

A NATIONAL HOMEOPATHIC ASSOCIATION –



NUPATH

(NATIONAL UNITED PROFESSIONAL ASSOCIATION *of* TRAINED HOMEOPATHS)

- Homeopathy is riding a wave of increased public **acceptance** of alternative/complementary medicine.
- Homeopathy is legal in Ontario, and tolerated in many provinces, but there is no **standards setting body**. Anyone can call themselves a homeopath.
- The future of homeopathy in Canada depends on **organization**.
- The public is increasingly demanding **standards**.
- Homeopaths need to have a professional body that can speak for them and advance public access to quality homeopathic care.

Why NUPATH?

- NUPATH certifies practitioners against fundamental standards.
- ✓ We need a strong organization that reflects national concerns, but which can also act at the provincial level.
- Homeopaths need to be united and not divided. NUPATH represents the full spectrum of homeopathic practice.

What does NUPATH stand for?

- Involvement in any provincial government initiatives involving homeopathy.
- High standards of education, ethics and clinical experience.
- Promotion and defense of professional interests.
- Promotion of homeopathy in Canada, including a member directory.
- Cooperation with other health-care professions.
- ✓ Establishment of links with other homeopathic organizations.
- ✓ Promotion of scientific research and inquiry into homeopathy.

NUPATH Practitioner Membership:

- ✓ Hours of training/study (see below)
- Recommended current certification (within the last year) in CPR and First Aid
- NUPATH accepts that distance education is a valid alternative to in-class work provided it is done carefully and involves a clinical component

WHO CAN JOIN?

ACTIVE MEMBER: Practitioner members who have graduated from a recognized school of homeopathic medicine and who meet the standards of education and training set by NUPATH. Entitled to use the designation HD (RHom.) – Doctor of Homeopathic Medicine and to be listed on the NUPATH register of practitioners.

\$250.00 per year

ASSOCIATE MEMBER: Those practicing as health-care professionals with an interest in promoting homeopathy or referring clients to homeopaths.

\$30.00 per year

SUPPORTING MEMBER: Those persons/organizations interested in furthering the objectives of NUPATH.

\$25.00 per year

STUDENT MEMBER: Those students enrolled in a course of study in the field of health-care, which includes a component on homeopathy.

FREE!

Homeopathic Training requirements for active members (total of 3,500 hours)

Training includes:

- history of homeopathy
- philosophy and principles
- materia medica
- human sciences
- clinical (a minimum of 10 actual cases with *at least* six months of follow-up each.)

JOIN NOW. BE PART OF YOUR FUTURE.



Complete the attached application and email to

info@nupath.org

Or

Fax: 1-519-748-3334

NUPATH

2011 APPLICATION FOR MEMBERSHIP

NAME (Person or Company): _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

Phone (Bus.): (____) _____ (Home): (____) _____ Fax: (____) _____

E-mail: _____ Website _____

For Students and Active Membership Applications

1. Name and address of **institutions** for homeopathic training, plus diplomas/certificates, etc, plus date of graduation where applicable (attach copies plus any transcripts of grades):

Institution	Location	Hours of Study	Clinical	Diploma/Certificate

2. Record of **homeopathic seminars** attended (please attach copy):

Seminar	Date/Location	Organizer	Hours of Study	Certificate (Yes or No)

For Active Membership Applications:

1. Are you currently practicing homeopathy? [] Full time [] Part time Hours per week: _____

2. Are you currently practicing any other health-care discipline? [] No [] Yes

Details: _____

3. Are you registered with any other professional body? [] No [] Yes

Details: _____

4. Percentage of practice devoted to homeopathy: (check one)

100%

75%

50%

25% or less

For Associate Membership Applications:

1. Health-care discipline you are working in, plus any diplomas, degrees, etc.

For Supporting Members (Corporate)

Contact Person: _____ Tel: _____

For Student and Active Membership Applications

References: (Please give two professional references)

Name: _____ Address: _____

Phone: _____ Professional Qualifications: _____

Name: _____ Address: _____

Phone: _____ Professional Qualifications: _____

I am applying for the following type of membership:

Active

Associate

Student

Supporting

If accepted for membership, I agree to be bound by the rules, regulations, code of ethics (where applicable) and statements laid down by the Board of NUPATH and as approved by the members (where required). If I cease to be a member due to non-payment of dues or for any other reason, I cease to enjoy all benefits of membership and I agree and undertake to return the certification to NUPATH immediately.

Signed: _____

Date: _____

Payment information:

Cheque/money order enclosed (payable to "NUPATH", see address below)

Paypal (info@nupath.org)

VISA Card #: _____ Expiry date: ____ / ____

MAIL APPLICATION AND CHEQUE (payable to NUPATH):

**11-28 Underhill Cres.
Kitchener, ON N2A 2S8**

Office Use Only:

Application Received: _____

Fee Received: Amount: _____

Application: Accepted Declined More Information Requested Date: _____

Date of Receipt of More Information: _____

Result of Review of Application: Accepted Declined Date: _____

Certificate Sent: _____ Date: _____ # _____