midwestern</p>	<p><input type="checkbox"/> Holistic Health Clinic, Tacoma, WA</p> <ul style="list-style-type: none"> One (1) Full-time, two-year position Start date: October 2015 Naturopathic General Medicine Private Clinic Director: Owen Miller, ND <p>www.theholistichealthclinic.com/</p>	<p><input type="checkbox"/> Mother & Child Clinic Carnation, WA</p> <ul style="list-style-type: none"> One (1) Full-time, one-year position Start date: October 2015 Naturopathic Pediatric Medicine Private Clinic Director: Kathleen Allen, ND <p>www.motherchildmedicine.com</p>	<p><input type="checkbox"/> Yellowstone Naturopathic Clinic Billings, MT</p> <ul style="list-style-type: none"> One (1) Full-time, one-year position Start date: October 2015 Naturopathic Oncology Private Clinic Director: Margaret Beeson, ND <p>www.yncnaturally.com</p>
<p>Bastyr Center for Natural Health</p> <input type="checkbox"/> Chief Residency <ul style="list-style-type: none"> Seattle WA One (1), Full-time position Start date: September 2015 Out-patient General Medicine Director: Gary Garcia, MD, MHA <p>www.bastyrcenter.org</p>	<p><input type="checkbox"/> Cancer Treatment Centers of America at Southwestern Regional Medical Center, Tulsa, OK</p> <ul style="list-style-type: none"> One (1) Full-time, two-year position Start date: November 2015 Naturopathic Oncology Out-patient & In-patient rotations Director: Katherine Anderson, ND, FABNO <p>www.cancercenter.com/southwestern</p>	<p><input type="checkbox"/> Holistique Medical Center, Bellevue WA</p> <ul style="list-style-type: none"> One (1) Full-time, one-year position Start date: October 2015 Naturopathic General Medicine Private Clinic Director: Nooshin Darvish, ND <p>www.drdarvish.com</p>	<p><input type="checkbox"/> Integrative Oncology at Institute of Complimentary Medicine (Seattle WA) and Providence Integrative Care (Olympia, WA)</p> <ul style="list-style-type: none"> One (1) Full-time, one-year position Start date: Fall 2015 Naturopathic Oncology Private Clinic Director: Chad Aschtgen Seattle, ND, FABNO <p>www.seattlend.com</p>	<p>Throughout the 2015-2016 application cycle, Bastyr may announce additional new sites.</p> <p>To signify your interest in any new site, kindly complete the box below.</p>

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

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

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

- Please send my application and supporting documents to:

CAREFULLY READ THE FOLLOWING ACKNOWLEDGEMENT AND DISCLAIMER STATEMENTS

ACKNOWLEDGEMENT

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

Print Name _____

Signature _____

Date _____

DISCLAIMER

By signing below, I am fully aware that all the current residency offerings are based on projected needs of each host site and dependent on availability of program funding at the proposed start date. I agree that the university shall not be held responsible for the cancellation of residency positions at any of the sites; that such cancellations shall be at the discretion of the hosting site; and that the university does not guarantee permanence of any offered position.

Print Name _____

Signature _____

Date _____



**Program Preference Form
2015-2016 List of Available Residency Sites**

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

<input type="checkbox"/> NCNM Clinic, Portland, OR <ul style="list-style-type: none"> Eight (8) Full-time, One-Year Positions Start date: October 2015 General practice with time split between NCNM Clinic and community clinics. Assist in academic CPD, GYN and other lab classes as needed. Assist in student proficiency testing. Strong academic and teaching background preferred. Director: Leslie Fuller, ND 	<input type="checkbox"/> A Woman's Time/NCNM, Portland, OR <ul style="list-style-type: none"> One (1) Full-Time, One-Year Position Start date: October 2015 Integrative medicine – preferential focus on women's health 1/4 time at NCNM clinics/lab classes Applicants must have demonstrated a special interest in women's health Knowledge of botanical and nutritional therapeutics is beneficial. Current residents are encouraged to apply. Director: Tori Hudson, ND 	<input type="checkbox"/> A Woman's Time, Portland, OR <ul style="list-style-type: none"> One (1) Full-Time, One-Year Position with possibility of extending into a 2nd year. Start date: October 2015 Preferential focus on women's health. Applicants must have demonstrated some acumen and special interest in women's health. Knowledge of botanical and nutritional therapeutics is beneficial. Current residents are encouraged to apply. Director: Tori Hudson, ND 	<input type="checkbox"/> Full Circle Care, SLC, UT <ul style="list-style-type: none"> One (1) Full-Time, One-Year Position Start date: October 2015 Candidates must intend to practice in Utah after residency to be considered. Primary focus is on adult internal medicine with emphases in endocrinology, reproductive health, gastroenterology, and autoimmune diseases. Director: Leslie Peterson, ND
<input type="checkbox"/> A Family Healing Center, McMinnville, OR <ul style="list-style-type: none"> One (1) Full-Time, One-Year Position Start date: October 2015 Primary care with focus on women's medicine, pediatric care, and pain management. Participate in the care of patients, management and writing new material for public relations, and have an obligation to ensure the continuing of naturopathic care. Director: Jason Black, ND & Jessica Black, ND 	<input type="checkbox"/> Center for Traditional Medicine, Lake Oswego, OR <ul style="list-style-type: none"> One (1) Full-time, One-Year Position Start date: October 2015 Broad based naturopathic practice with a focus in orthopedic medicine and regenerative medicine. Regenerative tissue injection therapies, aesthetic medicine, minor surgery. Director: Noel Peterson, ND 	<input type="checkbox"/> An Hao Natural Health Clinic, Portland, OR <ul style="list-style-type: none"> One (1) Full-Time, One-Year Position with possibility of extending into a 2nd year. Start date: October 2015 Primary care with focus on women's health, chronic illness, and cancer care. Candidates must be licensed to practice both Naturopathic medicine and Chinese Medicine. Director: Edythe Vickers, ND, LAc 	<input type="checkbox"/> Canby Clinic, Canby, OR <ul style="list-style-type: none"> One (1) Full-Time, One-Year Position Start date: October 2015 Small town family practice with a focus in primary care and IV therapy. General Naturopathic Family Practice, practice management, and integrative medicine. Director: Erin Walker, ND
<input type="checkbox"/> Center for Natural Medicine, Portland OR <ul style="list-style-type: none"> One (1) Full-time, One-Year Position Start date: October 2015 General practice with an emphasis on Cardiology, Oncology and Pulmonology. Additional focus on IV therapy, orthotics, and amino acid therapies. Resident will work full time at CNM seeing patients with Dr. Milner & independently. Goal of publishing at least one article by the end of the year. Only applicants from the Heart & Lung mentor rotations at CNM will be considered for interview. Director: Marty Milner, ND 	<input type="checkbox"/> Dynamic Healing Center, Alexandria, MN <ul style="list-style-type: none"> One (1) Full-time, One-Year Position Start date: October 2015 Integrated Naturopathic Functional Medicine clinical, Lifestyle Medicine Solutions and Pain Management. Multi-disciplinary setting: time is spent at main clinic and 3 satellite clinics Strong emphasis on the Functional Medicine, Lifestyle Medicine and implementation of the FirstLine Therapy Program, advanced body composition assessment, and Pain Management through Frequency Specific Microcurrent and Cold Laser Therapy. Director: Kristie Hughes, ND 	<input type="checkbox"/> Progressive Medical, Atlanta, GA <ul style="list-style-type: none"> One (1) Full-time, One-Year Position with possibility of extending into a second year Start date: October 2015 Pain management center with contrast therapies, TENS units, hyperbaric oxygen chambers, prolozone therapy, chiropractic care, acupuncture Cancer center including high dose nutritional IVs as well as IPT. The clinic has a heavy emphasis of functional medicine testing. Residents will become proficient with standard laboratory testing as well as 	<input type="checkbox"/> Richmond Natural Medicine, Richmond, VA <ul style="list-style-type: none"> One (1) full-time, one-year position with a possibility of extending into a second year or third year Strong interest in working within an integrative medicine office in an unlicensed state with 3NDs, nutritionist and master herbalist Applicants with interest in women's medicine, methylation, pediatrics, mental health, family medicine and/or cancer is preferred Emphasis in homeopathy, botanical medicine, nature cure, nutrition and counseling techniques Site Director: Leah Hollon, ND
<input type="checkbox"/> Grain Integrative Health, Portland, OR <ul style="list-style-type: none"> One (1) Full-time, One-Year Position Start date: October, 2015 Primary care integrative medicine – whole family healthcare from infancy through hospice care with acute care management is emphasized. Clinically, this residency demands a strong philosophical foundation. Directors: Sarah Kates-Chinoy, ND and Lindsay Baum, ND 	<input type="checkbox"/> Integrative Naturopathic Medical Centre, Vancouver, BC <ul style="list-style-type: none"> One (1) Full-time, One-Year Position Start date: October 2015 Primary Care with a strong focus on integrating the patient's biochemical, structural, and mental/emotional concerns Multi-Disciplinary clinic with full Dispensary, Lab, and Skin Care Centre Clinical rotations, private practice, lab/IV experience, and business exposure Director: Alex Chan, ND 	<input type="checkbox"/> Two Rivers Integrative Medicine, Roseburg, OR <ul style="list-style-type: none"> One (1) Full-time, One-Year Position with possibility of extending into a second year Start date: October 2015 Services include treatment of women's health conditions, gastrointestinal disease, auto-immune disease, cardiovascular and pulmonary medicine, addiction recovery, specialized IV therapy, holistic pediatrics, and endocrine dysfunction. Director: Ryan Sweeney, ND and Carrie Norris, ND 	<input type="checkbox"/> Portland Clinic of Holistic Health, OR <ul style="list-style-type: none"> One (1) Full-Time, One-Year Position. Start date: October 2015 Naturopathic primary care with wide span of clinical cases. Areas of educational focus will include oncology, women's medicine, infectious disease, respiratory disease, autoimmune disease and pediatrics. Resident is expected to participate in community outreach and wellness lectures. Director: Eric Blake, ND, LAc
<input type="checkbox"/> Today Integrative Health + Wellness, Lake Oswego, Or <ul style="list-style-type: none"> One (1) Full-time, One-Year Position Start date: October 2015 Emphasis of integrative naturopathic medicine in the context of in primary care with emphasis on EMB in Group practice Director committed to supporting residency educational goals Will engage in observational care, direct patient care, marketing and outreach, patient resource creation, and networking Current residents are encouraged to apply. Director: Misty White, ND 	<input type="checkbox"/> Arthritis Care, Lansing, MI <ul style="list-style-type: none"> One (1) Full-Time, One Year Position Start date: Oct. 2015 Has a particular focus in rheumatology and polypharmacy. Residents work closely with Dr. Guggenheim and other clinic providers to provide quality patient care and spend approximately 75% of their time providing patient care. Director: Carla Guggenheim, DO; Co-director Nicholas Morgan, ND 	<input type="checkbox"/> University of Bridgeport Naturopathic College, CT <ul style="list-style-type: none"> One (1) Full-time, One-Year Position Start date: October 2015 General family medicine at UB Health Center working with supervising physicians on student teaching clinical shifts. Multiple specialty shifts available and time allocated for a varied experience for the resident. Clinical rotations at local hospitals, private practice offices and other clinic related facilities, research work and special projects also available. Site Director: Cheryl D. Proctor, N.D. 	<input type="checkbox"/> Kwan Yin Healing Arts, Portland, OR <ul style="list-style-type: none"> One (1) Full-time, One-Year Position with possibility of extending into a second year Start date: October 2015 This residency will merge Naturopathic and Chinese perspectives to properly diagnose and treat in a general medicine practice. Additional focus in gastrointestinal disorders. There will be opportunities for external rotations with Medical Doctors, Naturopathic Doctors and Acupuncturists. Applicants with ND and Lac only. Director: Ilana Gurevich, ND, LAc
<input type="checkbox"/> 2nd/3rd YEAR RESIDENCY OPPORTUNITIES, NCNM Clinic, Portland, OR <ul style="list-style-type: none"> Three (3) Full-time, One-Year Positions Start date: October 2015 Assist and supervise student teaching shifts, assist in academic CPD, GYN and other lab classes as needed. Organize and supervise Clinic Synthesis classes, Clinical Skills Enhancement, and weekly Grand Rounds. 2nd year residency: Completion of first-year residency from an accredited program is required. 3rd year residency: Completion of second-year residency from an accredited program is required. Director: Leslie Fuller, ND 		<input type="checkbox"/> Please indicate below if you would like to be included for other future residency training offerings should any be available for the 2014-2015 program year. <ul style="list-style-type: none"> <input type="checkbox"/> Yes, please notify me of new program offerings. <input type="checkbox"/> No, I do not wish to be notified about new program offerings. <input type="checkbox"/> Depends: Please notify me about new programs meeting the following criteria: <ul style="list-style-type: none"> Location: _____ Specialty: _____ 	

CAREFULLY READ THE FOLLOWING ACKNOWLEDGEMENT AND DISCLAIMER STATEMENTS

ACKNOWLEDGEMENT

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

Print Name

Signature

Date

DISCLAIMER

By signing below, I am fully aware that all the current residency offerings are based on projected needs of each host site and dependent on availability of program funding at the proposed start date. I agree that the university shall not be held responsible for the cancellation of residency positions at any of the sites; that such cancellations shall be at the discretion of the hosting site; and that the university does not guarantee permanence of any offered position.

Print Name

Signature

Date



**Program Preference Form
2015-2016 List of Available Residency Sites**

NATUROPATHIC MEDICINE

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

<input type="checkbox"/> SCNM First Year General Medicine Five (5) Full-time, One Year Position Start date: Sept 2015 General Practice Jessica Mitchell, ND j.mitchell@scnm.edu Tempe, Arizona Residents rotate through all rotations and with all specialties.	<input type="checkbox"/> SCNM Second General Medicine Residency Three (3) Full-time, One Year Position Start date: Sept 2015 General Medicine Jessica Mitchell, ND j.mitchell@scnm.edu Tempe, Arizona First year residency required.	<input type="checkbox"/> SCNM Second Year Homeopathic Specialty One (1) Full-time, One Year Position Start date: Sept 2015 Homeopathic Practice Stephen Messer, ND s.messer@scnm.edu Tempe, Arizona Requirement for application includes one year residency or one year in private practice.
---	--	--

Affiliated Site First Year Residency Opportunities

<input type="checkbox"/> Alaska Center for Natural Medicine One (1) Full-time, One Year Position Start Date: Sept 2014 General Medicine Practice Scott Luper, ND, Fairbanks, Alaska This is a busy private practice in Fairbanks Alaska looking for a resident with special interest in the pediatric population. Please contact Heather at altmedchick@yahoo.com for more information.	<input type="checkbox"/> Centro de Salud Familiar One (1), Full-time Two Year Position Start date: Sept 2015 General Practice/Urgent Care Medicine Sam Walker, ND, and Cathy Walker, ND Phoenix, Arizona This is a very busy, predominantly Spanish speaking, low income, high volume clinic. Please contact Dr. Cathy Walker at drcwokr@aol.com for more information.	<input type="checkbox"/> LINK Medical Center One year, full time position Start date: Sept 2015 Anti-aging and regenerative medicine practice Garrett Wdowin NMD Newport Beach, CA Thriving integrative practice in Newport Beach, CA is looking for a resident with focus on HRT, IV therapies and prolotherapy. Please contact MedicalStaff@LINKMedicalCenter.com
<input type="checkbox"/> Revolution Health Medicine Center First Year General Medicine One (1) Full-time, One Year Position Start date: Sept 2015 General Practice/Primary Care Tracy Magerus, NMD drmagerus@gmail.com Phoenix, Arizona A highly successful naturopathic medical clinic. Goals of program will be to gain deeper understanding of the conditions that affect the majority of people who seek care from a primary care physician including women with reproductive age issues, infertility and peri/post menopause concerns	<input type="checkbox"/> Arrowhead Health Centers One (1) Full-time, Two Year Position Start Date: Sept 2015 Integrated Health Center Ken Levin ken.levin@arrowheadhealth.com Glendale, AZ Arrowhead Health Center is a comprehensive integrated health center with NCOA Patient Centered Medical Home Level 3 Recognition. We have all of the specialty programs and resources that a patient would need under one roof. By integrative we mean all of these specialties and resources work together to build a strategic game plan to best fit the patients' needs.	

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

ACKNOWLEDGEMENT

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

Print Name

Signature

Date

DISCLAIMER

By signing below, I am fully aware that all the current residency offerings are based on projected needs of each host site and dependent on availability of program funding at the proposed start date. I acknowledge that the university does not guarantee interviews at sponsoring inst I agree that the university shall not be held responsible for the cancellation of residency positions at any of the sites; that such cancellations shall be at the discretion of the hosting site; and that the university does not guarantee permanence of any offered position.

Print Name

Signature

Date

EVALUATION FORMS

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

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

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

Applicant's Legal Signature _____ Date _____

Applicant's Legal Name _____

Applicant's Address _____

City/State/Zip _____ Phone _____

TO THE EVALUATOR:

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

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

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

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

I have known the applicant for:

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

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

Evaluator's Legal Signature _____ Date _____

Evaluator's Legal Name _____

Evaluator's Address _____

City/State/Zip _____ Work Phone _____ Best Time to Call _____

Applicant Name: _____

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

I. Communication Skills

A. Verbal Style Deliberate Articulate Direct Circuitous Insensitive Not Observed

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

Additional Comments: _____

B. Listening Style Thoughtful Attentive Empathetic Oblivious Distracted Not Observed

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

Additional Comments: _____

C. Writing Style Excellent Good Satisfactory Adequate Poor Not Observed

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

Additional Comments: _____

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

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

Additional Comments: _____

E. Case / Clinical

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

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

Additional Comments: _____

II. Situational Performance

A. Medical Emergency

Quick thinking Organized Focused and Calm Panicked Hesitant Cannot Evaluate

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

Additional Comments: _____

B. Last minute changes in schedule or patient appointments

Accepting Composed Adaptable Irritated Frustrated Cannot Evaluate

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

Additional Comments: _____

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

Respectful Receptive Avoidant Judgmental Dismissive Cannot Evaluate


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

Additional Comments: _____

Applicant Name: _____

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

Empathetic Clear thinking Appropriate Avoidant Confrontational Cannot Evaluate


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

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

Additional Comments: _____

E. Friction with Supervisor, Student, Staff

Respectful Professional Calm composed Reactive Antagonistic Cannot Evaluate

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


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

Additional Comments: _____

III. Medical Expertise

A. When taking the clinical history and review of system

Thorough Methodical Confident Uncertain Disorganized Cannot Evaluate


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

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

Additional Comments: _____

B. When recognizing abnormal results on a Physical Exam

Thorough Competent Adept Undiscerning Uncertain Cannot Evaluate


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

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

Additional Comments: _____

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

Competent Thorough Illogical Dismissive Uncertain Cannot Evaluate


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

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

Additional Comments: _____

D. When prescribing and dosing of nutritional supplements

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate


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

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

Additional Comments: _____

E. When prescribing and dosing of naturopathic remedies

Knowledgeable Appropriate Evidence Based Overuses Anecdotal Cannot Evaluate


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

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

Additional Comments: _____

F. When prescribing and dosing of homeopathic remedies

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate

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

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

Applicant Name: _____

Additional Comments: _____

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

Knowledgeable Appropriate Evidence Based Overuses Anecdotal Cannot Evaluate

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

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

Additional Comments: _____

H. Technique, Application, and Use of Hydrotherapy

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate

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

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

Additional Comments: _____

I. Technique, Application, and Use of Physical Medicine

Knowledgeable Appropriate Competent Tentative/Uncertain Anecdotal Cannot Evaluate

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

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

Additional Comments: _____

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

Knowledgeable Appropriate Evidence based Reasonable pt expectations Anecdotal Cannot Evaluate

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

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

Additional Comments: _____

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

Knowledgeable Appropriate Competent Not considered Baseless Cannot Evaluate

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

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

Additional Comments: _____

IV. Additional Information

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

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

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

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

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

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

Printed Name: _____ Signature of Evaluator: _____ Date: _____

EVALUATION FORM

Page 1 of 4

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

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

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

Applicant's Legal Signature _____ Date _____

Applicant's Legal Name _____

Applicant's Address _____

City/State/Zip _____ Phone _____

TO THE EVALUATOR:

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

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

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

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

I have known the applicant for:

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

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

Evaluator's Legal Signature _____ Date _____

Evaluator's Legal Name _____

Evaluator's Address _____

City/State/Zip _____ Work Phone _____ Best Time to Call _____

Applicant Name: _____

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

I. Communication Skills

A. Verbal Style Deliberate Articulate Direct Circuitous Insensitive Not Observed

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

Additional Comments: _____

B. Listening Style Thoughtful Attentive Empathetic Oblivious Distracted Not Observed

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

Additional Comments: _____

C. Writing Style Excellent Good Satisfactory Adequate Poor Not Observed

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

Additional Comments: _____

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

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

Additional Comments: _____

E. Case / Clinical

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

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

Additional Comments: _____

II. Situational Performance

A. Medical Emergency

Quick thinking Organized Focused and Calm Panicked Hesitant Cannot Evaluate

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

Additional Comments: _____

B. Last minute changes in schedule or patient appointments

Accepting Composed Adaptable Irritated Frustrated Cannot Evaluate

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

Additional Comments: _____

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

Respectful Receptive Avoidant Judgmental Dismissive Cannot Evaluate


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

Additional Comments: _____

Applicant Name: _____

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

Empathetic Clear thinking Appropriate Avoidant Confrontational Cannot Evaluate


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

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

Additional Comments: _____

E. Friction with Supervisor, Student, Staff

Respectful Professional Calm composed Reactive Antagonistic Cannot Evaluate

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


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

Additional Comments: _____

III. Medical Expertise

A. When taking the clinical history and review of system

Thorough Methodical Confident Uncertain Disorganized Cannot Evaluate


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

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

Additional Comments: _____

B. When recognizing abnormal results on a Physical Exam

Thorough Competent Adept Undiscerning Uncertain Cannot Evaluate


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

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

Additional Comments: _____

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

Competent Thorough Illogical Dismissive Uncertain Cannot Evaluate


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

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

Additional Comments: _____

D. When prescribing and dosing of nutritional supplements

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate


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

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

Additional Comments: _____

E. When prescribing and dosing of naturopathic remedies

Knowledgeable Appropriate Evidence Based Overuses Anecdotal Cannot Evaluate


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

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

Additional Comments: _____

F. When prescribing and dosing of homeopathic remedies

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate

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

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

Applicant Name: _____

Additional Comments: _____

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

Knowledgeable Appropriate Evidence Based Overuses Anecdotal Cannot Evaluate

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

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

Additional Comments: _____

H. Technique, Application, and Use of Hydrotherapy

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate

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

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

Additional Comments: _____

I. Technique, Application, and Use of Physical Medicine

Knowledgeable Appropriate Competent Tentative/Uncertain Anecdotal Cannot Evaluate

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

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

Additional Comments: _____

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

Knowledgeable Appropriate Evidence based Reasonable pt expectations Anecdotal Cannot Evaluate

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

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

Additional Comments: _____

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

Knowledgeable Appropriate Competent Not considered Baseless Cannot Evaluate

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

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

Additional Comments: _____

IV. Additional Information

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

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

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

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

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

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

Printed Name: _____ Signature of Evaluator: _____ Date: _____

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

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

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

Applicant's Legal Signature _____ Date _____

Applicant's Legal Name _____

Applicant's Address _____

City/State/Zip _____ Phone _____

TO THE EVALUATOR:

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

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

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

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

I have known the applicant for:

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

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

Evaluator's Legal Signature _____ Date _____

Evaluator's Legal Name _____

Evaluator's Address _____

City/State/Zip _____ Work Phone _____ Best Time to Call _____

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

I. Communication Skills

A. Verbal Style Deliberate Articulate Direct Circuitous Insensitive Not Observed

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

Additional Comments: _____

B. Listening Style Thoughtful Attentive Empathetic Oblivious Distracted Not Observed

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

Additional Comments: _____

C. Writing Style Excellent Good Satisfactory Adequate Poor Not Observed

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

Additional Comments: _____

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

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

Additional Comments: _____

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

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

Additional Comments: _____

II. Situational Performance

A. Medical Emergency

Quick thinking Organized Focused and Calm Panicked Hesitant Cannot Evaluate

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

Additional Comments: _____

B. Last minute changes in schedule or patient appointments

Accepting Composed Adaptable Irritated Frustrated Cannot Evaluate

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

Additional Comments: _____

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

Respectful Receptive Avoidant Judgmental Dismissive Cannot Evaluate

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

Additional Comments: _____

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

- Empathetic
 Clear thinking
 Appropriate
 Avoidant
 Confrontational
 Cannot Evaluate

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

Additional Comments: _____

E. Friction with Supervisor, Student, Staff

- Respectful
 Professional
 Calm composed
 Reactive
 Antagonistic
 Cannot Evaluate

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

Additional Comments: _____

III. Medical Expertise

A. When taking the clinical history and review of system

- Thorough
 Methodical
 Confident
 Uncertain
 Disorganized
 Cannot Evaluate

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

Additional Comments: _____

B. When recognizing abnormal results on a Physical Exam

- Thorough
 Competent
 Adept
 Undiscerning
 Uncertain
 Cannot Evaluate

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

Additional Comments: _____

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

- Competent
 Thorough
 Illogical
 Dismissive
 Uncertain
 Cannot Evaluate

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

Additional Comments: _____

D. When prescribing and dosing of nutritional supplements

- Knowledgeable
 Appropriate
 Anecdotal
 Overuses
 Baseless
 Cannot Evaluate

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

Additional Comments: _____

E. When prescribing and dosing of naturopathic remedies

- Knowledgeable
 Appropriate
 Evidence Based
 Overuses
 Anecdotal
 Cannot Evaluate

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

Additional Comments: _____

F. When prescribing and dosing of homeopathic remedies

- Knowledgeable
 Appropriate
 Anecdotal
 Overuses
 Baseless
 Cannot Evaluate

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

Additional Comments: _____

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

Knowledgeable Appropriate Evidence Based Overuses Anecdotal Cannot Evaluate

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

Additional Comments: _____

H. Technique, Application, and Use of Hydrotherapy

Knowledgeable Appropriate Anecdotal Overuses Baseless Cannot Evaluate

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

Additional Comments: _____

I. Technique, Application, and Use of Physical Medicine

Knowledgeable Appropriate Competent Tentative/Uncertain Anecdotal Cannot Evaluate

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

Additional Comments: _____

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

Knowledgeable Appropriate Evidence based Reasonable pt expectations Anecdotal Cannot Evaluate

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

Additional Comments: _____

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

Knowledgeable Appropriate Competent Not considered Baseless Cannot Evaluate

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

Additional Comments: _____

IV. Additional Information

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

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

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

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

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

Printed Name: _____ Signature of Evaluator: _____ Date: _____

**OPERATING AGREEMENT
BETWEEN**

Bastyr University
14500 Juanita Drive N.E.
Kenmore, WA 98028

AND

XXXXXXX Hospital
XXXX Address
City, State, Zip

This Agreement is made and entered into between **Bastyr University Naturopathic Medicine and Affiliate Residency Program**, hereafter referred to as ("**Bastyr**") located at Kenmore, Washington, and **XXXXXXX XXXXXXXX**, hereafter referred to as ("**Hospital**") located at _____, ____.

Whereas HOSPITAL and the BASTYR share common goals for the training of health care professionals and for service to the community; and

Whereas BASTYR operates either directly or through affiliation, a postdoctoral naturopathic medicine training program that is recognized and complies with the standards of the Council on Naturopathic Medical Education; and

Whereas HOSPITAL has suitable facilities for training and providing desirable medical education learning experiences for residents;

In consideration of the mutual covenants and Agreements contained herein, HOSPITAL and BASTYR agree as follows:

GENERAL PROVISION

There will be no discrimination against any resident covered under this Agreement because of race, color, religion, national origin, age, handicap, status as a Vietnam era or disabled veteran, sex, or sexual orientation, nor will HOSPITAL or BASTYR engage in such discrimination in their employment or personnel policies.

BASTYR RESPONSIBILITIES

1. BASTYR will provide information to HOSPITAL concerning its curriculum, rotation goals, objectives, and evaluation methods to HOSPITAL.
2. BASTYR'S Director of Graduate and Community Medicine or his/her designee will meet with the HOSPITAL, to discuss the implementation, monitoring, and evaluation of the residents' clinical training at HOSPITAL.
3. BASTYR will assign to HOSPITAL only residents who are in good standing, have the required academic background, basic skills, and licensure to be trained at HOSPITAL.
4. BASTYR shall be responsible for assuring and maintaining compliance with the standard for postdoctoral naturopathic medicine training set by the Council on Naturopathic Medical

Education

5. BASTYR shall ensure to the extent possible that residents comply with the policies and procedures established by HOSPITAL. BASTYR will notify the residents their status and responsibilities pursuant to this Agreement.
6. BASTYR will ensure that residents have health insurance coverage. BASTYR will inform the residents that they shall be responsible for their own health needs and health care costs beyond the selected insurance coverage.
7. BASTYR will require the resident to show proof of current immunization for tetanus, diphtheria, hepatitis B, measles, mumps, rubella, varicella, and to have had a recent skin test for tuberculosis.

HOSPITAL RESPONSIBILITIES

1. HOSPITAL will provide residents with a desirable education experience within the scope of health care services provided by HOSPITAL. HOSPITAL will designate one person, who will maintain contact with BASTYR's Director of Graduate and Community Medicine or his/her to discuss the implementation, monitoring, and evaluation of the residents' clinical training at HOSPITAL.
2. HOSPITAL will provide residents with access to sources of information necessary for the residency training, within HOSPITAL's policies and procedures and commensurate with patients' rights, including library resources and reference materials.
3. HOSPITAL will maintain confidentiality of all student records, evaluations and other personal information.
4. HOSPITAL will make available to residents the basic supplies and equipment necessary for care of patients/clients and the Residency Training.
5. HOSPITAL shall assign a member of its medical staff to serve as Faculty for the purposes of Residency Training. Any assigned Faculty will submit required reports on each resident's performance and will provide an evaluation to BASTYR on forms provided by BASTYR.
6. HOSPITAL retains full responsibility for the care of patients/clients, and will maintain the quality of patient care without relying on the residents' training activities for staffing purposes.
7. HOSPITAL has the right to take immediate temporary action to correct a situation where a resident's actions endanger patient care. As soon as possible thereafter, HOSPITAL will notify BASTYR of the action taken. All final resolutions of the resident's academic status in such situations will be made solely by BASTYR after reviewing the matter and considering whatever written factual information HOSPITAL provides for BASTYR; however, HOSPITAL reserves the right to terminate the use of its facilities by a particular resident where necessary to maintain its operation free of disruption and to ensure quality of patient care.

8. HOSPITAL does not and will not assume any liability under any law relating to Worker's Compensation on account of any BASTYR resident's performing, receiving training, or traveling pursuant to this Agreement.
9. On any day when a resident is participating in the Residency Bastyr at its facilities, HOSPITAL will provide to such resident necessary emergency health care or first aid for accidents occurring in its facilities. The resident will be responsible for the costs of all care. Except as provided herein, HOSPITAL will have no obligation to furnish medical or surgical care to any resident.

RESIDENT STATUS AND RESPONSIBILITIES

1. Residents will have the status of learners and will not replace HOSPITAL personnel. Any service rendered by residents is incidental to the educational purpose of the Residency Training.
2. Residents are required to adhere to the standards, policies, and regulations of HOSPITAL during the Residency Training.
3. Residents will wear appropriate attire and name tags, and will conform to the standards and practices established by BASTYR during the Residency Training at HOSPITAL.
4. Residents will not be entitled to any monetary or other remuneration for services performed by them at HOSPITAL, nor will HOSPITAL otherwise have any monetary obligation to BASTYR or its residents by virtue of this Agreement.

FINANCIAL PROVISIONS

1. Faculty will bill and collect for professional services provided patients. HOSPITAL will bill and collect for facility or technical fees relating to services provided to patients. BASTYR agrees that HOSPITAL has the right to bill and receive payment for such facility and technical services performed at the HOSPITAL and that the Faculty has the right to bill and receive payment for professional services performed by faculty. HOSPITAL accepts full and complete responsibility for and agrees to defend, indemnify and hold BASTYR harmless from any loss, claim or damage arising from any errors, omissions, intentional or unintentional, committed by HOSPITAL in its billing practices under this provision. BASTYR shall not be responsible for errors, omissions, intentional or unintentional, committed by the faculty.
2. There will be no payment of compensation, charges or fees between HOSPITAL and the BASTYR.

LIABILITY COVERAGE PROVISIONS

1. Each party to this Agreement will be responsible for the negligent acts or omissions of its own employees, officers, trainees, agents, or residents in the performance of this Agreement. Neither party will be considered the agent of the other and neither party assumes any responsibility to the other party for the consequences of any act or omission of any person, firm, or corporation not a party to this Agreement, other than as provided herein.

2. BASTYR will defend, indemnify and hold HOSPITAL harmless from any loss, claim or damage arising from the negligent acts and omissions of its employees, officers, agents, and residents, including negligence connected with performing its obligations under this Agreement, including the independent negligence of residents. BASTYR shall ensure that the resident has professional liability coverage with limits of not less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate in the performance of this Agreement.
3. HOSPITAL will defend, indemnify and hold BASTYR harmless from any loss, claim or damage arising from the negligent acts and omissions of its employees, officers, agents, and residents, including the negligent supervision of residents, and will maintain professional liability coverage with limits of not less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate.
4. Both parties will provide proof of coverage upon execution of this Agreement upon request. In addition, HOSPITAL and BASTYR agree to notify each other in the case of material modification or cancellation of coverage, and to provide subsequent proof of coverage thereafter.

TERMS

1. This Agreement shall commence on the signature date by the HOSPITAL and shall be automatically renewed at the term end after appropriate review by both parties, unless otherwise indicated in writing by one of the parties at least ninety (90) days prior to the end of the term.
2. It is understood and agreed that the parties to this Agreement may revise or modify this Agreement by written amendment when both parties agree to such amendment.
3. If either party wishes to terminate this Agreement prior to the end of its normal term, ninety (90) days written notice shall be given to the other party. However, any such termination by the HOSPITAL shall not be effective as to any resident who was participating in program until such resident has completed the clinical experience at HOSPITAL.

MISCELLANEOUS PROVISIONS

1. Governing Law. The parties' rights or obligations under this Agreement will be construed in accordance with, and any claim or dispute relating thereto will be governed by, the laws of the State of Washington.
2. Survival. HOSPITAL and BASTYR expressly intend and agree that the liability coverage provisions of this Agreement will survive the termination of this Agreement for any reason.
3. Severability. If any provision of this Agreement, or of any other Agreement, document, or writing pursuant to or in connection with this Agreement, is held to be wholly or partially invalid or unenforceable under applicable law, that provision will be ineffective to that extent only, without in any way affecting the remaining parts or provisions of the Agreement.
4. Waiver. Neither the waiver by any of the parties hereto of a breach of or a default under any of the provisions of this Agreement, nor the failure of either of the parties, on one or more

occasions, to enforce any of the provisions of this Agreement or to exercise any right or privilege hereunder, will thereafter be construed as a waiver of any subsequent breach or default of a similar nature, or as a waiver of any of such provisions, rights or privileges hereunder.

5. Inspection. HOSPITAL will permit, on reasonable notice and request, the inspection of and related facilities by agencies charged with responsibility for accreditation of BASTYR.

BASTYR UNIVERSITY
“Bastyr”

XXXXXXXXXXXXXXXXXX
“Hospital”

By _____
Gary Garcia, MD, MHA, CCS Date
Director of Graduate and Community
Medicine

By _____ Date
XXXXXX XXXXXX
Chief Executive Officer

By _____ Date
Jane Gultinan, ND
Dean, School of Naturopathic Medicine

By _____ Date
Timothy Callahan, PhD
Provost and Senior Vice President

LETTER OF UNDERSTANDING

This Letter of Understanding outlines how Bastyr University hereafter referred to as "BASTYR" and Integrated Health Clinic hereafter referred to as "CLINIC" have agreed to cooperate in good faith in the provision of Postdoctoral Naturopathic Medical Education Program, hereafter referred to as "Residency" for trainee hereafter referred to as "Resident" jointly selected under the terms of this Agreement.

IT IS AGREED THAT:

The general role of BASTYR shall be the provision of educational leadership and educational oversight of Residency at CLINIC as identified herein.

The general role of CLINIC shall be the provision of opportunities for experiential learning of Resident and related supervision, mentoring, and evaluation of Resident and to provide other specific resources in support of Residency as identified herein.

MORE SPECIFIC POINTS OF AGREEMENT ARE AS FOLLOWS:

1. Both party assures that it will not discriminate against any individual including, but not limited to, residents because of race, religion, creed, color, sex, age, sexual orientation, disability, veteran status or national origin.
2. Both parties agrees that the process of resident selection shall be subject to joint agreement and agree to the following policies:
 - a) **Resident Eligibility.** Applicants with the following qualifications will be considered for appointment to this Residency:
 - i) Graduates of naturopathic medicine programs that are accredited by or have candidate status with the Council on Naturopathic Medical Education (CNME), and;
 - ii) Doctors of naturopathic medicine that have a license to practice naturopathic medicine in the province of British Columbia, Canada.
 - b) **Resident Selection.** An applicant's aptitude, academic credentials, personal characteristics, communication skills, and ability will be considered in the selection process. CLINIC shall have the sole authority in resident selection and hiring process.
 - c) **Enrollment.** The number of residents to be accommodated at CLINIC shall be determined by the need of CLINIC.
 - d) The Residency at CLINIC shall have term of one-year with an option to promote the resident to a second year. CLINIC agrees to commence the Residency on October 1st however CLINIC reserves the right to make the appropriate adjustments in the start and end date of the program. CLINIC agrees to notify BASTYR well in advance and to make such changes only after BASTYR provides approval to ensure compliance with the training standards of the CNME.
3. **Service Obligations of Resident**

Both parties understand that Resident will have the following service obligations at CLINIC, commensurate with Resident's developing skill and expertise:

 - a) Obtains medical history, pertinent objective physical data, and perform assessment;
 - b) Formulates naturopathic treatment recommendations;
 - c) Documents all naturopathic care information in patient medical records in the required time element;
 - d) Answers patient questions and perform necessary patient follow-up calls;
 - e) Attends and participates in clinic staff meetings and conferences;
 - f) Engage in scholarly and research activities as directed by the affiliate residency director;
 - g) Participates in and satisfactorily completes preceptorships and rotations as approved by the affiliate residency director;

- h) Participate in practice management activities including developing networking skills, engaging in community talks, and other practice development activities;
 - i) Assists the affiliate residency director as needed;
 - j) Maintains appropriate paperwork as delineated by the residency manual and approved by BASTYR and the CNME, and;
 - k) Performs other responsibilities as assigned by the affiliate residency director.
4. Responsibilities of CLINIC
- a) CLINIC shall designate for the purpose the postdoctoral training its facility located at 23242 Mavis Ave., Fort Langley, BC V1M 2R4, Canada as the primary training site of Resident.
 - b) CLINIC shall appoint Gurdev Parmar, ND, FABNO as the affiliate residency director who shall be the primary teaching supervisor of Resident and who shall be liaison between BASTYR and CLINIC.
 - c) CLINIC shall notify BASTYR regarding the other clinical practitioners who shall participate in the instruction and supervision of Resident.
 - d) CLINIC shall notify BASTYR regarding any changes in the location of the primary training site and/or members of the clinic practitioner staff who shall participate in the instruction and supervision of Resident.
 - e) CLINIC shall make the following educational contributions to the Residency:
 - i) Description of the program curriculum;
 - ii) Description of volume, range of clinical experience, and rotations to be made available to Resident;
 - iii) Provision of appropriate supervision for Resident's clinical experience;
 - iv) Formative and summative evaluation of Resident, and;
 - v) Conferences and learning activities that contributed to the Resident's didactic learning.
 - f) CLINIC shall foster a supportive collegial environment that is professionally appropriate to the educational experience of Resident.
 - g) CLINIC shall maintain confidentiality of any resident assessments, evaluations, and similar evaluation tools.
 - h) CLINIC shall advise BASTYR of any current or future lawsuits regarding clinical services.
 - i) CLINIC shall advise BASTYR of any previous, current or future suspension of licensure of any supervising clinical provider.
 - j) CLINIC shall provide Resident with the appropriate training to protect and secure patient health information under Personal Health Information Protection Act (PHIPA).
 - k) CLINIC shall provide Resident with the appropriate training of the health and safety standards set by the Ministry of Labor standards. CLINIC shall provide Resident with blood-borne pathogen training and provide the appropriate medical attention in the event of an exposure.
 - l) CLINIC shall secure and maintain commercial general liability insurance and professional liability insurance will be at least \$1,000,000 per occurrence and \$3,000,000 in aggregate. CLINIC agrees to provide proof of coverage if requested by BASTYR;

- m) **CLINIC** shall immediately inform **BASTYR** any future sanctions on licensure or involvement in a lawsuit involving its physician(s) or practitioner(s) regarding the provision of clinical services at its facility. **CLINIC** confirms that all treatment modalities in its facilities are within the scope of practice of its medical staff as defined by the state, and that all **CLINIC** patients or clients are given full disclosure regarding the types of treatment being offered to them, prior to their consent.
- n) **CLINIC** shall have the following supporting legal and financial obligations:
- a) Provide **Resident** a base salary that is competitive with other **BASTYR** affiliate residency programs;
 - b) Provide **Resident** access to on-line databases and other references, and;
 - c) Provide **Resident** additional benefits that include, but are not limited to paid-time off, allowance for continuing medical education for **Resident**, and professional liability coverage.
5. Responsibilities of **BASTYR**:
- a) **BASTYR** commits to working with **CLINIC** to help ensure the joint provision of an organized educational program with guidance, mentoring, and supervision of **Resident** adequate to help facilitate **Resident's** personal growth and increasing professional competence and autonomy.
 - b) **BASTYR** will provide ongoing monitoring of this achievement along with helpful counsel regarding the training standards defined by the **CNME**. To this end, **BASTYR** will appoint the Director of Graduate and Community Medicine who will hold meetings, at least twice a year with the affiliate residency director and affiliate residency supervisor of **CLINIC**. Topics covered over the course of the year include the following:
 - i) **CNME** requirements for approval of **Residency** and in particular establishment of arrangements at each site for resident experience, supervision, mentoring, and instruction in accord with these;
 - ii) Development and implementation of policies and procedures for the selections, evaluation, promotion, and dismissal of residents;
 - iii) Agreement on how **BASTYR** will monitor **CLINIC's** compliance with the policies and success in meeting the program's education goals;
 - iv) The Director of Graduate and Community Medicine shall serve as the primary resource in relation to insuring compliance of the **Residency** curriculum to the training standards set by the **CNME**;
 - v) Arrangements for ongoing communications between **BASTYR** and **CLINIC**;
 - vi) Agreement on policy and procedures to be employed for discipline and adjudication of complaints and grievances relevant to the **Residency**. These policies and procedures must satisfy the requirements of fairness and due process.
6. This good faith Agreement shall be in effect as of the 7th day of September in the year 2016. It may be revised through mutual consent, at any time, but will stay in force until amended or cancelled.
7. This Agreement may be modified only by written amendment signed by duly authorized representatives of each party.

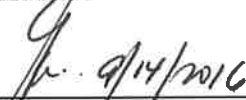
For **BASTYR**
 Gary S. Garcia, MD, MHA, CCS
 Director of Graduate and Community Medicine
 BASTYR University
 14500 Juanita Drive NE
 Kenmore, WA 98028
 Phone: (206) 834-4124
 Fax: (206) 834-4106

For **CLINIC**
 Gurdev Parmar, ND, FABNO
 Founder & Medical Director
 Integrated Health Clinic
 23242 Mavis Ave, Fort Langley
 British Columbia V1M 2R4, Canada
 Phone: (604) 888-8325
 Fax: (604) 888-8365


8. Either party has the right to withdraw from this Agreement at its sole discretion. Withdrawal shall be in writing, and notice must be provided at least four months before the end of the applicable academic year.
9. CLINIC will indemnify, defend and hold harmless BASTYR and its administrators, faculty, physicians, practitioners, employees, or students from any liability, claim or damage (including without limitation reasonable attorney's fees and litigation costs) arising from or alleged to arise from the negligent acts or omissions of CLINIC's physicians, practitioners, and employees, including the negligent supervision of Resident.
10. BASTYR will indemnify, defend and hold harmless CLINIC, its physicians, practitioners, and employees harmless from any liability, claim or damage (including, without limitation, reasonable attorneys' fees and litigation costs) arising from or alleged to arise from the negligent acts or omissions of BASTYR's administrators, faculty, physicians, practitioners, and employees.
11. BASTYR and CLINIC agree to cooperate in good faith to resolve any dispute that arises between them in relation to this Agreement. The parties understand and agree that this is a cooperative effort to benefit Resident and the broader communities served by the two parties. As such, the parties covenant to give every effort to resolving any dispute that arises between them based on the terms of this contract through negotiation and mediation, if necessary.
12. This Agreement shall be interpreted, governed by and enforced according to the internal laws of the State of Washington, without application of choice of law principles. The parties agree that Washington shall be the forum for any legal proceedings arising from this Agreement.

SIGNED:

For BASTYR


 Gary Garcia, MD, MHA
 Director of Graduate and
 Community Medicine

For CLINIC


 Gurdev Parmar, ND, FABNO
 Founder & Medical Director
 Integrated Health Clinic

 Jane Gultinan, ND
 Dean
 School of Naturopathic Medicine

 Timothy Callahan, PhD
 Senior Vice President and Provost
 Bastyr University



First-Year Naturopathic Oncology Resident Job Description 2017-2018

Title:

Naturopathic Oncology Resident Physician

Eligibility:

Graduate or graduate-candidate of a *Council on Naturopathic Medical Education (CNME)* accredited, four-year naturopathic medical program

Introduction:

The *OncANP Oncology Naturopathic Medical Residency* is a:

- CNME accredited,
- *Bastyr University* affiliated,
- *American Board of Naturopathic Oncology (ABNO)* approved,
- fellowship eligible (*FABNO - Fellow of the American Board of Naturopathic Oncology*),
- two-year, postdoctoral naturopathic medical residency.

Naturopathic medical student/graduate applicants apply for the first-year residency position consistent with the Universal Naturopathic Residency Application process and the *Naturopathic Post-Graduate Association (NPGA)* matching program. Upon successful completion of the first-year naturopathic oncology residency program the resident physician is expected to enter, however not guaranteed, a position of second-year naturopathic oncology resident physician.

The *OncANP* residency is the first and presently only naturopathic oncology residency training opportunity in the Pacific Northwest region. The program takes place in various clinic and hospital-based locations where the resident is mentored by multiple naturopathic physicians, is expected to participate in numerous oncology rotations and has the opportunity to attend cancer conference events, all while providing patient care in an integrative oncology setting.

Position Objectives:

To develop in-depth medical expertise in naturopathic oncology care by refining clinical evaluation skills, expanding therapeutic competence, engaging in clinically relevant research opportunities, effectively consulting, co-managing and referring to appropriate

care providers and collaborating with outside physicians and organizations in the broader cancer treatment community.

Position Qualifications:

- Maintain a License (in your state or province of practice) as issued by the state/province Department of Health
- Maintain a DEA Controlled Substance Registration Certificate (US only)
- Maintain professional liability insurance as specified by the Residency Director and at the expense of the residency program
- Maintain current CPR certification and any other training deemed necessary by the Residency Director and documented in the Residency Handbook
- Maintain membership in the following professional societies at the expense of the residency program:
 - a. American Association of Naturopathic Physicians (AANP)
 - b. The State or Province Association of Naturopathic Physicians (specific to your location)
 - c. Oncology Association of Naturopathic Physicians (OncANP)
 - d. American Society of Clinical Oncology (ASCO)
- The following professional memberships are not required, however are encouraged, and are at the expense of the resident:
 - a. Society for Integrative Oncology (SIO)
 - b. American Academy of Family Physicians (AAFP)

Duties & Responsibilities:

The naturopathic oncology resident has numerous duties that span a wide range of naturopathic medicine practice that may be considered clinical, academic, research, supervisory and practice management in nature. These include, but are not limited to:

- Direct patient care that is supervised; progressively more complex and eventually independent
- Patient care documentation that complies to policies set forth in the residency program manual
- Providing on-call patient coverage
- Specialty rotations, as detailed in the residency program manual
- Grand Rounds attendance and presentations
- Tumor Board and/or Cancer Conference attendance
- CME attendance; OncANP, SIO, ASCO, Oncology Nursing Society (ONS), and/or others
- Engaging in clinically relevant research
- Participating in the educational activities of the program and, as required by the residency director, assume responsibility for teaching interning students and staff
- Assuming responsibility for communicating with, coordinating and providing initial orientation for student interns
- Initiating and following a personal program of professional growth in conjunction with the formal educational and training of the residency program

- Program resource development
- Providing public presentations to local cancer support groups and other organizations
- Performing clinic outreach
- Assisting in various select administrative tasks from dispensary management to clinic marketing and more

Because the *Naturopathic Oncology Resident Physician* is a demanding position, outside employment is strongly discouraged. If the resident chooses to engage in additional employment, the residency program requires an updated and detailed reporting of outside employment activities. Outside employment must not detract, in any way, from the resident's learning, performance or provision of patient care in the residency program.

Evaluation:

Quarterly evaluations will be formal, written and provided to the affiliated university. Informal evaluations will be ongoing.

Compensation:

This is a salaried position with competitive compensation. Benefits include medical liability insurance, professional membership dues and an annual CME allowance, as well as an allowance for individual personal health insurance.

Contacts: (School Residency Director and Clinic Residency Director)

EXAMPLE

School Residency Director
Gary Garcia, MD, MHA
Director of Graduate and Community Medicine
Bastyr Center for Natural Health
ggarcia@bastyr.edu

Clinic Resident Director
Gurdev Parmar, ND, FABNO
Chair of OncANP Residency Committee
Integrated Health Clinic
drgparmar@integratedhealthclinic.com

Last Name	First	Letter Sent	School	Graduation Date	Prior Preceptee?	Longterm interest?	Email	Phone	Reference #1 (0-5)	Reference #2 (0-5)	Reference #3 (0-5)	Transcript (0-5)	CV (0-5)	SD Statement	Essay Ques #1	Essay Ques #2	Undergrad Degree	Oncology Train/Exp	ND Office Exp.	Total Numerical	Interview?	Notes
Examples:						0-4																
Mittman	Paul		SCNM	1997	No	0 Yes	p.mittman@scnm.edu	602.555.1234	3	4	5	4	5	3	4	4	Engineering	None	5 No	41	Maybe	Why my residency if desiring a teaching clinic residency? Sounds like you would be a great fit at the Bastyr Clinic. Is this your first choice? What will you do if you don't get a residency position?
Pizzorno	Joseph		Bastyr	1985	Yes	4 No	j.pizzorno@bastyr.edu	206.555.1234	3	5	5	5	4	4	5	5	Psychology	Modest	4 Yes	46	Yes	Why did you choose to do a preceptorship with Dr. Oz instead of Dr. West?
Schor	Jacob		NCNM	1863	Yes; 2 days	2 Unknown	j.schor@ncnm.edu	301.555.1234	4	3	3	2	4	2	3	3	Music	Extensive; every OncAMP conference	4 Yes	31	No	What did you learn at Sally Smith's clinic?
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
																						53 Possible Points



CPNME Guidelines for Resident Employment

Adopted May 2017

Introduction

In addition to the requirements pertaining to CNME-approved residencies contained in the Handbook for Naturopathic Medicine Residency Programs, the CNME's Committee on Postdoctoral Naturopathic Medical Education (CPNME) has adopted the following as guidelines for approved residencies. While guidelines are not mandatory, the CPNME asks residency sites to strongly consider how they might meet or exceed these guidelines within their resource constraints, and asks ND programs that sponsor residencies to strongly consider how they might support their residency sites in meeting or exceeding these guidelines.

Guidelines

1. Residency sites are encouraged to offer residents either health insurance coverage as a benefit, or to provide a stipend for the purpose of purchasing health insurance.
2. For the 2017-2018 academic year, the recommended minimum salary is \$34,000, with the understanding that regional variations in the cost of living and provision of certain benefits such as housing might be factored into determining a reasonable salary.
3. The recommended minimum salary should be reviewed every two years by residency directors to determine whether it remains appropriate, and should be adjusted as circumstances may warrant.
4. The hours a resident works per week should be in the range of 40 – 60 hours, with no more than 10 hours devoted to clerical/administrative work.
5. Residents should, at a minimum, be responsible for 500 patient contacts/individual visits per year. This can include observations of patient treatments, follow-up visits, and patients seen while engaging in off-site rotations.

Resident Employment Agreement

(sample agreement provided by Dr. Michael Traub)

This **Resident Employment Agreement**, dated as of _____ (*Date*) is entered into by and between _____ (*Resident Name*) and _____ (*Clinic Name*), a for-profit corporation organized and existing under the laws _____ (*State or Province*), which is participating in a cooperative venture with _____ (*School*) approved residency and graduate medical education training program.

RECITAL

Clinic desires to employ Resident, and Resident desires to be employed by Clinic on a full-time basis. This agreement sets forth obligations and expectations of the Resident, including without limitation, academic, clinical, ethical, humanistic, scientific and professional obligations, in connection with the Resident's appointment and possible reappointment to the Residency Program. This agreement further sets forth obligations of _____ (*Clinic Name*) in connection with providing an appropriate environment for residency training for the Resident. Various policies and procedures referenced herein may be revised, amended, or newly issued from time to time for notice and compliance by the Resident, and be accessed at the ND College Graduate Medical Education website, and from the Affiliate Residency Director. Now, therefore, in consideration of the mutual agreements and covenant contained herein, intending to be legally bound, the parties agree as follows:

AGREEMENT

A. Term

Resident hereby agrees to serve the Clinic under the overall supervision of the Affiliate Program Director as a **full-time, 40 hours per week**, _____ (*First/Second*) **Year Resident**, from _____ (*Date*) and shall continue for one year unless this Agreement is terminated earlier as provided herein.

B. Responsibilities of Resident

Resident hereby agrees to:

1. Maintain licensure from the State or Provincial Board of Naturopathic Medicine. All costs to obtain and maintain the necessary licenses shall be the responsibility of the Resident.
2. Abide by all applicable federal and state/provincial laws and regulations governing professional medical services and patient care.
3. Abide by all Occupational Health and Safety Administration (OHSA) guidelines and standards for infection control and safety in the workplace (US) and the Centre for Occupational Health and Safety (Canadian equivalent of OSHA).
4. Exercise at all times professional ethical decorum and adhere to Clinic's dress code while performing employment responsibilities.
5. Participate in all training workshops conducted by Clinic to insure compliance to the regulations, policies, and procedures of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and maintain confidentiality of patient records and information at all times.
6. Participate in all assigned patient care hours:
 - a. Resident shall perform supervised patient care, and shall perform additional administrative hours necessary to achieve full-time status.
 - b. During the year, Resident shall participate in preceptorships as these are made available.

7. Perform the following clinics duties:
 - a. Request patient charts from the records office;
 - b. Review all patient charts scheduled for the day;
 - c. Discuss with the supervising physician the scheduled cases (Case Preview);
 - d. Perform all tasks delegated by the supervising physician such as history taking, physical examination, and other patient services deemed appropriate by the supervising physician;
 - e. Review and discuss patients seen during the day with the supervising physician (Case Review);
 - f. Identify and secure the records of cases for discussion in the weekly clinic staff meeting;
 - g. Conduct research under the direction of the supervising physician, and;
 - h. Provide other appropriate services to patients as determined by the supervising physician.
8. Attend all scheduled conferences and meetings including but not limited to
 - a. Scheduled monthly tumor boards, and other learning activities designed to enhance the residents' diagnostic, clinical, analytical, and problem-solving acumen, and;
 - b. Regular weekly meetings with the Affiliate Residency Director.
 - c. Regular weekly meetings as the clinic representative to Business Network International.
9. During meetings with the Affiliate Residency Director, Resident shall perform any or all of the following activities:
 - a. Undergo a random chart review;
 - b. Bring the Resident Case Log to the weekly meetings for review and evaluation;
 - c. Discuss with the Affiliate Residency Director regarding Resident's performance and self-evaluations;
 - d. Present a clinical case for review and discussion of the diagnosis/differential diagnosis and management plan, and;
 - e. Present a peer-reviewed journal article and provide a critique on the methods, strengths, limitations and the relevance of the article compared to the Clinic's management protocols.
10. Develop collaborative relationships with and appropriately refer to other healthcare professionals in order to ensure continuity of patient care and to ensure that the best interests of the patient are met.
11. Perform the following administrative tasks by:
 - a. Conducting speaking engagements and community outreach activities;
 - b. Providing clinic on-call and emergency coverage whenever required;
 - c. Ongoing evaluation of inventory of dispensary items;
 - d. Making patient follow-up calls;
 - e. Ensuring that the exam rooms are cleaned and stocked appropriately, and;
 - f. Performing other administrative tasks and projects assigned by the Affiliate Program Director.
12. Abide by all personnel policies and procedures of the Clinic.

13. Obligations of Resident

Appointment as a Resident is an honor associated with previous accomplishments and presumed capabilities as well as with significant continuing obligations hereunder by which the Resident agrees to perform and obtain competencies, including without limitation, summarized as follows:

- (a) Provide the Affiliate Residency Director written notification of any change in status regarding prerequisites in section 1 above regarding license and fitness for duty.
- (b) Meet the clinical (patient care) requirements of residency training.
- (c) Meet the academic (conference and study) requirements of residency training, as specified by the Residency Program.

- (d) Meet the humanistic (doctor-patient relationship) requirements of residency training.
 - (e) Meet the scientific (scholarly and/or research) requirements of residency training.
 - (f) Meet the professional (peer and colleague relationship) requirements of residency training.
 - (g) Meet the moral and ethical requirements of residency training.
 - (h) Complete medical records on a timely basis as directed by the Residency Director unless there is a valid excuse (e.g., vacation, illness, out-of-town rotation)
 - (i) Complete History and Physicals on a timely basis as directed by the Residency Director.
 - (j) Be cost effective in the provision of patient care.
 - (k) Always seek and utilize appropriate supervision.
 - (l) Perform at a level commensurate with the level of training and responsibilities assigned by the Residency Director.
 - (m) Use best efforts to work with other members of the health care team to provide a quality, respectful, safe, effective and compassionate environment for the delivery of care and the study of medicine.
 - (n) When on rotation become familiar with and abide by the rules, regulations, policies and practices of each hospital or healthcare facility participating site, including without limitation, those on HIPAA compliance, Disaster Plan, Fire Safety, Radiation Safety and Electrical Safety.
 - (o) Become familiar with and abide by the Residency Program's Manual.
 - (p) Abide by the overall rules, regulations and practices of the Residency Program e.g. Duty Hours, certification in Basic Cardiac Life Support, Universal Precautions, Infection Control Procedures.
 - (q) Immediately notify the Residency Director in the event the Resident becomes aware of any circumstance that may cause Clinic or any participating hospital or healthcare facility site to be noncompliant with any federal, state or local laws, rules or regulations or the standards of any accrediting bodies to which it is subject.
 - (r) Exercise utmost good faith with respect to maintaining the confidentiality of information and materials learned or acquired by virtue of providing services pursuant to this Agreement, including, but not limited to business affairs of _____ (*Clinic Name*) and any participating hospital or healthcare facility site.
 - (s) Return all property of Clinic or any hospital or healthcare facility participating site at the time of the expiration or in the event of termination of this Agreement, including without limitation, identification card, books, equipment, and to complete all records and settle all professional and financial obligations before academic and professional credit will be verified.
14. Notify each of Resident's patients one (1) month in advance of the end date of this Agreement. All patients, seen, managed, and treated by Resident at the Clinic are and will continue to be cared for by practitioners at the Clinic. A letter, the format of which is determined by the Clinic will be sent to all patients to inform them of Resident's future plans. All patient records will remain the property of Clinic and copies will be made available on request with patient authorization.
15. Notify the Affiliate Residency Director of any employment outside of this agreement. Clinic reserves the right to limit the outside employment of Resident if, in the sole opinion of the Clinic, said outside

employment is in conflict with, harming, or curtailing Resident's ability to perform assigned duties and responsibilities necessary for successful completion of program.

16. All patients seen by the Resident during his/her residency are seen as Clinic patients and should not be seen as an entity or group of patients that the Resident then has access to upon leaving the Clinic. The resident, upon completion of the Residency, may have the opportunity to stay in clinical practice at the Clinic. A separate agreement and contract would then be in place.

C. Covenant Not to Compete

1. Terms of the Covenant. So long as this Agreement has not been terminated, Resident hereby agrees that throughout the term of this Agreement and for one (1) year thereafter:
 - a. Not to solicit or employ any employees of Clinic without the express advance written permission of Clinic;
 - b. Not directly or indirectly to work for, own, manage, operate, control, finance, organize or take preparatory steps for the organization of, invest in, or in any manner whatsoever participate in the ownership of or be affiliated with any business or enterprise, or permit Resident's name to be used or employed in connection with any business or enterprise engaged in the practice of naturopathic medicine within Clinic's primary service area which the parties agree is a twenty mile radius from the Clinic's location, and;
 - c. Not to solicit, recruit, or encourage patients to leave or transfer from the care provided by practitioners at the Clinic with the intent to favor and engage the services of Resident's practice outside the Clinic.
2. Enforcement of the Covenant. The parties hereby agree that the nature, duration, and area of which the Convent Not to Compete is to apply are reasonable and fair to Resident. In the event that any court of competent jurisdiction should render a final judgment to the effect that the industry covered, time period or area, are unreasonable and that such covenant is to that extent unenforceable, the parties hereto agree that the Covenant Not to Compete will remain in full force and effect for the broadest healthcare industry description, the greatest period of time and in the greatest service area that would not be rendered unenforceable. The parties further agree that damages are an inadequate remedy for any breach of this covenant, and that further agree that Clinic will be entitled to seek and obtain equitable relief in the form of preliminary and permanent injunction without bonds or other security being posted upon any actual or threatened breach of the Covenant Not to Compete and without the necessity of proving actual damages.
3. Intent of the Covenant. Except as specifically set forth in the Covenant Not to Compete, this Agreement shall not limit or restrict Resident's right to relocate, establish, or otherwise expand Resident's practice outside of Clinic.

D. Responsibilities of Clinic

1. Clinic agrees to appoint an Affiliate Residency Director who shall be responsible for the supervision and training of Resident based on a curriculum that shall increase the professional competence, knowledge, skills, and clinical judgment of Resident.
2. Clinic agrees to compensate Resident for Resident's performance of Resident's responsibilities set forth herein. As per the Clinic's approved Compensation Plan and in consideration of Resident's performance of the responsibilities set forth herein, the Clinic shall compensate Resident in the amount of:

\$ _____ (Net) _____ (Canadian Dollars/American Dollars) **annually**
(after payroll deductions)

3. For purposes of Resident participation in the Clinic's residency program, Resident shall be provided with Professional Liability Insurance with coverage of **1,000,000** per occurrence, and **3,000,000** aggregate. The Clinic will also provide the Resident health insurance, continuing education fees as agreed upon (including airfare, lodging and registration to: [conferences]), and **7 workdays of paid vacation/sick time. In the US, paid holidays include Labor Day, Veteran's Day, Discover's Day, Thanksgiving, Christmas, New Years, Martin Luther King Day, Presidents Day, Memorial Day, and 4th of July. In Canada, paid holidays include New Years, Family Day, Good Friday, Memorial Day, Canada Day, August long-weekend, Labour Day, Thanksgiving, Remembrance Day, Christmas Day and Boxing Day.** Additional benefits may be offered subject to the approval of the Affiliate Residency Director. The Clinic will provide the Resident with office supplies, business cards, clinic staff, and promotion of his/her practice in the context of the Clinic as a whole.
4. The Clinic will be entitled to bill for, and retain for its own account, all care and other services rendered by Resident within the scope of this Agreement. Resident agrees not to independently bill or accept payment from any person or entity for the Resident's professional services performed at or in connection with the Clinic. The schedule of charges for all services performed by Resident will be determined by the Clinic. Resident will cooperate with the Clinic as necessary for billing and collection matters.
5. Clinic shall use its best efforts to exhibit institutional commitment to graduate medical education by providing a program of education that meets standards established by the appropriate accreditation bodies, including but not limited to the Council on Naturopathic Medical Education (CNME) and the Oncology Association of Naturopathic Physicians (OncANP).
6. Clinic shall use its best efforts to provide the Resident with a reasonable opportunity to fulfill the obligations set forth in this Agreement and the Residency Program Manual.
7. Clinic shall use its best efforts to maintain its staff and affiliated facilities in a manner designed to meet the standards established by the appropriate recognized accrediting and approving bodies.
8. Clinic will comply with the relevant federal Disabilities Acts and all other applicable laws and directives including Clinic policies in terms of making required reasonable accommodation determinations with respect to applicable residents.
9. Clinic will provide regular evaluation and feedback as to the Resident/Fellow Physician's status within his/her Residency Program.
10. Clinic will provide, upon proper authorization and request, verification of appointment-related information to appropriate organizations, e.g. state boards, specialty boards, medical staffs, health providers, etc. consistent with Resident's performance in the Residency Program.
11. Clinic will facilitate Resident access to appropriate and confidential counseling, medical and psychological support services, as needed.
12. The Residency Program will abide by Clinic's institutional policy on impairment. The Resident will be educated regarding physician impairment, including substance abuse, at orientation and as a part of the Residency Program curriculum.

E. Termination

1. Termination Without Cause. The Clinic may terminate this Agreement without cause by giving thirty (30) days written notice. Resident does not have the right to terminate this Agreement without cause, and, if both parties agree, shall sign a contract for a second year no later than _____ (Date). Should Resident violate this provision, she will no longer be eligible for the Naturopathic Postgraduate Matching Program.

- 2. Termination For Cause. The Clinic may terminate this Agreement immediately upon written notice upon breach of the Agreement, if, in the reasonable opinion of the Clinic the health, safety or welfare of any individual is endangered by continuation of this Agreement. The Resident may terminate this Agreement immediately upon written notice upon breach of the Agreement, if, in the reasonable opinion of the Resident her health, safety or welfare is endangered by continuation of this Agreement.
- 3. Termination of 2nd year residency program. The terms of this contract will be extended for a second year on _____ (Date), with the exception of the salary that will be increased to no less than \$ _____ (Net) _____ (American dollars/Canadian dollars) for the _____ year. Resident will notify Clinic on or before _____ (Date) if s/he does not intend to extend this contract, in order to allow Clinic to participate in the Residency Application process for the upcoming cycle.
- 4. Signature.

Acceptance of this Agreement certifies that Resident agrees to abide by requirements set forth in this Agreement and is lawfully permitted to work in the United States/Canada.

Employees who, in the course of employment at the Clinic, will have unsupervised access to children or vulnerable adults, must undergo a criminal history background check as required by the state law. Resident hereby consents to such background check. Employment is conditional upon completion of the background check and the receipt of results and findings that are satisfactory to the Clinic.

In order for payroll to prepare a paycheck at the end of the first month of this contract, this document must be signed and returned no later than the fifth day of the month during which the contract becomes effective. Signed contracts received after this date will result in delayed payment.

IN WITNESS WHEREOF, this agreement is signed this _____ (day), _____ (month), _____ (year).

Resident Signature:

For Clinic:

Resident

Affiliate Residency Director



OncANP

Oncology Association of Naturopathic Physicians

Naturopathic Oncology Residency Manual

**Based on the CTCA Residency manual 2013
with additional resources included from:**

- **The CNME Handbook**
- **ABNO Core Curriculum**
- **The Family Practice Oncology Network GPO Manual**
- **Moorehouse Family Medicine Residency Program Manual 2016**
- **Accrediting Council for Graduate Medical Education**

RESIDENCY PROGRAM

This document represents a template for a 2 year full-time naturopathic oncology residency as part of a CNME approved program. The residency program is staggered to include both first year resident(s) (R1) and a second year resident(s) (R2).

The residency program operates in the context of the clinical responsibilities of the naturopathic clinic where the residency is held. Residency directors should adapt this manual to the needs of the individual clinic and residency program.

The naturopathic residency program as supported by the OncANP is designed as a training program for naturopathic medicine in an integrated manner with conventional oncology practice. The residency program is structured to provide an optimal learning experience over a two-year period. This is a supervised, intensive training program designed to provide skills and knowledge leading to competent practice of Naturopathic Oncology. Completion of a qualified 2 year naturopathic oncology residency qualifies the resident to take the American Board of Naturopathic Oncology (ABNO) certification exam in Naturopathic Oncology.

A qualified resident is a graduate of a naturopathic medical college or university that is accredited by the Council on Naturopathic Medical Education (CNME) and who has a license to practice naturopathic medicine in a US state or Canadian province/territory issuing such licenses. A resident is hired as a full-time salaried employee over the term of two years. The resident will be expected to complete the responsibilities as outlined in this manual and in their job description. [*Refer to Appendix 7. Naturopathic Resident Job Description*] Each resident must abide by all clinic policies as outlined in their employment agreement.

Residency Program Goals

The goals of the residency program are:

1. To train residents in the ethical and competent application of naturopathic medicine in the area of oncology.
2. To give residents exposure to standard practice in oncology.
3. To develop residents as experts in naturopathic clinical oncology.
4. To familiarize residents with an integrated medical model.
5. To stimulate residents' critical thinking and intellectual debate in the area of naturopathic oncology and integrative medicine.
6. To foster an environment of collegial and caring professionalism.
7. To nurture the impetus to continually investigate the application of naturopathic principles and therapies in the realm of oncology for all residents.
8. To provide residents with the opportunity to participate in relevant research projects.
9. To deepen the residents' knowledge and practice of general naturopathic medicine.

10. To develop the residents' leadership qualities for the ongoing betterment of the naturopathic profession.
11. To prepare residents for future full time practice, if an employment opportunity at the site clinic is available.
12. To prepare residents to sit for the naturopathic oncology board certification examination offered by the American Board of Naturopathic Oncology (ABNO)

Overview of Residency Program

The residency will progress from a purely observational role to an increasingly independent role over the course of the two years. The first year of the residency is comprised of monthly learning objectives. All learning objectives will be accomplished within the context of supervised patient care. The first year program is designed to introduce the resident to the management of medical oncology patients through work with the Supervising N.D., rotations, and to begin to develop naturopathic oncology skills. Most didactic learning will occur during the first year along with understanding conventional care options for patients with cancer. Residents will also be required to learn and participate in all applicable day to day functions of the clinic, including clerical and professional aspects of running a successful business.

The second year of the residency continues to expand the management of medical oncology patients and naturopathic oncology care by providing an increasing amount of patient care. The second year resident continues to function under the Supervising N.D. but becomes incrementally more autonomous. All compensation and revenue generated by the resident is subject to the employment contract of the individual clinic.

Residency Program Objectives

General Objectives for the Residents:

The overall objective of the residency is to obtain structured and supervised exposure to oncology specialty practice while also becoming a more seasoned naturopathic practitioner.

Orientation

The residency will begin with a period of orientation. Orientation will introduce the resident to the clinical practice and clinic for the practice they are entering.

- Read Residency Manual
- Orientation to Naturopathic Patient Care
 - Intake Process
 - Patient management process
 - Documentation Guidelines (Appendix 2)
 - Electronic based medical record
 - Didactic Training- Residency webinar training, OncANP Core Curriculum, Rotations, etc.
- E.H.R training
- Non-Clinical Responsibilities of Residency.

Recommended Reading List

1. Definitive Guide to Cancer: An Integrated Approach to Prevention, Treatment and Healing – *Alschuler & Gazella*
2. Medical Statistics at a Glance – *Petrie & Sabin*
3. www.nccn.com gives a good overview of most cancers with the most up to date guidelines for conventional treatment & follow up.
4. Cancer Management Handbook: A Multi-Disciplinary Approach (cancernetwork.com)
5. Five to Thrive by Lise Alschuler, ND, FABNO
6. Naturopathic Oncology: An Encyclopedic Guide for Patients and Physicians; By Neil McKinney, ND, FABNO
7. [How to prevent and treat cancer with Natural Medicine](#), By Murray, Birdsall.

Rotations

An important component of the first year of residency is rotations. All of these rotations take place during the first year of the residency. Each rotation varies in its schedule and time requirements. Each resident is responsible for scheduling each rotation *after* obtaining the Residency Director’s pre-approval for these rotations. Rotations will be coordinated with an external rotation supervisor/doctor.

[Refer to [Appendix 11. Rotation Approval Form](#)] Each resident must complete educational objectives for each rotation as outlined. [Refer to [Appendix 12. Rotation Educational Objectives](#)] Residents will also track their exposure to general medicine in the [Appendix 14. Resident Case and Procedures Recording System \(RECAP\)](#) form. In addition, each resident will give a brief report of each rotation experience to the naturopathic department. Finally, each resident will track the medical conditions that they observe, co-manage, etc. during these rotations on their residency core curriculum checklist. Each resident must complete all of the required rotations as determined by the Residency Director.

RECOMMENDED ROTATIONS

- Pathology/Laboratory
- Diagnostic Imaging/Interventional Radiology
- Radiation Oncology
- Internal Medicine (may include hospitalist)
- Gastroenterology
- Surgical Oncology
- Medical Oncology
- Palliative Care
- Additional rotations, unique to each site, may be determined at the discretion of the

director/residency lead

Possible additional rotations (site dependent):

- Stem Cell Transplant Unit
 - Pulmonology
 - Nephrology
 - EENT
 - Thoracic
 - Genetics Counseling
 - Quality of Life
 - Neurology
 - Cardiology
 - Urology
 - Psychiatry
-
- Emergency Room Medicine

- ✓ Many rotations will occur for part of each day; not over the entire day.
- ✓ The resident will be required to complete pre-determined objectives for each of their rotations. These objectives will guide their learning during their rotations and will require the signature of the attending physician. [*Refer to Appendix 12. Rotation Educational Objectives*]

Progression of Learning

The resident will progressively engage in the delivery of naturopathic care to oncology patients. The resident will provide naturopathic care to inpatient and outpatient oncology patients under the direct supervision of one of the naturopathic medical staff. The residency will progress from:

- **an observation role to**
- **a co-management role with extensive supervision to**
- **a co-management role with minimal supervision.**

This progression will typically occur over a 24-month period. The level of supervision will be determined by the Supervising N.D. the resident is working with during the time frame. Learning objectives and direct patient care with supervision will guide the resident in their progression through supervised naturopathic oncology management. These learning objectives are to be completed on a monthly basis.

Residency Learning Objectives

The areas of knowledge that the resident will have mastered by conclusion of the residency are laid out in the ABNO Core Curriculum Document. See separately.

First Year Residency Learning Objectives

The first year resident (R1) will rotate between supervisors on a monthly basis. The Supervising N.D. has responsibility for ensuring that the R1 meets their learning objectives for the month, and will also help the resident with time management. As the resident gains increasing levels of responsibility, the

Supervising N.D. will instruct the resident on the nature and degree of the resident's responsibility with each case. Over the course of the first year, the R1 will satisfactorily complete the learning objectives assigned to R1.

[Refer to Appendix 13.b. First Year Resident Learning Objectives]

In general, as the resident progresses through the residency program, s/he will gain greater responsibility in patient management. The R1 will gain greater general naturopathic medicine knowledge through patient care and through their rotations. This exposure will be tracked in the RECAP form. The resident will complete this form up to 20 incidences in each category. *[Appendix 14 Residency Case and Procedures Recording System]*

Second Year Residency Learning Objectives:

The R2 will obtain a focused and in-depth naturopathic clinical experience in integrated oncology care. A second year residency requires completion of a first year residency. The R2 will provide direct naturopathic care current clinic patients initially with extensive supervision and progressing to increasing independence. However, the Supervising N.D. will retain the ultimate responsibility for all care provided by the R2. The R2 will also provide mentorship to R1. The R2 will attend CME conferences within budgetary allotment. The R2 will participate in career transition activities and development plans.

Documentation for the patient encounters will be done using the Electronic Health Record and co-signatures by the Supervising N.D. may be required.

Second Year Residency Case Management Progression

The R2 will have less structured supervision on patients than the R1. At this point, The curriculum will be shifting away from didactic learning, towards patient care and supporting the clinic function, similar to the full time ND physicians. This will be a gradational transition. The R2 will still be expected to demonstrate their competency as outlined in *Appendix 13.c. 2nd Year Residency Learning Objectives*. The R2 will need to meet regularly with their Supervising N.D. to discuss their cases. In addition, the R2 is expected to take the initiative to ask for help and direction of the Supervising N.D. for any challenging, unusual, or confusing aspects of their cases. All consultation notes done by the R2 need to be reviewed and co-signed by the Supervising N.D.

Relationships and Responsibilities

Supervisory relationship of attending and Resident (R1 and R2):

The interactions between the Supervising N.D. and the resident will be based upon mutual respect of the clinical skills and abilities of the other. The interactions will demand honest and open dialogue. The interactions are supervisory in nature; the Supervising N.D. has the ultimate responsibility for the patients and more clinical experience and thus has the final say in all clinical matters. The resident must accept the delegations of the Supervising N.D. However, if the resident feels that there is a pattern of disrespectful or inappropriate delegation, the resident has the right and, in fact, the obligation to bring this matter to the attention of the Residency Director for resolution. Conversely, any communication difficulties that are experienced by the Supervising N.D. must be brought to the attention of the Residency Director. The naturopathic department relies upon an attitude of cooperation and willingness to assist one another. Each resident should seek opportunities to provide support and assistance to the Supervising N.D. and to each other.

Resident (R1 and R2) Other Responsibilities:

The resident will provide and attend regular presentations. These vary from site to site. These presentations may include:

- Journal review to naturopathic department
- Case presentation to naturopathic department
- Report on rotations
- Participation in OncANP electronic Forum
- Regular meetings with the Residency Director to discuss job performance and for the director to address the resident's questions and concerns
- On-call and coverage duties as outlined by the clinic

The resident is also encouraged, and, in fact, is expected to initiate her/his learning opportunities. The resident may identify opportunities that s/he feels would augment her/his educational program and incorporate these activities into her/his schedule as long as other responsibilities do not suffer.

Research (R1 and R2):

Each resident will have opportunity to conduct research on individual cases in the form of literature review or current research trials and projects at the discretion the clinic. This

will depend on available opportunities either in the clinic or alongside supporting outside institutions.

Evaluation

Each resident will receive regular evaluation. The resident will receive informal evaluations from their Supervising N.D.. The resident will receive written evaluation from appropriate N.D. Supervisors. *[Refer to Appendix 15. Resident Evaluation]* All rotations will conclude with a written self- and Supervisor evaluation. The resident will also receive annual evaluation from the Director.

Residency Completion

Upon completion of the residency program each resident may be considered for staff N.D. position, based on availability. If the resident is interested in continuing as a staff member they must express this towards the end of their 2nd year and a process will begin to make the transition to full time professional position seamless with the end of residency.

During the 2 year residency program the resident will be supported by the director through coaching and professional development. One goal of the residency program is to prepare young doctors for full time work in the current clinic setting. The resident will discuss their intention to stay on as staff at their current site, and if a position is available, may be hired at the clinic director's discretion.

Appendix 2.Example Charting Guidelines

SOAP Charting Guidelines

1. Pt issues/complaint
 - a. Why are they here: follow up, intro to nd services, specific complaint
2. HPI: copy fwd- make sure you reference the originating doc and change any "I" statements and time sensitive information.
3. Cancer Staging
4. Treatment Hx
5. Interval Hx should contain the following:
 - a. Current cancer treatment protocol (chemo/rad/surgery)
 - b. Sx and side effects related to treatment or nd recs.
 - c. Should be charting using "Patient words"
6. Past Hx
7. Family Hx
8. Social Hx
9. Allergies
10. Medications & Supplements
 - a. List what patient has been taking at home
 - b. Check for potential interactions
11. ROS
 - a. Most common: Fatigue, GI, Psych, Neuro (pnp)
 - b. SEAMS - Energy, Sleep, Digestion, Mood,
 - c. Performance Status and QOL issues
12. Physical Exam
 - a. Vital Signs; self populates
13. Lab/Other Results
 - a. Recent labs; imaging if appropriate
14. Tumor Markers
15. Impression and Recommendations- Problem
16. Impression and Recommendations
 - a. Impression-
 - i. Current cancer diagnosis
 - ii. Current oncology protocol (chemo, Rads)
 - iii. Pertinent past treatment
 - iv. Impressions (symptoms, conditions)
 - v. What was discussed
 - vi. Changes in ND treatment and recommendations provided
 - vii. Future considerations
17. Add. Recs.: Special instructions for patient that you want to be printed out with their recommendations.
18. Attestation

Appendix 11. Rotation Approval Form Naturopathic Residency Rotation Approval and Log

Name of Resident

Name of Rotation

Rotation Supervisor

Proposed Dates

Proposed Times

Approval Signature

Approval Date

Did the ND resident fulfill requested observation?

Feedback on ND resident observation?

Evaluation by supervising M.D. /D.O.:

	1 Very Poor	2 Poor	3 Satisfactory	4 Good	5 Excellent
Attendance/Punctuality					
Fulfillment of requested duties					
Willingness to learn					
Professional appearance					
Professional attitude					

Comments: _____

Rotation Tracking Chart:

Date	Time	Hours Completed	Patient Contacts	Date	Time	Hours Completed	Patient Contacts

Total Number of Patient Contacts: _____ Date: _____

Total Number of Hours Completed: _____

Resident Signature

Rotation Supervisor Signature

Residency Director Signature

Appendix 12. Rotation Educational Objectives/Evaluation Forms

Radiology/Imaging Rotation for Naturopathic Residents

Resident: _____

Preceptor: _____

Dates/times of rotation: _____

Objectives Prior to Rotation

Competency Milestones

**Achieved
Yes No**

Describe the oncology indications for CT, MRI and ultrasound.
Describe how a PET scan works and its indications in oncology. Describe when it is not indicated. What is the smallest lesion that can be detected by a PET scan at your location?
Discover what interventional radiology procedures are used at your location. Describe the indications and basic procedure for each technique.
Review contraindications to MRI and contrast imaging. Be knowledgeable of MRI and PET safety.

Objectives: achieve competency for the following milestones:

Competency Milestones

**Achieved
Yes No**

Observe at least two interventional radiology procedures.
With a radiologist, review at least 10 oncology scans.
Learn about patient preparation and experience CT with contrast, MRI, and PET scans.
Observe MRI, PET scan, CT scan, x-ray and ultrasound.

Preceptor comments

Resident comments

Signature of Physician

Date

Radiation Oncology Rotation for Naturopathic Residents

Resident: _____

Preceptor: _____

Dates/times of rotation: _____

Objectives Prior to Rotation

Competency Milestones

Achieved

Yes No

Review the basic principles of radiation properties
Oncology indications and common side effects of brachytherapy, IMRT, cyberknife (stereotactic radiosurgery), and external beam radiation therapy.
Radiation dosage: units used, fractions of therapy, and frequency of treatments

Review naturopathic management and contraindicated ND therapies for radiation oncology.

Review stages of prostate cancer. Review names, drug metabolism, administration, and side effects of prostate hormonal therapies.

Objectives: achieve competency for the following milestones:

Competency Milestones

Achieved

Yes No

Discuss/observe radiation oncology management of lung cancer, breast cancer, esophageal/gastric cancers, pelvic tumors and brain tumors.
Conventional clinical management of radiation oncology side effects; expected onset and duration of side effects
Observe the process of dosimetry calculation. Discuss the different steps in treatment planning and the co-operation between physicists, radiation therapists, and physicists.
Observe the process of brachytherapy and/or IORT.
Discuss the advantages of certain types of radiation therapy over other radiation therapy options.
Understand process of radiation simulation and marker placement.
Discuss oncological emergencies that require immediate radiation therapy.
Discuss hormone therapy and radiation oncology management of all stages of prostate cancer. Discuss advantages and disadvantages of continuous vs. intermittent androgen blockade therapy.

Preceptor comments

Resident comments

Signature of Physician

Date

Medical Oncology Rotation for Naturopathic Residents

Resident: _____

Preceptor: _____

Dates/times of rotation: _____

Objectives Prior to Rotation

Competency Milestones

Achieved
Yes No

Write a list of chemotherapy and immunotherapy drug classes. For each drug class, list the generic and brand name of chemotherapy and immunotherapy drug within that class.

Write a list of common chemotherapy regimens (i.e. FOLFOX) and list what is in each regimen.

Review NCCN guidelines for breast, lung, colon, prostate, and pancreatic cancers.

Review naturopathic management and contraindicated ND therapies for radiation oncology.

Review the grading system for ECOG.

Objectives: achieve competency for the following milestones:

Competency Milestones

Achieved

Describe the clinical management of chemotherapy-induced neutropenia, thrombocytopenia, and anemia. Describe the indications for intervention.

Discuss the diagnosis and management of oncological emergencies, such as neutropenic fever, spinal cord compression, and sudden onset dyspnea.

Observe immunotherapy-induced rash, mucositis/thrush, hand-foot syndrome, nail changes, and other physical signs of chemotherapy/immunotherapy side effects. Where applicable, discuss the grade of these side effects.

Discuss when therapy is contraindicated or must be held due to toxicity.

Develop familiarity with the fundamentals of chemotherapy decision-making and administration.

With at least one medical oncologist, observe a bone biopsy.

Discuss the experience of delivering bad news.

Preceptor comments

Resident comments

Signature of Physician

Date

Surgical Oncology Rotation for Naturopathic Residents

Resident: _____

Preceptor: _____

Dates/times of rotation: _____

Objectives Prior to Rotation

Competency Milestones

Achieved

List the indications and contraindications for surgical oncology intervention. Select two oncology surgical procedures (at least one of which you will observe). Read and learn the surgical techniques used in these two procedures. List the possible surgical complications for these two procedures. Meet with the surgical oncology nursing staff and learn how patients prepare for major surgery (bowel and non-bowel surgery).

Objectives: achieve competency for the following milestones:

Competency Milestones

Achieved

Learn how to dress and prepare for surgery.
Observe at least one surgical procedures. Then, follow the recovery of these patients in the inpatient setting.
Discuss with the surgeon the post-surgical follow up of the patient(s) you observe.

Preceptor comments

Resident comments

Signature of Physician

Date

Pulmonology Rotation for Naturopathic Residents

Resident: _____

Preceptor: _____

Date of rotation: _____

Objectives Prior to Rotation

Competency Milestones

Achieved
Yes No

Describe indications and advantages to using navigational bronchoscopy.
Review normal breathing patterns, including variations with sleep, anxiety and fever. Distinguish between periodic breathing and pathological apnea.
Review commonly used pulmonary drugs, including bronchodilators, anti-inflammatory agents, and antibiotics. Make a chart listing mechanism of action, indications, contraindications, and indicate how the drug is metabolized.

Objectives: achieve competency for the following milestones:

Competency Milestones

Achieved
Yes No

Observe thoracentesis procedure, lung brachytherapy procedure, pulmonary function tests, mediastinoscopy and endobronchial ultrasound
Describe how central airway obstruction secondary to tumor mass is addressed.
Discuss and/or observe talc pleurodesis.

Discuss management of smoking cessation with pulmonologist.
Discuss the recognition, evaluation and management of (1) asthma (including diagnosis, acute and chronic management, recognition of impending respiratory failure, interpretation of arterial blood gases), (2) chest pain (discuss differential diagnosis and observe how chest pain is managed), and (3) respiratory failure, including mechanical ventilation.
Discuss the role and indications for supplemental oxygen in the oncology patient population.

Preceptor comments

Resident comments

Signature of Physician

Date

Internal Medicine/Hospitalist Rotation for Naturopathic Residents

Resident: _____
Preceptor: _____
Date of rotation: _____

Objectives Prior to Rotation

Competency Milestones

Achieved
Yes No

Review management of the common admitting diagnoses--CHF, atrial dysrhythmias, pneumonia, sepsis, chronic and acute pain, renal failure. List the physical exams that are indicated for each condition.
Review end-of-life palliative care.

Objectives: achieve competency for the following milestones:

Competency Milestones

Achieved
Yes No

Name some common side effects that would prompt patients to consult with

Understand signs and symptoms of sepsis

Understand common antibiotics and antifungals used in management of infection

Discuss indications for palliative care

Observe and discuss diagnostic tests and relevant diagnostic strategies for patients that may require hospitalization. Understand indications for referral to emergent care and ICU care.

Observe and discuss how the physician works with other departments—anticoagulation clinic, case management, physical therapy, mind body medicine, pastoral care, and nutrition.

Preceptor comments

Resident comments

Signature of Physician

Date

Gastroenterology Rotation for Naturopathic Residents

Resident: _____

Preceptor: _____

Date of rotation: _____

Objectives Prior to Rotation

Competency Milestones

Achieved

Yes No

Review physical examination skills for the assessment of patients with suspected gastrointestinal disease and know the meaning of significant findings.

Review the pathogenesis of GI and hepatobiliary cancer and the results of therapeutic intervention.

Review refeeding syndrome.

Objectives: achieve competency for the following milestones:

Competency Milestones

Achieved

Yes No

Observe colonoscopy, endoscopy, ERCP, PEG tube placement, paracentesis, and/or J-tube procedure

Discuss how to interpret laboratory indices in the context of gastrointestinal disorders, particularly for TPN management.

Understand the role of TPN and use of PEG/J-tubes in gastrointestinal disorders in the context of malignancy.

Understand the role of endoscopic ultrasound (EUS) in cancer diagnosis and staging.

Understand the role and indications of pancreatic enzyme therapy.

Preceptor comments

Resident comments

Signature of Physician

Date

Pathology Rotation for Naturopathic Residents

Resident: _____

Preceptor: _____

Dates/times of rotation: _____

Objectives Prior to Rotation

Competency Milestones

Achieved
Yes No

Read and review staining performed for pathological lesions suspicious for malignancy.

Review 5-10 pathology reports in patients' charts with a supervisor. Research any unfamiliar terminology.

Objectives: achieve competency for the following milestones:

Competency Milestones

Achieved
Yes No

Become more familiar with characteristic histological features of various disease entities by reviewing the slides with the preceptor.

Become familiar with the range of laboratory analyses done in order to identify different disease conditions. Time will be spent with laboratory personnel analyzing various specimen samples.

Discuss the interpretation of basic staining techniques in oncology.

Articulate the proper role of laboratory analysis in the timeline of diagnosis and treatment determinations for various diseases.

Preceptor comments

Resident comments

Signature of Physician

Date

Appendix 13.a. RESIDENCY EDUCATIONAL OBJECTIVES

Each resident should complete all of the following educational objectives by the conclusion of their second year of residency. Each educational objective will be emphasized in either the first year of the residency, the second year, or both years as indicated in the table below (the shaded box indicates that the objective is *not* emphasized):

Educational Objectives	R1	R2
To demonstrate understanding of the role of a naturopathic oncology provider at their current clinic.		
To develop ethical and caring standards of naturopathic care in the area of oncology.		
To observe and to understand the role and function of the following specialties:		
Internal/Hospital Medicine		
Laboratory/Pathology		
Imaging/Radiology		
Medical Oncology		
Radiation Oncology		
Surgical Oncology		
Gastroenterology		
Pulmonology		
To demonstrate knowledge of naturopathic oncology including:		
Chemotherapy Basics		
Radiation Basics		
Naturopathic Treatment Goals and Rationale		
General Methodology for Case Analysis		
Case Evaluation and Treating in Stages relative to the Conventional Plan		
Review of Chemotherapy Regimens by Cancer Type		
Review of Chemotherapy Drug/Nutrient/Herb Interactions		
To demonstrate competent knowledge in the application of natural therapies by cancer and treatment type:		
Lung Cancer		
Breast Cancer		
Prostate Cancer		
Colon Cancer		
Ovarian Cancer		
Pancreatic Cancer		
Hematological Malignancies		
To identify complications of advanced cancer.		
To develop an understanding of end-of-life issues.		
To implement self-care practices to preserve emotional and physical well-being.		
To develop skill in critical analysis of research related to natural therapies for cancer.		
To gain skills in public and professional speaking and writing.		
To develop career development and planning goals.		

Appendix 13.b. First Year Residency Objectives (months may need to be shifted to fit individual clinic timeframes)

November

Objective	Supervisor Signature
Carcinogenesis	
Cancer Biology, oncogenes, tumor suppressor genes	
Integrative vs. Alternative treatment	
ND Role at current clinic	
Immune system and cancer	
Curative vs. palliative treatment	
Clinic Orientation	
Didactic Classes	
Identify resources for ND oncology treatment and information	
Resident asking relevant questions and attentive to environment	
Resident observing all patient encounters with ND Supervisor	

December

Objective	Supervisor Signature
Chemotherapy classifications/types, mechanisms of action, half life, common side effects	
Fears/concerns from patient about chemotherapy	
Patient education on chemotherapy	
Roles of systemic chemotherapy	
Different ways to deliver chemotherapy	
Chemosensitivity/chemoresistance testing	
Determining response to chemotherapy	
Naturopathic support for chemotherapy – indications/contraindications	
Assessing naturopathic interventions with chemotherapy	
Resident to observe Supervising ND, participate in New Patient visits	
Resident researches cases as assigned by ND Supervisor	

January

Objective	Supervisor Signature
Radiation therapy types	
Side effects from radiation therapy	
Naturopathic treatments for radiation therapy side effects, contraindications	
Patient fears about radiation therapy	
Indications for radiation therapy	
Research pH diet, sugar feeds cancer theory	
Resident to observe ND Supervisor, participating in New Patient visit and able to conduct visit by end of month	

February

Objective	Supervisor Signature
Breast and Prostate cancer: Types, pathophysiology, incidence, staging, prognosis, metastatic spread, clinical presentation, tumor markers	
Treatment options: Surgery, Radiation therapy, Chemotherapy, Hormonal therapy, Active Surveillance	
Naturopathic treatment specific to breast and prostate cancer	
Common side effects specific for breast and prostate cancer, side effects from treatment and naturopathic support to help manage them	
Research Noni juice, Mangosteen, Graviola	
Physical and emotional aspects of breast and prostate cancer	
Resident to observe follow up visits and to participate with ND Supervisor present	
Resident to explain ND supplement recommendations during visits	

March

Objective	Supervisor Signature
Lung and Colon cancer: Types, pathophysiology, incidence, staging, prognosis, metastatic spread, clinical presentation, tumor markers	

Treatment options: Surgery, Radiation therapy, Chemotherapy	
Naturopathic treatment specific to lung and colon cancer	
Common side effects from colon and lung cancer, from treatment side effects, and naturopathic support to help manage them	
Research Ambrotose/Mannatech, Cellular Defense, Multilevel marketing products	
Resident to conduct return patient visits with assistance from Supervising ND	

April

Objective	Supervisor Signature
Pancreatic and Gastric cancer: Types, pathophysiology, incidence, staging, prognosis, metastatic spread, clinical presentation, tumor markers	
Treatment options: Surgery, Radiation therapy, Chemotherapy	
Naturopathic treatments specific to pancreatic and gastric cancer	
Common side effects from pancreatic and gastric cancer; common side effects from treatments for pancreatic and gastric cancer and naturopathic support to help manage them	
Research Gonzales clinic program, Kelly program, Budwig Diet.	
Resident to conduct new patient visits with follow up visit for recommendations with ND supervisor support	

May

Objective	Supervisor Signature
Esophageal and Head and Neck Cancer: Types, pathophysiology, incidence, staging, prognosis, metastatic spread, clinical presentation, tumor markers	
Treatment options: Surgery, Radiation therapy, Chemotherapy	
Naturopathic treatments specific to	

esophageal and head and neck cancer	
Common side effects from esophageal and head and neck cancer; common side effects from treatments for esophageal and head and neck cell cancer and naturopathic support to help manage them	
Research Essiac tea, Cantron, Laetrile	
Resident to conduct return visits with support from ND Supervisor	

June

Objective	Supervisor Signature
Melanoma and Renal Cell cancer: Types, pathophysiology, incidence, staging, prognosis, metastatic spread, clinical presentation, tumor markers	
Treatment options: Surgery, Radiation therapy, Chemotherapy	
Naturopathic treatments specific to melanoma and renal cell cancer	
Common side effects from melanoma and renal cell cancer; common side effects from treatments for melanoma and renal cell cancer and naturopathic support to help manage them	
Research Hallelujah Acres diet, Candida and cancer theory, Rife	
Resident to conduct return visits and new patient visits with support from ND Supervisor	

July

Objective	Supervisor Signature
Ovarian and Hepatocellular cancer: Types, pathophysiology, incidence, staging, prognosis, metastatic spread, clinical presentation, tumor markers	
Treatment options: Surgery, Radiation therapy, Chemotherapy	
Naturopathic treatment specific to ovarian and hepatocellular cancer	
Common side effects from ovarian and hepatocellular cancer; common side effects from treatments for ovarian and	

hepatocellular cancer and naturopathic support to help manage them	
Role of detoxification and cancer care	
Research Parasites and cancer theory, oxygen theory, ozone therapy	
Resident to conduct return visits and new patient visits with support from ND Supervisor	

August

Objective	Supervisor Signature
Hematological Malignancies: Types, pathophysiology, incidence, staging, prognosis, metastatic spread, clinical presentation, tumor markers	
Treatment options: Surgery, Radiation therapy, Chemotherapy, Transplants	
Naturopathic treatment specific to hematological malignancies	
Common side effects from hematological malignancies; common side effects from treatments for hematological malignancies and naturopathic support to help manage them	
Research Cesium chloride, Zeolite, Poly-MVA	
Resident to conduct return visits and new patient visits with support from ND Supervisor	

September

Objective	Supervisor Signature
Sarcomas and Brain cancer: Types, pathophysiology, incidence, staging, prognosis, metastatic spread, clinical presentation, tumor markers	
Treatment options: Surgery, Radiation therapy, Chemotherapy	
Naturopathic treatment specific to sarcomas and brain cancer	
Common side effects from sarcomas and brain cancer; common side effects from treatments for sarcomas and brain cancer and naturopathic support to help manage them	

Research Burzynski protocol, Ukrain, Cancell	
Resident to conduct return visits and new patient visits with support from ND Supervisor	

October

Objective	Supervisor Signature
Cervical and uterine cancer: Types, pathophysiology, incidence, staging, prognosis, metastatic spread, clinical presentation, tumor markers	
Treatment options: Surgery, Radiation therapy, Chemotherapy	
Naturopathic treatment specific to cervical and uterine cancer	
Common side effects from cervical and uterine cancer; common side effects from treatments for cervical and uterine cancers and naturopathic support to help manage them	
Research Black salve, hoxsey clinic, Iscador	
IV therapies and cancer	
Palliative Care role in oncology population	
Rotation with internal med/hospitalist	
Resident to conduct return visits and new patient visits with support from ND Supervisor	

Appendix 13.c. Second Year Residency Objectives

November

Objective	Supervisor Signature
Feedback on patient documentation	
Two random observations of patient encounters	
Resident to assist Supervising N.D. with patient care and/or projects as determined by Supervising N.D.	
Resident and Supervising N.D. to have at least one in-depth case discussion (initial diagnosis to current management). This should take some research on the part of the resident prior to discussion.	
Resident and Supervising N.D. to discuss the resident's professional objectives and goals within the naturopathic department and best ways to support them.	
Second year resident to provide mentorship and support for first year resident.	

December

Objective	Supervisor Signature
Feedback on patient documentation	
Two random observations of patient encounters	
Resident to assist Supervising N.D. with patient care and/or projects as determined by Supervising N.D.	
Resident and Supervising N.D. to have at least one in-depth case discussion (initial diagnosis to current management). This should take some research on the part of the resident prior to discussion.	
Resident and Supervising N.D. to discuss the resident's professional objectives and goals within the naturopathic department and best ways to support them.	
Second year resident to provide mentorship and support for first year resident.	

January

Objective	Supervisor Signature
Feedback on patient documentation	
Two random observations of patient encounters	
Resident to assist Supervising N.D. with patient care and/or projects as determined by Supervising N.D.	
Resident and Supervising N.D. to have at least one in-depth case discussion (initial diagnosis to current management). This should take some research on the part of the resident prior to discussion.	
Resident and Supervising N.D. to discuss the resident's professional objectives and goals within the naturopathic department and best ways to support them.	
Second year resident to provide mentorship and support for first year resident.	

February

Objective	Supervisor Signature
Feedback on patient documentation	
Two random observations of patient encounters	
Resident to assist Supervising N.D. with patient care and/or projects as determined by Supervising N.D.	
Resident and Supervising N.D. to have at least one in-depth case discussion (initial diagnosis to current management). This should take some research on the part of the resident prior to discussion.	
Resident and Supervising N.D. to discuss the resident's professional objectives and goals within the naturopathic department and best ways to support them.	
Second year resident to provide mentorship and support for first year resident.	

March

Objective	Supervisor Signature
Feedback on patient documentation	

Two random observations of patient encounters	
Resident to assist Supervising N.D. with patient care and/or projects as determined by Supervising N.D.	
Resident and Supervising N.D. to have at least one in-depth case discussion (initial diagnosis to current management). This should take some research on the part of the resident prior to discussion.	
Resident and Supervising N.D. to discuss the resident's professional objectives and goals within the naturopathic department and best ways to support them.	
Second year resident to provide mentorship and support for first year resident.	

April

Objective	Supervisor Signature
Feedback on patient documentation	
Two random observations of patient encounters	
Resident to assist Supervising N.D. with patient care and/or projects as determined by Supervising N.D.	
Resident and Supervising N.D. to have at least one in-depth case discussion (initial diagnosis to current management). This should take some research on the part of the resident prior to discussion.	
Resident and Supervising N.D. to discuss the resident's professional objectives and goals within the naturopathic department and best ways to support them.	
Second year resident to provide mentorship and support for first year resident.	

May

Objective	Supervisor Signature
Feedback on patient documentation	
Two random observations of patient encounters	
Resident to assist Supervising N.D. with patient care and/or projects as determined by Supervising N.D.	

Resident and Supervising N.D. to have at least one in-depth case discussion (initial diagnosis to current management). This should take some research on the part of the resident prior to discussion.	
Resident and Supervising N.D. to discuss the resident's professional objectives and goals within the naturopathic department and best ways to support them.	
Second year resident to provide mentorship and support for first year resident.	

June

Objective	Supervisor Signature
Feedback on patient documentation	
Two random observations of patient encounters	
Resident to assist Supervising N.D. with patient care and/or projects as determined by Supervising N.D.	
Resident and Supervising N.D. to have at least one in-depth case discussion (initial diagnosis to current management). This should take some research on the part of the resident prior to discussion.	
Resident and Supervising N.D. to discuss the resident's professional objectives and goals within the naturopathic department and best ways to support them.	
Second year resident to provide mentorship and support for first year resident.	

July

Objective	Supervisor Signature
Feedback on patient documentation	
Two random observations of patient encounters	
Resident to assist Supervising N.D. with patient care and/or projects as determined by Supervising N.D.	
Resident and Supervising N.D. to have at least one in-depth case discussion (initial diagnosis to current management). This should take some research on the part of the resident prior to discussion.	

Resident and Supervising N.D. to discuss the resident's professional objectives and goals within the naturopathic department and best ways to support them.	
Second year resident to provide mentorship and support for first year resident.	

August

Objective	Supervisor Signature
Feedback on patient documentation	
Two random observations of patient encounters	
Resident to assist Supervising N.D. with patient care and/or projects as determined by Supervising N.D.	
Resident and Supervising N.D. to have at least one in-depth case discussion (initial diagnosis to current management). This should take some research on the part of the resident prior to discussion.	
Resident and Supervising N.D. to discuss the resident's professional objectives and goals within the naturopathic department and best ways to support them.	
Second year resident to provide mentorship and support for first year resident.	

September

Objective	Supervisor Signature
Feedback on patient documentation	
Two random observations of patient encounters	
Resident to assist Supervising N.D. with patient care and/or projects as determined by Supervising N.D.	
Resident and Supervising N.D. to have at least one in-depth case discussion (initial diagnosis to current management). This should take some research on the part of the resident prior to discussion.	
Resident and Supervising N.D. to discuss the resident's professional objectives and goals within the naturopathic department and best ways to support them.	
Second year resident to provide mentorship	



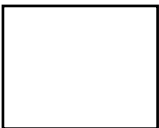
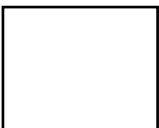
and support for first year resident.	
--------------------------------------	--






October




Objective	Supervisor Signature
Feedback on patient documentation	
Two random observations of patient encounters	
Resident to assist Supervising N.D. with patient care and/or projects as determined by Supervising N.D.	
Resident and Supervising N.D. to have at least one in-depth case discussion (initial diagnosis to current management). This should take some research on the part of the resident prior to discussion.	
Resident and Supervising N.D. to discuss the resident's professional objectives and goals within the naturopathic department and best ways to support them.	
Second year resident to provide mentorship and support for first year resident.	

Direct Patient Care R1 Learning Objectives

Supervisor to sign off once completed. Signature indicates competency in each objective.

	Case Analysis	Naturopathic Therapies	Charting	Supervision Guidelines
November 	Give accurate case presentations with naturopathic impressions to supervisor 90% of the time on all cases.	Provide appropriate naturopathic recommendations 70% of the time for impressions and discuss with supervisor prior to providing recommendations to employee.	Supervisor to review 4 charts for completeness; resident to complete with 80% accuracy.	Conduct 3 new consults under observation of supervisor, demonstrating appropriate flow of visit, information gathering and knowledge of paperwork and necessary forms.
December 	Summarize all cases with naturopathic impressions accurately 95% of the time.	Provide appropriate naturopathic recommendations 90% of the time and discuss with supervisor prior to providing recommendations to employee.	Supervisor to review 4 charts for completeness; resident to complete with 95% accuracy.	Conduct 2 follow-up consults under observation of supervisor, demonstrating appropriate flow of visit, information gathering and knowledge of paperwork and necessary forms.
January 	Summarize all cases to supervisor prior to visit.	Provide appropriate naturopathic recommendations 95% of the time and discuss with supervisor prior to providing recommendations to employee.	Supervisor to review 4 charts for completeness; resident to complete with 95% accuracy.	Conduct all patient visits without direct observation – unless a critical or atypical finding requires supervisor observation.
February 	Summarize cases to supervisor prior to visit with possible naturopathic recommendations.	Provide appropriate naturopathic recommendations for cases, discussing with supervisor by the end of the ENWC shift on all cases.	Supervisor to review 4 charts for completeness; resident to complete with accuracy.	Conduct all patient visits without direct observation – unless a critical or atypical finding requires supervisor observation.

	Case Analysis	Naturopathic Therapies	Charting	Supervision Guidelines
March 	Summarize cases that are atypical, challenging, and/or difficult to supervisor prior to visit with possible naturopathic recommendations.	Provide appropriate naturopathic recommendations for cases, discussing with supervisor by the end of the ENWC shift on all cases.	Supervisor to review 4 charts for completeness; resident to complete with accuracy.	Conduct all patient visits without direct observation – unless a critical or atypical finding requires supervisor observation.
April 	Summarize cases that are atypical, challenging/complex to supervisor prior to visit with possible naturopathic recommendations.	Provide appropriate naturopathic recommendations for cases, discussing with supervisor any challenging/complex cases by the end of the ENWC shift on same day.	Supervisor to review 4 charts for completeness; resident to complete with accuracy.	Conduct all patient visits without direct observation – unless a critical or atypical finding requires supervisor observation.
May 	Summarize cases that are atypical, challenging/complex to supervisor prior to visit with possible naturopathic recommendations.	Provide appropriate naturopathic recommendations for cases, discussing with supervisor any challenging/complex cases by the end of the ENWC shift on same day.	Supervisor to review 4 charts for completeness; resident to complete with accuracy.	Conduct all patient visits without direct observation – unless a critical or atypical finding requires supervisor observation.
June 	Summarize cases that are atypical, challenging/complex to supervisor prior to visit with possible naturopathic recommendations.	Provide appropriate naturopathic recommendations for cases, discussing with supervisor any challenging/complex cases by the end of the ENWC shift on same day.	Supervisor to review 4 charts for completeness; resident to complete with accuracy.	Conduct all patient visits without direct observation – unless a critical or atypical finding requires supervisor observation.
July 	Summarize cases that are atypical, challenging/complex to supervisor prior to visit with possible naturopathic recommendations.	Provide appropriate naturopathic recommendations for cases, discussing with supervisor any challenging/complex cases by the end of the ENWC shift on same day.	Supervisor to review 4 charts for completeness; resident to complete with accuracy.	Conduct all patient visits without direct observation – unless a critical or atypical finding requires supervisor observation.

	Case Analysis	Naturopathic Therapies	Charting	Supervision Guidelines
August 	Summarize cases that are atypical, challenging/complex to supervisor prior to visit with possible naturopathic recommendations.	Provide appropriate naturopathic recommendations for cases, discussing with supervisor any challenging/complex cases by the end of the ENWC shift on same day.	Supervisor to review 4 charts for completeness; resident to complete with accuracy.	Conduct all patient visits without direct observation – unless a critical or atypical finding requires supervisor observation.
September 	Summarize cases that are atypical, challenging/complex to supervisor prior to visit with possible naturopathic recommendations.	Provide appropriate naturopathic recommendations for cases, discussing with supervisor any challenging/complex cases by the end of the ENWC shift on same day.	Supervisor to review 4 charts for completeness; resident to complete with accuracy.	Conduct all patient visits without direct observation – unless a critical or atypical finding requires supervisor observation.
November 	Summarize cases that are atypical, challenging/complex to supervisor prior to visit with possible naturopathic recommendations.	Provide appropriate naturopathic recommendations for cases, discussing with supervisor any challenging/complex cases by the end of the ENWC shift on same day.	Supervisor to review 4 charts for completeness; resident to complete with accuracy.	Conduct all patient visits without direct observation – unless a critical or atypical finding requires supervisor observation.

American Board of Naturopathic Oncology (ABNO) Core Curriculum

Chad Aschtgen¹, Michael Traub²

Purpose of this project:

Naturopathic oncology is a rapidly growing subspecialty as seen by growth in membership in the Oncology Association of Naturopathic Physicians (OncANP), published research and knowledge base, and the availability and delivery to patients across the United States and Canada. In order to facilitate the growth and development of training opportunities, as well as to ensure uniform high quality specialty training, a template for postgraduate education is needed. The *ABNO Core Curriculum* has been developed and is presented here to create a minimum programmatic and curriculum standard for naturopathic oncology residency training. It is intended to provide a curriculum resource for well established, as well as emerging post-doctoral, naturopathic oncology residency training programs.

Creating a comprehensive residency manual is *not* the goal of this project, however the authors and participating members agree that a Naturopathic Oncology Residency Manual template that is developed by experienced residency directors, made available to all training programs annually and reviewed and updated periodically would be an invaluable resource. Such a training manual that would serve all programs would necessarily include a number of common elements. A list of these is provided in the Appendix (1).

Design and Results:

A committee was created from the ABNO Board of Medical Examiners (ABNO BoMEx) who reviewed the current ABNO BoMEx blueprint, considered the goals of training, and developed an initial draft curriculum.³ This has been presented to numerous stakeholder organizations and individuals for editorial comments. The goals of the ABNO Core Curriculum are presented herein. Additionally, a number of programmatic features were considered and key items are presented in the Appendix (2).

The ABNO Core Curriculum Emphasizes:

1. Instruction in the evaluation and management of patients with malignancies with understanding of established standards and a multidisciplinary approach;
2. Clinical experience that is focused on integrative patient management, coordinating care with medical, radiation and surgical oncology, as well as palliative care and other integrative disciplines, such as acupuncture, massage, and mind-body therapies;
3. Expertise to evolve one's clinical practice in the context of a rapidly developing area of specialization and complex patient management; and
4. The ability to evaluate and conduct research.

This document should be considered the foundational educational framework around which a training program is developed. The residency program should take place over a minimum of 2 years.

While the Council on Naturopathic Medical Education (CNME) creates a basic structure for training and program standards, the specific topics that are to be included in the training curriculum are not within their purview. ABNO leadership has therefore taken on the task to develop this “Core Competency Curriculum” for naturopathic oncology subspecialty training that emphasizes formal instruction in the following recommended areas:

- I. *Basic Scientific Principles*; including cancer biology and genetics, cancer etiology, tumor immunology, and epidemiology
- II. *Basic Principles in the Management and Treatment of Cancer*; including pathology and laboratory medicine, radiology, surgical and radiation oncology, chemotherapy, biologic therapy, immunotherapy and endocrine therapy
- III. *Clinical Research*; including design of clinical trials
- IV. *Cancer Types and Sites*; common and less common cancer types and sites
- V. *Principles and Practice of Naturopathic Oncology*; including primary prevention, active co-management, secondary prevention
- VI. *Naturopathic Evaluation and Treatment*; including diet and lifestyle, gastrointestinal and endocrine function, mental/emotional health, and treatment sequelae
- VII. *Functional and Oncology-Specific Laboratory Analysis*
- VIII. *Naturopathic Strategies*; addressing the whole person, biological terrain, carcinogenesis factors, oncogenic promoters, detoxification and antioxidant use, targeting kinase pathways, metastatic processes, rejuvenation, psychoneuroimmunology (PNI or PNEI – psychoneuroendocrinimmunology), psychoemotional wellbeing, long term monitoring and managing co-morbidities
- IX. *Naturopathic Oncology Therapies*; including lifestyle interventions, dietary supplements, therapeutic physical agents, intravenous therapies, energetic therapies
- X. *Evaluating & Utilizing Experimental Treatments*
- XI. *Understanding Alternative Cancer Therapies and Systems*; those with insufficient evidence for significant benefit and considerable evidence or concern for potential harm
- XII. *Other Treatment Related Issues*; including oncology emergencies, paraneoplastic syndromes, bone marrow transplant, local therapy of metastatic cancers, and management of malignant effusions
- XIII. *Complications*; including infections, febrile neutropenia, thrombosis, and anemia
- XIV. *Supportive Care*; including pain management, hematopoietic growth factors, transfusion therapy, nutritional support, sexual problems, end-of-life care, complementary and alternative medicine
- XV. *Survivorship*; including follow-up care at end of treatment, prevention of recurrence and second malignancies, employment and insurance, information and education, and advocacy
- XVI. *Psychosocial Aspects of Cancer*; including psychological stages of cancer, cultural issues, spirituality, adaptive and maladaptive behavior, coping, and the use of psychotropic drugs
- XVII. *Bioethics, Legal, and Economic Issues*; including informed consent, research ethics, conflict of interest
- XVIII. *Communication Skills*; including communication along the disease trajectory, delivering bad news, communication within the multidisciplinary team, compassion
- XIX. *Information Systems in Oncology*; including resources for patients and professionals, locating an oncologist, identifying and locating clinical trials

The ABNO Core Curriculum

I. Basic Scientific Principles

A. Cancer Biology and Genetics

1. Biology of normal cells and the basic processes of carcinogenesis
2. Genomics
 - a. Gene structure
 - b. Organization
 - c. Expression
 - d. Regulation
3. Cell cycle
 - a. Mechanisms
 - b. Control by oncogenes
 - c. Interactions with therapies
4. Receptors and signal transduction
 - a. Estrogen and progesterone receptor
 - b. Testosterone receptor
 - c. Epithelial growth factor receptor (EGFR)
 - d. Insulin-like growth factor-1 (IGF-1)
 - e. HER-2/Neu receptor
 - f. Tyrosine kinase signaling
 - g. Anaplastic lymphoma kinase
5. Tumor cells
 - a. Kinetics
 - b. Proliferation
 - c. Programmed cell death
6. Cancer stem cell activity
7. Cell proliferation and apoptosis
8. Tumor cell metabolism
 - a. Mitochondrial oxidative phosphorylation
 - b. Mitochondrial uncoupling
 - c. Aerobic glycolysis
9. Tumor invasion and metastases
10. Angiogenesis
11. Molecular techniques
 - a. Polymerase chain reaction (PCR)
 - b. Chromosomal analyses and cytogenetics
 - c. Tissue microarray analysis
 - d. Other techniques of molecular and tumor cell biology

B. Carcinogenesis

1. Inherited and acquired genetic abnormalities
2. Environmental, chemical, and physical factors
3. Impact of various and specific infectious disease

C. Tumor Immunology

1. Cellular and humoral components of the immune system
2. Immune system recognition of substances including normal and malignant cells as “self” and “nonself”

3. Regulatory action of cytokines on the immune system
4. Interrelationship between tumor and host immune systems
 - a. Tumor antigenicity
 - b. Immune-mediated antitumor cytotoxicity
 - c. Direct effect of cytokines on tumors

D. Epidemiology of Cancer

1. Cancer statistics
 - a. Incidence rates
 - b. Mortality rates
 - c. International differences in incidence and mortality rates for different cancers
2. Staging of cancer
 - a. Tumor-node-metastasis (TNM) system
 - b. Other systems for specific tumor types
3. Epidemiologic methods

II. *Basic Principles in the Management and Treatment of Cancer*

A. General

1. Contributions of each different subspecialty in diagnosis, staging and treatment
2. Multidisciplinary approach to cancer treatment
3. Effects of age and comorbidity on treatment
4. Physical assessment
5. Response assessment
 - a. Response Evaluation Criteria in Solid Tumors (RECIST)
 - b. Quality of life
 - c. Other criteria

B. Pathology/Laboratory Medicine

1. Pathologist in cancer diagnosis
2. Histopathologic techniques in diagnosis
 - a. Immunostaining
 - b. Cytology
 - c. Fine needle aspiration
 - d. Cytogenetics and polymerase chain reaction (PCR)
 - e. Flow cytometry
3. Prognostic factors and predictive markers
4. Genetic and genome profiling

C. Radiology

1. Imaging/staging techniques in diagnosis, staging, and follow-up
 - a. Radiographic
 - b. Computed tomography (CT)
 - c. Ultrasound
 - d. Magnetic resonance imaging (MRI)
 - e. Positron emission tomography (PET)
 - f. Endoscopic imaging techniques
 - g. Other imaging procedures

2. Use of imaging to assess treatment response
- D. Surgical Oncology*
1. Preoperative evaluation
 2. Surgery for specific types and sites
 - a. See section IV
- E. Radiation Oncology*
1. Principles of radiation biology
 2. Normal tissue tolerance and toxicity
 3. Interactions
 - a. Chemotherapy
 - b. Endocrine therapy
 - c. Biologic therapy
 - d. Sequencing of therapy
 4. Fractionation and dosing
 5. Brachytherapy
 6. Focused radiation therapies
 - a. Intensity-modulated radiation therapy (IMRT)
 - b. Gamma knife
 - c. Cyberknife
 - d. Radioablation
 - e. Other ablative techniques
 7. Potentiation and protection
 - a. Host and other physical factors
 - b. Pharmacologic agents
 - c. Topical and systemic natural agents for radiosensitization and radioprotection
- F. Chemotherapy*
1. Indications and goals
 - a. Primary tumor
 - b. Recurrent cancer
 - c. Adjuvant, neoadjuvant, curative, palliative therapy
 2. Pharmacology
 - a. Pharmacokinetics
 - b. Pharmacodynamics
 - c. Metabolism and clearance
 - d. Pharmacogenomics
 - e. List of drugs
 3. Dose and schedule
 - a. Metronomic
 - b. Dose-density
 - c. Dose-intensity
 - d. High-dose
 - e. Other
 4. Cancer drug development and testing
 5. Drug resistance
 6. Predicting response and toxicity
- G. Endocrine Therapies*

1. Estrogens
 2. Selective estrogen response modifiers
 3. Progestins and anti-progestins
 4. Aromatase inhibitors
 5. Androgens and anti-androgens
 6. Gonadotropin-releasing hormone analogs
 7. Glucocorticoids
 8. Miscellaneous agents
- H. Biologic/Targeted Therapy*
1. Basic concepts of targeted molecular therapies
 2. Monoclonal antibodies
 3. Tyrosine kinase inhibitors
 4. Tumor vaccines, immuno-oncology
 5. Cellular therapy
 6. Anti-angiogenic agents
 7. Cytokines
 8. Gene-directed therapy

III. Evaluating Clinical Research

A. Design of Phase I, II, and III Trials

1. Protocol development and implementation
 - a. Defining trial objectives and outcomes (response criteria)
 - b. Defining patient populations
 - c. Use of surrogate end points
 - d. Toxicity assessment and grading
 - e. Quality of life assessment and end points
 - f. Reporting responsibilities
 - g. Data collection
 - i. Data capture and database development
 - ii. Maintaining quality and integrity
 - h. Statistical analysis
 - i. Sample size determination
 - i. Early stopping rules
2. Meta-Analysis
3. Ethical, regulatory, and legal issues
 - a. Institutional Review Board
 - b. Informed consent
 - c. Conflict of interest
 - d. Other groups in trial development
 - i. National Cancer Institute and cooperative groups
 - ii. Cancer centers
 - iii. Industry

B. Tumor Assessment

1. Measurement of masses
2. Imaging
 - a. CT
 - b. MRI

- c. Nuclear medicine
- d. Other imaging
- 3. Surrogate end points
 - a. biomarkers/pharmacodynamic end points
- C. *Critically reviewing research*
 - 1. *Levels of evidence in published research*
- D. *CAM and Cancer Research*

IV. Cancer Types and Sites

- A. *Basic Principles in the Management and Treatment of Each Cancer Type and Site*
 - 1. Epidemiology
 - b. Incidence rates
 - c. Mortality rates
 - 2. Pathogenesis, pathology, and tumor biology
 - i. Pathology; premalignant and malignant
 - b. Genetics
 - c. Assessment of risk
 - i. Family history
 - ii. Lifestyle factors
 - iii. Occupational Exposures & Other
 - iv. Infections
 - 3. Prevention
 - a. Lifestyle changes
 - b. Vaccines
 - c. Surgery
 - d. Others
 - 4. Screening
 - 5. Signs and Symptoms
 - 6. Diagnosis
 - 7. Staging and prognostic factors
 - a. TNM system, as well as legacy or others
 - b. Histologic type, including grade
 - c. Estrogen and progesterone receptors
 - d. Other biologic and molecular markers
 - e. Staging recommendations
 - 8. Treatment by stage
 - a. Premalignant
 - b. Carcinoma-in-situ
 - c. Early-stage invasive carcinoma
 - d. Locally advanced
 - e. Locally recurrent
 - f. Metastatic disease
 - 9. Common procedures
 - a. Chemotherapy administration
 - b. Surgical oncology
 - c. Radiation oncology
 - d. Tumor assessment (including bone marrow biopsy)

- e. Thoracentesis and pleurodesis
- f. Paracentesis
- 10. Follow-up
- 11. Supportive care

B. Common Cancer Types, Subtypes and Sites

- 1. Breast; including luminal A & B, triple negative, inflammatory, etc.
- 2. Cervical
- 3. Chronic leukemias, myeloid and lymphocytic
- 4. Colorectal
- 5. Endometrial
- 6. Esophageal and gastroesophageal junction
- 7. Glioma and glioblastoma
- 8. Head and neck
- 9. Lung
 - a. Non-small cell lung cancer
 - b. Small-cell lung cancer
- 10. Lymphoma
 - a. Hodgkin's Lymphoma
 - b. Non-Hodgkin's Lymphoma
 - c. Others
- 11. Melanoma
- 12. Multiple myeloma and plasma cell dyscrasias
 - a. Plasmacytoma
 - b. Plasma cell leukemia
 - c. Polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, skin changes (POEMS)
 - d. Primary amyloid
 - e. Cryoglobulinemia
 - f. Monoclonal gammopathy of uncertain significance (MGUS)
 - g. Waldenstrom's macroglobulinemia
- 13. Neuroendocrine/Carcinoid tumors
- 14. Non-melanoma skin cancers
 - a. Basal and squamous cell carcinoma
- 15. Ovarian
 - a. Fallopian
 - b. Primary peritoneal
- 16. Pancreas
- 17. Prostate
- 18. Soft tissue sarcomas
 - a. Fibrosarcoma
 - b. Leiomyosarcoma
 - c. Rhabdosarcoma
 - d. Angiosarcoma
 - e. GIST
- 19. Thyroid
- 20. Urothelial, renal cell carcinoma, Wilm's tumor

C. Less Common Cancer Types and Sites

1. Acute leukemia and myelodysplasia
 - a. Acute lymphoblastic leukemia
 - b. Acute myeloid leukemia
 - c. Myelodysplasia
2. Anal
3. Bladder and other urothelial cancers; ureter, renal and pelvis
4. Bone Sarcomas
 - a. Osteosarcoma
 - b. Chondrosarcoma
 - c. Ewings
5. Less Common CNS malignancies
 - a. Astrocytoma
 - b. Oligodendroglioma
 - c. Meningiomas
 - d. Pituitary adenoma
 - e. Meduloblastoma
 - f. Nerve sheath tumors
 - g. Ependymoma
 - h. Pinealoma
 - i. Metastases to CNS
6. Gastric
7. Germ cell tumors, seminoma and non-seminoma
8. Hairy cell leukemia
9. Hepatobiliary
10. Mesothelioma
11. Penile
12. Salivary Gland Tumors
13. Thymoma and thymus tumors
14. Vulvar and vaginal
15. AIDS-related malignancies
16. Unknown primary

V. Principles and Practice of Naturopathic Oncology

- A. *Primary prevention*
- B. *Active co-management with conventional treatments and strategies*
 1. Diet and lifestyle therapies appropriate for each phase of treatment
 2. Nutritional evaluation and support
 3. Nutraceutical, botanical and homeopathic medicines
 - a. Indications
 - b. Contraindications
 - c. Drug interactions
 - d. Mechanisms of action
 4. Hydrotherapy and other physical modalities
 5. Hyperthermia

6. Adjunctive support pre- and post-surgery
7. Preventing, reducing, identifying and managing treatment-induced toxicities; chemotherapy, radiation, hormonal and others
8. Parenteral therapies
- C. Secondary prevention, reducing risk of recurrence and minimizing long-term sequelae to treatment
 1. Post-treatment recovery
 2. Detoxification
 3. Nutrition
 4. Immune support
 5. Exercise
 6. Body composition
 7. Stress management
 8. Sleep management
- D. *Timely and appropriate professional referrals as needed for*
 1. diagnostic testing
 2. medical, surgical, radiation oncology co-management
 3. psychiatric evaluation, counseling and management
- E. *Management of patients refusing conventional treatment*

VI. Naturopathic Evaluation, Lifestyle Interventions and Treatment

- A. Prevention/Decrease risk of recurrence
 1. Nutrition
 - a. Diet
 - b. Hydration
 2. Physical activity
 3. Exercise
 4. Body weight/mass management
 5. Sleep hygiene
 6. Stress management
 7. Overall energy level
 8. Quality of life
- B. GI function
 1. Intestinal mucosal integrity
 2. Peristalsis
 3. Malabsorption
 4. Nutritional deficiencies
 5. Gut flora/ microbiome
 6. Abdominopelvic adhesions
- C. Endocrine Function
 1. Adrenal
 2. Thyroid
 3. Pancreas
 4. Thymus
 5. Gonadal
 6. Pineal/Pituitary/Hypothalamic
- D. Mental/Emotional Health

1. Depression and anxiety
 2. Psychoneuroimmunology
 3. Spirituality (purpose in life, goals, community, relationship to death, spiritual path)
 4. Deep emotional trauma
 5. Fears
- E. Treatment Sequelae
1. Pain
 2. Anemia
 3. Neuropathy
 4. Lymphedema
 5. Gastroparesis
 6. Bowel obstruction
 7. Opioid-induced constipation
 8. Diarrhea associated with cancer or cancer therapy
 9. Oral mucositis and esophagitis
 10. Neurogenic bladder
 11. Cardiotoxicity
 12. Chemo brain
 13. Estrogen-deprivation symptoms
 14. Hypothyroidism
 15. Sexual dysfunction
 16. Psychosocial
 17. Body image distortion
 18. Other:
 - a. Cachexia
 - b. Anorexia
 - c. Pain management
 - d. Hospice referral and education when appropriate

VII. *Functional and Oncology Specific Laboratory Analysis*

- A. General laboratory studies
- B. Functional laboratory studies
 1. Inflammatory markers
 2. Cytokines
 3. NK cell activity
 4. Coagulation factors
- C. Oncology specific laboratory studies/biomarkers
 1. Tumor markers
 2. Chemosensitivity
 3. Circulating tumor cells
 4. Genetic testing and genomic panels
 5. Hormones
 6. Oncotype Dx, others

VIII. *Naturopathic Strategies*

- A. Treat the whole person, find the cause
- B. Improve the biological terrain
 - 1. oxidative stress
 - 2. inflammation
 - 3. insulin/glucose balance and IGF-1
 - 4. viscosity/coagulation parameters
 - 5. immune function
 - 6. stress hormones
- C. Carcinogenesis
 - 1. genetic mutations
 - 2. aneuploidy
 - 3. epigenetics
 - 4. apoptosis
 - 5. cell proliferation/signal transduction
 - 6. targeted therapies; antioxidative, methylation, telomere lengthening, cell cycle checkpoint integrity
- D. Remove promoters
 - 1. Genotoxins
 - a. Environmental
 - b. Inflammatory
 - c. Infections
 - d. Dietary and psychoemotional
 - e. Oxidative stress
 - 2. Detoxification and antioxidant support
 - 3. Support apoptosis; cell repair and mitochondrial health
 - 4. Target kinase pathways to control unchecked proliferation
 - 5. Enhance cell-to-cell communication and reduce metastatic potential
 - 6. Rejuvenation; restore health and vitality
 - 7. Prevention, decreasing risk of recurrence
 - 8. Psychoneuroendocrine-immunology
 - 9. Spiritual sense of wellbeing
 - 10. Monitor and manage co-morbid conditions
 - 11. Symptom management

IX. Naturopathic Oncology Therapies

- A. Diet
 - 1. Nutritional strategies during chemotherapy, radiation and other modalities
 - 2. Nutritional strategies to prevent, resolve or decrease treatment-related symptoms
- B. Physical activity & exercise
- C. Nutritional supplements
 - a. Vitamins, minerals, amino acids and protein
 - b. Essential fatty acids
 - c. Other nutrients; such as:
 - i. CoEnzyme Q10
 - ii. Glutathione

- iii. Melatonin
- iv. Probiotics
- D. Botanical/ herbal medicine
 - 1. Herb/drug/ nutrient interactions
- E. Cannabinoids in cancer
- F. Pharmacotherapy
 - 1. Low dose Naltrexone
 - 2. Celecoxib
 - 3. Metformin
 - 4. Others
- G. Hyperthermia
- H. Local hypothermia or cryotherapy
- I. Massage and physical manipulation
- J. Intravenous therapies, including high-dose vitamin C
- K. Mind/Body Therapies
 - 1. Acupuncture
 - 2. Homeopathy
 - 3. Qi Gong
 - 4. Reiki; including therapeutic touch, healing touch
 - 5. Spirituality

X. *Evaluating and Utilizing Treatments with Insufficient Evidence*

XI. *Understanding Questionable or Alternative Cancer Therapies and Systems*

XII. *Other Treatment-related Issues*

- A. Oncology emergencies
- B. Paraneoplastic syndromes
- C. Bone marrow transplantation
- D. Local therapy of metastases
- E. Management of malignant effusions

XIII. *Treatment Complications*

- A. Infections
- B. Hypercoagulable state, hyperviscosity and thrombosis
- C. Others

XIV. *Supportive Care; additional considerations*

- A. Pain management
- B. Treatment of symptoms and cancer-related complications
 - 1. Anti-emetic
 - 2. Chemotherapy induced anemia, neutropenia and thrombocytopenia
 - 3. Hypercoagulable state and venous thrombosis
 - 4. Cancer-related fatigue
- C. Hematopoietic growth factors
- D. Transfusion therapy
- E. Sexual dysfunction

- F. End-of-life care
- G. Age-related Considerations
 - 1. Children and young adults
 - 2. Elderly

XV. Survivorship

- A. Follow-up care at end of treatment
- B. Management of disease and treatment related effects
- C. Prevention of recurrence and second malignancies
- D. Psychosocial issues
- E. Employment and insurance
- F. Information and education
- G. Patient advocacy

XVI. Psychosocial Aspects of Cancer

XVII. Bioethics, Legal, and Economic Issues

- A. Informed consent
- B. Shared decision making
- C. Research ethics
- D. Conflict of interest
- E. Professionalism

XVIII. Communication Skills

XIX. Information Systems in Oncology

- A. Patients resources
- B. Professional resources



Appendix 1

Features of the *Naturopathic Oncology Residency Program Manual*:

- follows the Council on Naturopathic Medical Education (CNME) residency guidelines;
- is approved by a CNME-accredited institution;
- details clear program goals and objectives;
- provides a defined, written core curriculum;
- includes written learning objectives;
- clearly elucidates each required didactic component;
- defines the anticipated clinical progression from observation to an independently functioning physician with minimal oversight;
- clearly lists or describes required competencies;
- includes a schedule of required and optional specialty rotations;
- establishes regular review of resident progress and program success with the residency director;
- establishes written evaluation of the resident's progress at regular and timely intervals;
- provides policies governing resident discipline, appeal and dismissal;
- clearly delineates between first and second year resident roles and responsibilities;
- includes the Memorandum of Understanding or Operating Agreement between the CNME-accrediting institution and the residency program;
- is regularly reviewed and updated.

Appendix 2

The Naturopathic Oncology Residency Program is:

- a 2-year program (minimum);
- majority clinic or hospital-based;
- patient care driven with an overwhelmingly oncology caseload;
- supervised by at least one primary residency director who is board certified in Naturopathic Oncology (FABNO);
- includes a structured didactic educational component;
- provides ABNO exam eligibility;
- necessarily includes numerous specialty rotations;
 - **Highly recommended** areas of emphasis:
 - Medical Oncology
 - Radiation Oncology
 - Surgical Oncology
 - Gynecological Oncology
 - Hematology
 - Urology
 - Dermatology
 - Laboratory/Pathology
 - Radiology
 - Hospice/Palliative care
 - **Suggested** areas of optional emphasis:
 - Internal Medicine/Family Practice Medicine
 - Pediatric Medicine
 - Emergency Medicine
 - Gastroenterology
 - Endocrinology
 - Infectious Disease
 - Cardiology
 - Neurology
 - Physical Therapy
- encourages or mandates CME conference attendance;
 - for example: ASCO, SIO, OncANP, other oncology specialty focused
- encourages published research projects;
 - e.g. review article, clinical trial and/or case reports
- requires public presentations by the developing resident;
 - support groups, professional organizations
- includes regular and frequent tumor board/cancer conference attendance;
- provides an administrative and/or practice management component; and
- is informed by and documented through a written, regularly reviewed and updated program manual that provides a resource for the physician resident, supervising physician(s), CNME administrator(s) and other support personnel.

¹ *Seattle Integrative Oncology*, Seattle, Washington. Send correspondence to dr.aschtgen@seattlend.com

² Lokahi Health Center, Kailua Kona, Hawaii.

³ It is noted that this initial effort has relied heavily, both in format and content, on the *ACCO: ASCO Core Curriculum Outline* authored by H.B. Muss *et. al.* and previously published in the JCO on March 20th, 2005 (23:9). This document is therefore in no way intended to be construed as original work by any individual or organization.

**BASTYR UNIVERISTY
NATUROPATHIC ONCOLOGY MEDICINE
RESIDENCY PROGRAM**

General Information

The _____ is a remote training site of the Bastyr University Affiliate Residency Program. The resident will train under the supervision of the members of the medical staff of the _____.

The _____ is a facility that provides a two-year postgraduate residency program provides clinical training in Naturopathic Oncology. The clinical experiences shall involve rotations in a variety of medical fields which may include medical oncology, radiation oncology, surgical oncology, nuclear medicine, pathology, diagnostic imaging, primary care, hospice care, physical rehabilitation, hospice care, nutrition, and counseling. *(Please provide other rotations that you feel are appropriate for your program.)*

Facility

The _____ is a _____ square feet, state-of-the-art clinic on the campus of _____. As the area's leader in high-quality cancer care, based on a patient-centered philosophy of the program. *(Please additional resources that you feel are appropriate for your program.)*

Resident

A resident is a graduate of a naturopathic medical college that has been accredited by or has candidate status with the Council Naturopathic Medical Education (CNME). S/he must successfully pass the Naturopathic Physicians Licensing Examinations (NPLEX) and maintain a license to practice in an appropriate licensing jurisdiction.

Affiliate Residency Director

Dr. _____, a member of the _____ staff, is the affiliate residency director (ARD). S/he is responsible for activities related to the instruction, supervision, counseling, evaluation, and advancement of the resident. S/he serves as the liaison between the cancer center and Bastyr University, providing appropriate feedback regarding the development and improvement of the residency curriculum.

Teaching Staff

The medical staff who shall participate in the training of the resident shall be considered members of the teaching staff. The diverse staff at the _____ provides the resident with a varied set of experiences. Members of the teaching staff shall supervise the resident during patient care hours. They provide appropriate and timely evaluation and feedback. Training shall emphasize provision of high quality patient care, diagnostic evaluation, and therapeutics within the context of naturopathic philosophy. The resident shall apply the philosophy and principles of naturopathic medicine in his/her approach to patient care.

Residency Training

This is a two-year program that is devoted primarily to training the resident in general naturopathic and oncologic medicine in an integrated clinical setting. This is a 40 hours/week minimum full-time appointment wherein at least 20 hours are devoted to patient care and with defined hours to specific administrative and learning activities. This program strengthens the primary care skills of the resident as s/he develops new skills in the field of oncology through supervised learning experiences primarily.

Educational Mission and Objectives

The naturopathic oncology program is designed to train graduates of accredited naturopathic medical schools in through the integration of the naturopathic principles and philosophy with the high quality oncologic care. Through this process the resident will broaden his/her medical experiences, enhance his/her clinical skills, and research new avenues of therapy that are congruent with other modalities of cancer care.

Educational Plan

The program provides an opportunity for a naturopathic medical school graduate to develop new skills in oncologic naturopathic care while enhancing his/her knowledge and skills in general medicine. The ARD monitors the development of the resident on a quarterly (3-month) basis. Achievement of the goals of the program center around four core teaching learning activities: 1) Resident Supervision, 2) Patient Care shifts, 3) Conferences, and 4) Practice Management Activities. In addition, the resident is expected to participate in all research activities of the department and attend continuing medical education conferences and seminars.

Clinical Skills Development of the Resident

The resident will advance his/her clinical skills including history taking, examination, diagnostic work-up, diagnosis, treatment, and patient management. These skills will be demonstrated in specific conditions. Throughout the program, each resident must have achieved competency based on the milestones described in Resident Case and Procedure (RECAP) Recording System.

The resident will note accomplishments in the following ways:

1. Demonstration of skill(s) to a teaching staff during patient care
2. Demonstration of skill(s) to a preceptor
3. Participation in a case discussion
4. Delivery of lecture and presentations
5. Provision of direct patient care
6. Supplementation with self-study materials

Program Curriculum

Goals of the Bastyr University – _____ Residency Program:

1. Develop depth, skill, judgment and confidence as a practitioner
2. Develop appreciation and in-depth understanding of how the naturopathic philosophy as it applies integrated cancer care.
3. Develop understanding and actively participate in clinical research.
4. Gain experience in collaborating with other health practitioners to provide optimal health care.
5. Develop practice management skills.
6. Develop understanding of possible role and contribution of naturopaths in an unlicensed state.

(Please add or change goals that are appropriate for you institution)

Educational Objectives of the First Year Resident:

1. Strengthen understanding and application of naturopathic philosophy and principles.
2. Develop an understanding of the most commonly appreciated forms, histology, and immunology of cancer, the biology of those cancers, and the conventional treatment approaches to the cancers.
3. Provide patient care through history taking, physical exam, assessment, diagnostic testing, and formulation of management plan in collaborative manner.
4. Strengthen understanding of the various specialties in medical science through clinical rotations and independent study.
5. Enhance presentation skills through active participation in Tumor Board, Journal Club, and other inter/intra-departmental activities.

Educational Objectives of the Second Year Resident:

1. Broaden understanding and application of naturopathic and conventional treatment approaches to cancer.
2. Develop treatment protocols to be used in conjunction with conventional treatment approaches, or at least 2 research protocols for evaluating the efficacy of at least 2 natural therapeutics used in isolation, or in conjunction with conventional treatment approaches.
3. Continue active participation in Tumor Board, Journal Club, and other inter/intra-departmental activities.
4. Maintain collegial relationships with with members of the various medical specialties within _____ hospital/system.

(Revise the Education Objectives to make it appropriate for you institution)

Educational Resources

The resident shall have access of on-line databases and medical reference materials. In addition, reference books are easily accessible in the _____ office. The resident is responsible for safeguarding these resources. The resident may request for additional references with the approval of the ARD. All purchased materials and references shall remain the property of the department

Resident Supervision

The training and development of the resident will utilize a structured mentorship model. This training model provides accessible, on-going support to enhance the resident's education. The ARD will be the resident's primary supervisor through his/her stay in the program and will provide clinical instruction.

Initially, the resident is expected to follow and observe the teaching staff who shall model for the resident the patient-physician interactions. Moreover, these visits shall serve as the basis for scholastic discussion between the teaching staff and resident. As the resident's skills progress, the resident will take increasing responsibility in patient care.

During the year, the assign faculty will meet with the resident weekly. Meetings will cover a wide array of topics, issues, and concerns. These include, but are not limited to, review and discussion of representative clinical cases listed in the RECAP Recording System, performance of random chart

review, discussion cases seen during the resident care shift, preparations for cases and scientific journals, and monitoring of the clinical educational skills development of the resident.

During the _____ departmental team care meetings the resident shall present cases and review of clinical materials on treatment approaches (including a discussion on potential side effects and herb-drug/drug-drug interactions). In addition, the meeting shall discuss any issues or concerns that involve departmental, hospital policies, procedures, or practices, and their impact on patient care

Patient Care

The resident has a minimum of 20 hours of patient care each week. During these times, the resident will be under the supervision of the teaching staff. The design of activities is to enhance the resident's clinical knowledge, skills, and decision-making abilities. As the resident gains clinical confidence, the faculty supervisor shall progressively provide opportunities for the resident to function with greater autonomy.

The resident is responsible for the documentation of the details of every contact with a patient in the hospital's electronic health records. This includes clinic initial and follow-up consultations, phone contact, and in-patient visits, as well as contact with family members. Before seeing the patients scheduled for the day, the faculty will preview the cases with the resident. At the end of the visits, the faculty supervisor and the resident will review cases seen. Although the resident functions more autonomously as the year progresses, the faculty supervisor must always be accessible should the resident request for help.

Conferences

Clinical Conferences

The resident is required to attend and participate during weekly staff meetings and clinical conferences. In these meetings, the resident and faculty members discuss clinically challenging cases, relevant journal articles, or new products and procedures that maybe adopted by the clinic. An open, frank, and collegial atmosphere is greatly encouraged.

Tumor Board

The resident is required to attend weekly Tumor Board presentations. Under the direction of the ARD, the resident may be required to conduct presentations at the Tumor Board or Grand Rounds

Workshops and Lectures

The resident is required to attend all in-center workshops and lectures on case management, practice management, clinical teaching, and research. As his/her shift schedule allows, the resident is encouraged to attend clinical workshops and seminars in other institutions.

Practice Management

Business and Strategic Planning

The resident must develop a clear understanding of the department and institution's strategic goals and objectives. The resident will work closely with the ARD to give the resident an opportunity to participate in these activities.

Community Outreach

In addition to patient care, the resident will have the opportunity to engage in clinic outreach activities that may include, but are not limited to, attending community fairs, writing health articles

for the local community paper, and having speaking engagements in the community on general health issues on the naturopathic philosophy and medicine. These include speaking to consumer oriented support groups or civic organizations (i.e. Rotary, Kiwanis), American Cancer Society functions, and local state association activities.

Confidentiality Policy

The resident must be cognizant of the confidentiality policies of _____ at all times and must comply with all rules and regulations that comply with the HIPAA act of 1997. Any breach is a very serious offense and may result in termination of employment for the resident.

Patient Notification at the Conclusion of Residency

One month before the end of residency, the resident is strongly encouraged to notify each of his/her patients that he/she will be graduating from the residency program. All patient records will remain the property of the _____.

Other Responsibilities

Residents are responsible for the development of patient education materials, newsletters, and other patient educational displays or resources. Resident shall also be responsible for supporting the ongoing review of appropriate supplements in the dispensary. In addition, the resident shall be responsible for completing orders and receiving delivery of these items

Dress Code

A resident must be professionally attired at all times while at the _____.

(Please insert your dress code policy here)

Meetings

Meetings with the Affiliate Residency Director

The resident is required to attend scheduled meetings with the ARD. This is a forum for the resident to discuss individual educational and training issues, concerns, and needs.

Clinical Meetings

The resident is required to attend all weekly clinical meetings. This is a forum to enhance communication among physicians, nurses, social workers, dietitians, counselors, and other colleagues regarding patient care. The key topics are clinical and educational.

Research

The participation of the resident in an active research program is strongly encouraged as an essential part of the preparation for a lifetime of self-education after the completion of formal training. Generally, this activity should be concurrent with other assignments, provided the responsibilities of the resident and adjusted in a way to permit a reasonable time for research activity. This experience should give the residents an awareness of the basic principles of study design, performance, analysis, and reporting, as well as an awareness of the relevance of research to patient care.

Evaluation

Evaluation of the Resident

Satisfactory completion of the residency program by the resident is assessed through evaluation reports submitted by the faculty supervisor and ARD. Upon successful completion of all the residency requirements, the resident will receive a certificate of completion indicating that he/she has completed a year of residency in general medicine

Resident Case and Procedure (RECAP) Recording System

This recording system is method of tracking the number and types of cases seen and managed by the resident. Each quarter the resident shall submit a copy of managed cases to the ARD. In turn, the ARD will review with the resident cases listed, counter-sign, and forward a copy of the document to the Office of Graduate and Community Medicine at the Bastyr Center for Natural Health.

Quarterly Evaluation of Residents Form

Each faculty supervisor is required to review and evaluate the performance of the residents. It is critical that the resident receive timely feedback from the faculty. The faculty's evaluation will serve to aid the residents in identifying areas in knowledge, attitudes, and skills that need to be strengthened. The ARD will submit copies of all the forms to the Office of Graduate and Community Medicine at the Bastyr Center for Natural Health.

Year End Evaluation of the Resident

The members of the teaching staff are required to review and evaluate the performance of the resident and to submit a written year-end evaluation. This tool will evaluate the medical knowledge, the patient care, the interpersonal and communication skills, the professionalism, the practice-based learning, and the system-based practice of the graduating resident. The ARD will submit copies of all the forms to the Office of Graduate and Community Medicine at the Bastyr Center for Natural Health.

Evaluation of the Faculty

The resident will provide quarterly feedback to ARD regarding his/her faculty supervisor. The resident will provide feedback to Bastyr University regarding his/her faculty supervisor.

Evaluation of the Program

Evaluation of the program is achieved through feedback from the resident, the faculty, and the ARD.

Exit Interviews and Resident Exit Survey

One of the key sources of information that the program utilizes to institute changes in the program is derived from the resident's exit interviews and Resident Exit Survey. The office of Graduate and Community Medicine of Bastyr University will conduct an exit interview and survey for each resident completing and exiting the program. The responses of the individual residents are compiled and submitted to residency program director of Bastyr University. .

Evaluation of the Program by the Residency Committee

Each quarter, the Bastyr University Residency Committee will monitor the progress and status of the affiliate residency program. This committee is the postdoctoral medical education committee that is responsible for advising and monitoring all aspects of residency education.

Direct feedback from the teaching staff

The members of the teaching staff through either the weekly meetings and/or direct communication with the ARD can provide feedback regarding the conduct, administration, and evaluation of the affiliate residency program.

Resident Recruitment and Selection

Recruitment

Bastyr University is an equal opportunity employment institution. The university does not discriminate against any person on the basis of race, color, national origin, gender, marital status, religion, disability or age in admission, treatment, or participation in its programs, services and activities or in the employment process, in accordance with applicable federal and state laws.

The Office Graduate and Community Medicine (OGCM) will coordinate all activities regarding the recruitment and selection of residents in university's affiliate residency programs. The applications process commences wherein interested applicants send in accomplished application forms within the prescribed deadlines.

Applying to the various affiliate residency programs is a candidate-managed process. This means that the applicant is responsible for collating all required elements of the application and submitting completed application packets before the prescribed deadline.

To qualify the applicant must have graduated with a Naturopathic Doctor degree on or before the start of the program. The degree must be obtained from a college or university that has been accredited or has been granted accreditation status by the Council for Naturopathic Medical Education. All applicants must have previously passed the NPLEX and be able to obtain a license to practice naturopathic medicine from a licensing state.

Interview and Selection

All the documents submitted by each applicant will be forwarded to the selection committee of the affiliate program. The selection committee will be composed of the ARD and members of the clinic staff. The selection committee will use a standard set of questions that intends to assess the preparedness, aptitude, and communication skills of each applicant. Through a series of deliberations, the selection committee will utilize the responses to the in-depth interview questions, together with the submitted letters of reference, evaluation forms, essays and personal statement, and transcripts to formulate a list of successful candidates. Offers are made soon after the match. All offers to a resident position are contingent upon the successful completion of the NPLEX, presentation of the required documents allowing employment in the United States, and attainment of a license to practice from a licensing state.

Resident Timesheets and Compensation

Resident Timesheets and Pay Periods

The ARD is responsible for signing the timesheets and for approving requests for vacations. The resident shall receive a salary during the regular pay dates of the clinic.

Resident Compensation and Benefits

The resident will be under the employ of _____. A Resident Employee Contract Agreement will be indicate all of the resident's duties and responsibilities as well manner of compensation. The appointment of the resident is a 1.0 FTE (Full-time Equivalent) and will require service of a minimum of 40 hours per week. The term of appointment will be for a 12 month period for each year level.

Employment Policies and Procedures

The resident is under contract as a professional employee who performs patient care, educational, research, and administrative roles for the program. Hence, he/she must comply with all the employment policies of _____. The resident will be provided a copy of employment policies and procedures of _____, including policies on resident's impairment (including

substance abuse), unethical and unprofessional behavior, sexual harassment, exploitation, procedures on discipline and redress of grievances. In return, the program will provide the resident every opportunity to attain professional growth while under staff supervision.

Termination

The following are circumstances that could lead to the termination of a resident from the residency program as stipulated in the Resident Employment Contract Agreement.

1. Termination for Cause. Either party may terminate the contract for cause by giving the breaching party notice of the breach of this contract and a reasonable opportunity (not to exceed thirty (30) days) to correct the breach.
2. Immediate Termination. Notwithstanding anything to the contrary in the contract agreement, the program may terminate the contract immediately upon written notice if the health, safety or welfare of any individual is endangered by continuation of the contract with the resident.

Residency Learning Checklist

(This is just an example. Please draft a list that is appropriate for your program)

Successful completion of the following rotations:

- Medical Oncology
- Surgical Oncology
- Radiation Oncology
- Pediatric Oncology
- Hematology
- Diagnostic Imaging
- Pathology
- Hospice
-

Attendance in the following conferences

- Tumor Board
- Clinical Case Conference
- Grand Rounds
-

Knowledge of:

- Cancer subtypes based on pathology
- Principals of staging
- Course of the disease: sites of the metastasis, prognosis, etc.
- Basic information about treatment options
- Tumor markers

Knowledge of the class, mechanism of action, and adverse effects of the following chemotherapy, hormonal, immune, monoclonal antibody and other agents that are commonly used to treat or manage cancer:

Chemotherapy agents:

-
-
-

Chemotherapy combinations

-
-
-

Monoclonal antibodies and other agents:

-
-
-

Hormonal:

-
-
-

Immune

-
-
-

Knowledge of the indications, mechanism of action, adverse effects, and interactions with natural products of the medications commonly prescribed for patients diagnosed with cancer:

-
-
-

Knowledge of common naturopathic guidelines to consider in developing treatment approaches for the care of patients receiving the above conventional treatments.

Knowledge of the radiation therapy basics, including the following:

- IMRT
- Tomotherapy
- 3D Conformal
- Brachytherapy: HDR
- Prostate LDR or HDR
- MammoSite
- Nuclear medicine (microspheres, strontium)

Knowledge of the most common adverse effects of radiation therapy, including:

- Anemia
- Anxiety
- Depression
- Diarrhea
- Dry Mouth
- Fatigue
- Hair Loss
-

Knowledge of common naturopathic guidelines to consider in developing treatment approaches for patients coping with the above adverse effects.

Knowledge of commonly performed surgical procedures:

- Biopsy
- Bowel resection

Colostomy/ileostomy
Esophagectomy
Hepatic chemotherapy pump placement and removal
Liver resection
Lumpectomy
Lymph node dissection
MammoSite catheter placement and removal
Mastectomy
Nephrectomy
Paracentesis
PEG/J tube placement and removal
Pelvic Exoneration
Photo Dynamic Therapy
Pleurosethesis
Port placement
Radio Frequency Ablation
Sentinel Lymph Node Biopsy
Skin lesions excision
Thoracocentesis
Thyroidectomy
Total abdominal hysterectomy
Whipple

Knowledge of diagnostic/laboratory tests commonly ordered:





**NATUROPATHIC MEDICINE RESIDENCY PROGRAM
RESIDENT CASE & PROCEDURES (RECAP) RECORDING SYSTEM**

Name of Resident: _____ Year Level _____ Program Year: _____

Each case encounter is discussed and/or evaluated, diagnosed, managed, and referred (whenever appropriate) through a longitudinal experience in various clinical settings. To track each case, the resident is required to record the clinical experiences using the table below. Whenever applicable, the resident is expected to perform risk reduction counseling. The goal is to meet a specific milestone each quarter as follows:

- 1) **Fall Quarter = a minimum of 50% of listed conditions and procedures**
- 2) **Winter quarter = a cumulative minimum of 60% of listed conditions and procedures.**
- 3) **Spring Quarter = a cumulative minimum of 70% of listed conditions and procedures.**
- 4) **Summer Quarter = a cumulative minimum of 80% of listed conditions and procedures.**
- 5) **Second Year Residents will have the same minimum requirement except that at least 50% of all contacts during quarter must be through DPC.**

On a quarterly basis, a photocopy of this form is to be sent to the Director of Graduated and Community Medicine by the resident after it have been reviewed by clinical faculty mentor. This will enable the clinical faculty mentor to assess the progress of each individual resident and to determine if the resident is receiving adequate clinical experience. Multiple contacts for each objective are desirable.

LIST OF CONDITIONS & PROCEDURES	First Quarter			Second Quarter			Third Quarter			Fourth Quarter		
	DPC	OBS	L/CD	Total	DPC	OBS	L/CD	Total	DPC	OBS	L/CD	Total
ALLERGY/IMMUNOLOGY												
Food Allergy												
Drug Allergy												
Seasonal Allergy												
Urticaria / Hives / Angioedema												
Anaphylaxis												
Contact dermatitis												
Autoimmune Diseases: SLE, Scleroderma, Sjogrens, etc.												
CARDIOLOGY												
Hypertension												
Coronary Artery Disease with or without Chest Pain												
Congestive Heart Failure												
Peripheral Vascular Disease												
Dislipidemia / hypercholesterolemia / hypertriglyceredemia												
Perform primary & secondary risk reduction counseling for CAD												
Identify common arrhythmias on EKG & manage accordingly												
DERMATOLOGY												

DPC = Direct Patient Care (condition diagnosed and/or managed by the resident, or procedure was performed by the resident)

OBS = Observations (contact or procedure was made while observing or precepting with a supervising practitioner)

L/CD = Condition or procedure was discussed during a lecture given by or during a case presentation conducted by the resident

	Fall Quarter			Winter Quarter			Spring Quarter			Summer Quarter		
	DPC	OBS	Total	DPC	OBS	Total	DPC	OBS	Total	DPC	OBS	Total
Bacterial skin infections (furuncle, carbuncle, impetigo, cellulitis, etc)												
Fungal skin infection (intertrigo, tinea corporis, tinea pedis, etc)												
Psoriasis, Rosacea, Vitiligo												
Warts / Acne vulgaris												
Seborrheic Dermatitis/ Eczema												
Actinic Keratosis												
Screening for dermatologic malignancies												
ENDOCRINE												
DM without complications (controlled/uncontrolled)												
DM with complications (nephropathy, retinopathy, neuropathy, etc)												
Hypothyroidism												
Hyperthyroidism												
Adrenal dysfunction												
Pituitary dysfunction												
ESOPHAGOGASTROINTESTINAL												
Dysphagia												
Nausea / Vomiting												
Acute Abdominal Pain												
Constipation / Obstipation												
Infectious Gastroenteritis												
Noninfectious Gastroenteritis												
Gastroesophageal Reflux Disease (GERD)												
Irritable Bowel Syndrome												
Inflammatory Bowel Disease (Crohn's / Ulcerative Colitis)												
Acute and Chronic Gastritis/ Peptic Ulcer Disease												
Hemorrhoids, Anal fissures, Fistula-in-ano												
Interpret gastric pH, Heidelberg testing												

DPC = Direct Patient Care (condition diagnosed and/or managed by the resident, or procedure was performed by the resident)

OBS = Observations (contact or procedure was made while observing or precepting with a supervising practitioner)

L/CD = Condition or procedure was discussed during a lecture given by or during a case presentation conducted by the resident

	Fall Quarter			Winter Quarter			Spring Quarter			Summer Quarter		
	DPC	OBS	Total	DPC	OBS	Total	DPC	OBS	Total	DPC	OBS	Total
Screening for gastrointestinal / anorectal malignancies												
GENITOURINARY												
Urolithiasis / Nephrolithiasis / Ureterolithiasis												
Acute Kidney Insufficiency / Failure												
Chronic Kidney Disease /Failure												
Urinary Tract Infections												
Other symptoms related to the urinary tract												
Screening for urinary tract malignancies												
GERIATRIC												
Alzheimer												
Osteoporosis / Osteopenia												
Parkinson's Disease												
Physical Abuse and Neglect of the Elderly												
Differentiate physiologic aging from pathologic conditions												
Perform functional assessment												
Adjust treatment plan to accommodate aging												
GYNECOLOGY/WOMEN'S HEALTH												
Acute / Chronic Vaginitis												
Sexually Transmitted Diseases												
Pelvic Inflammatory Disease												
Dysfunctional Uterine Bleeding												
Uterine Fibroid / Ovarian Cysts												
Menopausal Symptoms												
Infertility												
Gonadal / Hormonal Dysfunction												
Physical / Emotional / Sexual Abuse												

DPC = Direct Patient Care (condition diagnosed and/or managed by the resident , or procedure was performed by the resident)

OBS = Observations (contact or procedure was made while observing or precepting with a supervising practitioner)

L/CD = Condition or procedure was discussed during a lecture given by or during a case presentation conducted by the resident

	Fall Quarter			Winter Quarter			Spring Quarter			Summer Quarter		
	DPC	OBS	Total	DPC	OBS	Total	DPC	OBS	Total	DPC	OBS	Total
Hormone Replacement Therapy												
Contraception education and treatment												
Counsel on needs for surgery and potential risks assoc. with them												
Screening for breast malignancies / abnormal mammogram												
Screening for gynecologic malignancies / Abnormal Pap Smear												
HEMATOLOGY												
Microcytic and Macrocytic Anemia												
Hereditary / Acquired Bleeding Disorders												
Platelet Abnormalities												
White Cell Abnormalities												
Screening for Hematologic Malignancies												
HEENT												
Hearing Loss												
Tinnitus / Vestibular dysfunction												
Acute /Chronic Otitis Media												
Acute / Chronic Sinusitis												
Upper Respiratory Tract Infections												
Foreign body (Eyes, Ears, Nose, and Throat)												
Red Eye (Glaucoma, Conjunctivitis, and Keratitis)												
Cataracts / Retinopathies												
Other Vision Abnormalities												
Neck Mass / Tumors												
Screening for Cancer for Head and Neck												
HEPATOPANCREATICOBILIARY												
Cirrhosis / End stage Liver Ds / Portal Hypertension / Ascites												
Gallstones / Cholecystitis												

DPC = Direct Patient Care (condition diagnosed and/or managed by the resident , or procedure was performed by the resident)

OBS = Observations (contact or procedure was made while observing or precepting with a supervising practitioner)

L/CD = Condition or procedure was discussed during a lecture given by or during a case presentation conducted by the resident

	Fall Quarter			Winter Quarter			Spring Quarter			Summer Quarter		
	DPC	OBS	Total	DPC	OBS	Total	DPC	OBS	Total	DPC	OBS	Total
Acute / Chronic Pancreatitis												
Interpret hepatic function tests/diagnostic imaging results												
Screening for Liver, Gallbladder, and Pancreatic malignancies												
INFECTIOUS and PARASITIC DISEASE												
Tuberculosis and TB testing												
Viral Hepatitis												
Lyme Disease												
Herpes Zoster/Shingles												
Measles / Mumps / Rubella												
Herpes Simplex with or without complications												
Infectious Mononucleosis												
Parasitic Infections of Skin and Dermal Appendages												
Parasitic Infections of the Gastrointestinal Tract												
HIV and AIDS												
MEN'S HEALTH												
Urinary Tract Infections												
Sexually Transmitted Diseases												
Inguinal Hernias / Scrotal Masses												
Epididymitis / Epididymoorchitis / Prostatitis												
Benign Prostatic Hypertrophy (BPH)												
Low testosterone / testicular dysfunction												
Infertility / Penile Disorders / Erectile Dysfunction												
Screening for male genitalia malignancies												
NEUROLOGY												
Dizziness, Vertigo, Syncope												
Recognize meningeal signs												

DPC = Direct Patient Care (condition diagnosed and/or managed by the resident , or procedure was performed by the resident)
 OBS = Observations (contact or procedure was made while observing or precepting with a supervising practitioner)
 L/CD = Condition or procedure was discussed during a lecture given by or during a case presentation conducted by the resident

	Fall Quarter			Winter Quarter			Spring Quarter			Summer Quarter		
	DPC	OBS	Total	DPC	OBS	Total	DPC	OBS	Total	DPC	OBS	Total
Headache												
Insomnia / Sleep Disorder												
Seizure Disorder												
Cerebrovascular Disease												
Brain and spinal tumors												
Movement Disorders/Muscle Weakness												
Demyelinating Diseases												
Peripheral Neuropathy												
Screening for CNS / Spinal Cord malignancies												
NUTRITION												
Dietary assessment												
Screening for nutritional status												
Malnutrition												
Obesity												
Cachexia / Adult Failure to Thrive												
ONCOLOGY												
Small-cell Lung CA / Non-small cell Lung CA												
Breast CA												
Cervical/Uterine CA												
Esophageal CA												
Gastric CA												
Colorectal CA												
Hepatic CA and Biliary CA												
Pancreatic CA												
Prostatic CA												
Bladder CA and Renal CA												
Sarcoma												

DPC = Direct Patient Care (condition diagnosed and/or managed by the resident, or procedure was performed by the resident)
 OBS = Observations (contact or procedure was made while observing or precepting with a supervising practitioner)
 L/CD = Condition or procedure was discussed during a lecture given by or during a case presentation conducted by the resident

	Fall Quarter			Winter Quarter			Spring Quarter			Summer Quarter		
	DPC	OBS	Total	DPC	OBS	Total	DPC	OBS	Total	DPC	OBS	Total
Melanoma / Basal Cell CA/ Squamous Cell CA												
Leukemia (ALL, AML, CLL, CML)												
Lymphoma (Hodgkins and Non-Hodgkins)												
Multiple Myeloma												
Adverse / late effects of chemotherapy												
Adverse / late effects of radiation												
Adverse / late effects of immunotherapy												
Utilize and interpret tumor markers: PSA, CA-125, CA 19-9, CA 15-3, CA 72-4												
PEDIATRICS												
Counsel for all aspects of Immunizations/Vaccinations												
Failure to Thrive												
Acute / Chronic Otitis Media												
Upper Respiratory Infection												
Acute Bronchitis/Bronchiolitis												
Viral Exanthems (Measles, Rubella, Roseola, Chicken Pox, etc)												
Urinary Tract Infection												
Infectious Gastroenteritis with or without Dehydration												
Noninfectious Gastroenteritis with or without Dehydration												
Colic / Fussy Infant / Feeding difficulty												
Constipation												
Diaper rash												
Pinworms and other intestinal parasites												
Enuresis												
ADD / ADHD												
Acute poisoning												
Child Abuse and Neglect												
Screen for childhood tumors and malignancies												

DPC = Direct Patient Care (condition diagnosed and/or managed by the resident , or procedure was performed by the resident)

OBS = Observations (contact or procedure was made while observing or precepting with a supervising practitioner)

L/CD = Condition or procedure was discussed during a lecture given by or during a case presentation conducted by the resident

	Fall Quarter			Winter Quarter			Spring Quarter			Summer Quarter		
	DPC	OBS	Total	DPC	OBS	Total	DPC	OBS	Total	DPC	OBS	Total
PHYSICAL MEDICINE AND REHABILITATION												
Rehab / treatment for acute injuries												
Rehab / treatment for conditions due to late effects of injuries												
Rehab / treatment for symptoms post CVA / stroke												
Bursitis / Tendonitis												
Osteoarthritis / DJD												
Rheumatoid arthritis												
Gout / Gouty Arthropathy												
Scoliosis / Kyphosis / Degenerative Disc Disease												
Herniated Disc / HNP/ Sciatica												
Carpal tunnel syndrome												
Fibromyalgia / Chronic Pain Syndrome												
Temporomandibular joint syndrome												
Thoracic outlet syndrome												
PSYCHIATRY / PSYCHOLOGY												
Anxiety												
Depression												
Bipolar / Schizophrenia / Personality Disorder / PTSD												
Suicidal Ideation / Homicidal Ideation												
Anorexia Nervosa / Bulimia / Other Eating Disorders												
Tobacco Use / Abuse / Dependency												
Alcohol Use / Abuse / Dependency												
Opiate Use / Abuse / Dependency												
Cocaine Use / Abuse / Dependency												
Other substance / Chemical use / Abuse / Dependency												
PULMONARY												
Asthma / Asthma exacerbation												

DPC = Direct Patient Care (condition diagnosed and/or managed by the resident , or procedure was performed by the resident)

OBS = Observations (contact or procedure was made while observing or precepting with a supervising practitioner)

L/CD = Condition or procedure was discussed during a lecture given by or during a case presentation conducted by the resident

	Fall Quarter				Winter Quarter				Spring Quarter				Summer Quarter			
	DPC	OBS	L/CD	Total	DPC	OBS	L/CD	Total	DPC	OBS	L/CD	Total	DPC	OBS	L/CD	Total
Chronic Obstructive Lung Diseases / COPD exacerbation																
Community Acquired Pneumonia																
Aspiration Pneumonia																
Acute Respiratory Insufficiency / Failure																
Chronic Respiratory Insufficiency / Failure																
Oxygen Dependency / Chronic Oxygen Use at home																
Sleep Apnea / Obstructive Sleep Apnea																
URGENT/EMERGENT CARE																
Burns (Scalding / Flame / Chemical)																
Strains/Sprains																
Contusions																
Abrasions / Lacerations																
Fractures																
Internal Injury (head / spinal / chest / abdomen)																
	I have reviewed and discussed with the resident the representative cases of those recorded above and agree that the resident has attained the expected milestone for this quarter.				I have reviewed and discussed with the resident the representative cases of those recorded above and agree that the resident has attained the expected milestone for this quarter.				I have reviewed and discussed with the resident the representative cases of those recorded above and agree that the resident has attained the expected milestone for this quarter.				I have reviewed and discussed with the resident the representative cases of those recorded above and agree that the resident has attained the expected milestone for this quarter.			
	_____ Clinical Faculty Mentor Date: _____				_____ Clinical Faculty Mentor Date: _____				_____ Clinical Faculty Mentor Date: _____				_____ Clinical Faculty Mentor Date: _____			

DPC = Direct Patient Care (condition diagnosed and/or managed by the resident , or procedure was performed by the resident)
 OBS = Observations (contact or procedure was made while observing or precepting with a supervising practitioner)
 L/CD = Condition or procedure was discussed during a lecture given by or during a case presentation conducted by the resident



RESIDENCY PROGRAM
Preceptor Rotation Log

Name of Resident: _____ Year Level: _____

Date	Hours	Preceptor Name & Clinic	Specialty

Residency Director / Faculty Supervisor: _____ Date: _____

Ei Urhf`m9 j Ui Ujcb`cZF YgJXYbh`

BUa Y`cZF YgJXYbh`

Ei Urhf.`

MYU.`

The purpose of this form is to provide feedback to the resident regarding his/her performance during the quarter while under your supervision. Your time and effort in completing this form in a timely manner is greatly appreciated. Completely darken the circle corresponding to the score that you think appropriately describes the performance of the resident. We encourage you to provide a comment after each item regardless of the chosen score.

Key to Rating the Performance Areas:

- 5 = Outstanding (During the quarter, the resident's performance consistently exceeds standards and/or expectations.)
- 4 = Above Average (During the quarter, the resident's performance frequently exceeds standards and/or expectations.)
- 3 = Good (During the quarter, the resident's performance consistently meets, and may occasionally exceed, standards and/or expectations.)
- 2 = Adequate (During the quarter, the resident's performance consistently meets standards and/or expectations.)
- 1 = Needs Improvement (During the quarter, the resident's performance falls below standards and/or expectations requiring additional guidance.)
- N/O = Not Observed (During the quarter, the resident's performance could not be evaluated adequately.)

D9F: CFA5B79`5F95G`

Score	Ethics and Professionalism	Comments
_____	Attitude towards staff	_____
_____	Attitude towards patients	_____
_____	Attitude towards shift supervisor	_____
_____	Attire and demeanor	_____
_____	Observed level of confidence during interactions	_____
_____	Decisiveness when faced with a difficult situation	_____
_____	Level of composure when faced w/ difficult situation	_____
_____	Reliability and timeliness	_____
_____	Ability to seek guidance from faculty as needed	_____

Score	Patient Care	Comments
_____	Analyze and focus on key elements of the case	_____
_____	Depth & breadth of clinical knowledge/skills	_____
_____	Formulates an appropriate differential diagnosis	_____
_____	Formulates an appropriate diagnostic plan	_____
_____	Discuss and implement a naturopathic treatment plan	_____
_____	Correctly interprets diagnostic & lab results	_____
_____	Appropriate clinical reasoning and judgment	_____
_____	Maintains good patient follow-up	_____
_____	Performs appropriate timely referrals	_____
_____	Demonstrates evidence-informed practice	_____

Comments:

By marking this box, I hereby certify that this is a valid representation of my knowledge of the performance of the applicants in the categories listed above and I hereby attest that I personally completed this evaluation.

First Name of Evaluator

MI

Last Name of Evaluator

Date

Additional Comments: (If additional space is needed, please attach additional sheets.)



Preceptor's Evaluation of the Resident

Name of Resident: _____

Type of Experience: Observational Limited-Hands On Hands-on

Date of Preceptorship: From _____ To: _____

The purpose of this form is to provide feedback to the resident regarding his/her performance during the preceptorship experience. Your time and effort in completing this form in a timely manner is greatly appreciated. Completely darken the circle corresponding to the score that you think appropriately describes the performance of the resident. We encourage you to provide a comment after each item regardless of the chosen score.

Key to Rating the Performance Standards:

5 = The resident's performance exceeds the standard throughout the preceptorship.

4 = The resident's performance meets the standard consistently throughout the preceptorship.

3 = The resident's performance meets the standard majority of the time throughout the preceptorship.

2 = The resident's performance meets the standard at least half of the time throughout the preceptorship.

1 = The resident's performance meets the standard less than half of the time and requires additional guidance.

N/O = **Not Observed** (The resident's performance could not be evaluated adequately.)

PERFORMANCE STANDARDS

Professionalism	5	4	3	2	1	N/O	Comments
Attends preceptorship promptly with no unexcused absences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Demonstrates the appropriate and professional attitude towards the patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Demonstrates the appropriate and professional attitude towards the preceptor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Demonstrates the appropriate and professional attitude towards the clinic staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Wears the appropriate attire and maintains a professional demeanor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Demonstrates a high level of confidence during interactions w/ patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Manifests decisiveness when faced with a difficult situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Maintains a high level of composure when faced w/ difficult situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Seeks guidance from the preceptor when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Patient Care	5	4	3	2	1	N/O	Comments
Analyzes and focuses on key elements of the case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Demonstrates depth and breadth of clinical knowledge and skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Formulates and discusses an appropriate differential diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Formulates an appropriate diagnostic plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Presents and explains a treatment plan based on naturopathic principles clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Correctly interprets diagnostic/laboratory exam results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Demonstrates appropriate clinical reasoning/judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Pursues and maintains good patient follow-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Initiates and participates in appropriate and timely co-mgmt communications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Preceptor's Signature: _____ Report date: _____

*Note: If you have **additional comments** please use the back of this form or if necessary attach additional sheets.*

*Bastyr University is committed to supporting an excellent post-doctoral medical education program. We value your opinion concerning all aspects of your residency training with Bastyr University. Your viewpoint can assist us in improving and enhancing the training at remote sites sponsored by the Bastyr University Residency Program. Please be assured that your responses will remain **CONFIDENTIAL** and will not become a part of your personnel file. If you have more to say than the space here allows, please feel free to attach a separate sheet. We appreciate your willingness to complete this survey and wish you the best in your future endeavors.*

Remote Site: _____

Reason for leaving:

- Completion of the Program**
 Resignation due to:
 Transfer to a different program Program Dissatisfaction Relocation
 Personal Interests Working Conditions Health/Illness
 Reduction in Force (layoff)
 Dismissal

Please circle the number which best describes your opinion about each of the following aspects of your residency training at the Bastyr Center for Natural Health.

SCALE: 5=Outstanding 4= More than satisfactory 3=Satisfactory 2=Less than satisfactory 1=Unsatisfactory

EVALUATION OF TEACHING STAFF

Clinical Teaching Skills: including ability to facilitate resident learning and developing a balance between independent learning & clinical decision-making and close supervision during patient care	5	4	3	2	1	Not applicable
Communication Skills: including the ability to facilitate collegial discussions and manifest open-mindedness towards contrary opinions and comments	5	4	3	2	1	Not applicable
Supervisory Skills: including availability, approachability, ease, and timeliness of response to a resident referring difficult and challenging cases	5	4	3	2	1	Not applicable
Facilitation Skills: including the ability of facilitate case previews-reviews and clinical conferences and discuss appropriate treatment protocols	5	4	3	2	1	Not applicable
Overall evaluation of the entire supervising faculty staff	5	4	3	2	1	Not applicable
Mentoring Skills: including the ability to advise, and to express sensitivity and maintain confidentiality towards the personal needs and concerns of the resident	5	4	3	2	1	Not applicable
Overall evaluation of the teaching staff	5	4	3	2	1	Not applicable

EVALUATION OF THE PROGRAM

Attainment of Program Goals and Objectives	5	4	3	2	1	Not applicable
Clarity and appropriateness of Resident's duties and responsibilities	5	4	3	2	1	Not applicable
Remote Site Director: ability to address the varied aspects of the educational needs and concerns of the resident, and monitor the quality of training received by of the resident	5	4	3	2	1	Not applicable
Administrative Staff: including maintaining a medical record system that supports the resident's educational needs and clinical shift, and enhances the resident's ability to deliver excellent patient care	5	4	3	2	1	Not applicable
Clinical Case Mix: including the capacity of the center to provide the resident an appropriate intensity and sufficient variety and volume of patients in a clinical teaching setting	5	4	3	2	1	Not applicable
Training Facility: including having the appropriate physical resources – clinical laboratory, patient exam rooms, conference areas, and office/workspace	5	4	3	2	1	Not applicable

Overall evaluation of the program to prepare the resident for private practice 5 4 3 2 1 Not applicable

Overall evaluation of the program to prepare the resident to incorporate research and evidence-based treatment protocols into their clinical practice 5 4 3 2 1 Not applicable

We would also appreciate your comments on the following:

1. Were you able to integrate the principles of naturopathic medicine into your patient care? into your self care? into your teachings? If not please explain.
2. Were the duties and responsibilities of a resident physician clearly explained to you? If not please explain.
3. Were the compensation and benefits of the position fully explained to you? If not please explain.
4. What aspect(s) of the training facilitated your learning? Please explain why.
5. What aspect(s) of the training impeded your learning? Please explain why.
6. What suggestion(s) do you have to make the one-on-one teaching learning activities better?
7. What suggestion(s) do you have to make the entire residency training experience better?
8. In your opinion, what are the strengths of the training? Please explain.

9. In your opinion, what are the weaknesses of the training? Please explain.

10. In your opinion, was the salary and benefits commensurate to the work that you provided and clinical education/training that you received? If not, please explain.

11. Did the training fulfill your pre-residency expectation(s)? Please explain.

12. Was the training able to provide you the experience to be an excellent primary care naturopathic provider and a leader in natural health? Please explain.

13. Would you recommend this residency remote site to a student or colleague inquiring about residency training? If not, please explain.

14. Do you have any other comments to add?

THANK YOU FOR YOUR FEEDBACK!