



N U P A T H

National United Professional Association of Trained Homeopaths
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NUPATH School Accreditation Application Form

Name of Institution _____
Address _____
Telephone Number _____ Fax _____
Email _____ Website _____
Registered owner of School _____
Is the School Proprietorship/Partnership/Corporation? (circle one)
Not for Profit ___ Yes Charitable Status ___ Yes
Legal Name of School _____
Year School Established _____
Total Number and Qualifications of teaching staff _____
Number of Full-time _____ Number of Part-time _____
In-class or Distance format: In-class % _____ Distance % _____
Total Students in School _____ Anticipated Number of Graduates per year _____
Name of Certificate/Diploma Conferred _____

Total Hours of Training for Certificate/Diploma _____
Describe in detail the nature of the program, including the number of hours of study and types and number of formal assessments (use separate sheet).
% of hours Homeopathic Philosophy and Principles _____
% of hours Materia Medica _____
% of hours Therapeutic and Clinical _____
% of hours Human Sciences _____
% of hours other (please describe) _____
Do you provide clinical internship? Y or N If yes, how many hours? _____
If yes, please describe the internship in detail, including hours of patient time and additional study/analysis/supervision (use separate sheet).
Enclose a copy of the School's current Advertised Syllabus.
Enclose a copy of Advertising Brochure.

Name of Authorized Signatory _____

Signature of Authorized Signatory _____

Date _____

City _____