Universal Application
For
CNME- Approved
Naturopathic Residencies

2015 – 2016 Application
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Part I

GENERAL INFORMATION
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.**

<table>
<thead>
<tr>
<th>Key Dates</th>
<th>Description of the process</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 1, 2014</td>
<td>Residency sponsor schools begin accepting applications</td>
</tr>
<tr>
<td>January 12, 2015</td>
<td>Applications for First Year Residency positions are due by 5:00pm PT</td>
</tr>
<tr>
<td>January 26, 2015</td>
<td>Eligible applications are sent by residency administrators to all participating sites.</td>
</tr>
<tr>
<td>February 16- April 13, 2015</td>
<td>Interview period for First Year Residencies positions: An applicant should anticipate that a residency site may schedule interviews anytime during this period.</td>
</tr>
<tr>
<td>April 17, 2015</td>
<td>Ranking of residency sites are submitted by applicants through the NPGA match portal. Ranking of applicants are submitted by sites to their corresponding residency administrators by 5:00pm PT</td>
</tr>
<tr>
<td>April 27, 2015</td>
<td>Applicants receive their confidential Match Identification Number from the NPGA Match Administrator.</td>
</tr>
<tr>
<td>May 1, 2015</td>
<td><strong>NPGA Match Day!</strong> 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.</td>
</tr>
<tr>
<td>May 4, 2015</td>
<td>Formal letters mailed to applicants confirming selection with “statement of intent” or denial</td>
</tr>
<tr>
<td>May 18, 2015</td>
<td>Signed Statement of Intent acknowledging acceptance of the residency offers must be received 5:00pm PT.</td>
</tr>
<tr>
<td>May 20, 2015</td>
<td>If applicable- Unmatched applicants are informed of unmatched sites as well as the application procedures for those sites</td>
</tr>
<tr>
<td>May 1, 2015</td>
<td>Applications for Second/Third Year Residency Positions due by 5:00pm PT</td>
</tr>
<tr>
<td>May 15, 2015</td>
<td>Interview dates for Second/Third Year Residency Positions</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>SITE</th>
<th>Selection based on Site RPL (In descending order of preference)</th>
<th>CANDIDATE</th>
<th>Selection based on Candidate RPL (In descending order of preference)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site A</td>
<td>Candidates: 1, 3, 2, 6</td>
<td>Candidate 1</td>
<td>Sites: A, C, D, B</td>
</tr>
<tr>
<td>Site B</td>
<td>Candidates: 1, 2, 4, 3, 5</td>
<td>Candidate 2</td>
<td>Sites: A, B, C</td>
</tr>
<tr>
<td>Site C</td>
<td>Candidates: 2, 4, 6, 1</td>
<td>Candidate 3</td>
<td>Sites: C, D, B</td>
</tr>
<tr>
<td>Site D</td>
<td>Candidates: 3, 2, 1, 6, 4</td>
<td>Candidate 4</td>
<td>Sites: B, A, C, D</td>
</tr>
<tr>
<td>Site E</td>
<td>Candidates: 6, 5, 1</td>
<td>Candidate 5</td>
<td>Sites: E, A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Candidate 6</td>
<td>Sites: A, E, D, C, B</td>
</tr>
</tbody>
</table>

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. **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:

<table>
<thead>
<tr>
<th>Site A</th>
<th>Candidates: 1, 3, 2, 6</th>
<th>Candidate 1</th>
<th>Sites: A, C, D, B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site B</td>
<td>Candidates: 2, 4, 3, 5</td>
<td>Candidate 2</td>
<td>Sites: A, B, C</td>
</tr>
<tr>
<td>Site C</td>
<td>Candidates: 2, 4, 6, 1</td>
<td>Candidate 3</td>
<td>Sites: C, D, B</td>
</tr>
<tr>
<td>Site D</td>
<td>Candidates: 3, 2, 1, 6, 4</td>
<td>Candidate 4</td>
<td>Sites: B, A, C, D</td>
</tr>
<tr>
<td>Site E</td>
<td>Candidates: 6, 5, 1</td>
<td>Candidate 5</td>
<td>Sites: E, A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Candidate 6</td>
<td>Sites: A, E, D, C, B</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Site A</th>
<th>Candidates: 1, 3, 2, 6</th>
<th>Candidate 1</th>
<th>Sites: A, C, D, B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site C</td>
<td>Candidates: 2, 4, 6, 1</td>
<td>Candidate 3</td>
<td>Sites: C, D, B</td>
</tr>
<tr>
<td>Site D</td>
<td>Candidates: 3, 2, 6, 4</td>
<td>Candidate 4</td>
<td>Sites: B, A, C, D</td>
</tr>
<tr>
<td>Site E</td>
<td>Candidates: 6, 5, 1</td>
<td>Candidate 5</td>
<td>Sites: E, A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Candidate 6</td>
<td>Sites: A, E, D, C, B</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Site</th>
<th>Candidates:</th>
<th>Candidate</th>
<th>Sites:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1, 4, 6</td>
<td>1</td>
<td>A, D,</td>
</tr>
<tr>
<td>B</td>
<td>2, 3, 5</td>
<td>2</td>
<td>A, B,</td>
</tr>
<tr>
<td>C</td>
<td>2, 3, 5</td>
<td>3</td>
<td>C, D,</td>
</tr>
<tr>
<td>D</td>
<td>1, 2, 4</td>
<td>4</td>
<td>A, C,</td>
</tr>
<tr>
<td>E</td>
<td>6, 5, 1</td>
<td>5</td>
<td>E, A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6</td>
<td>A, E,</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Site</th>
<th>Candidates:</th>
<th>Candidate</th>
<th>Sites:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1, 4, 6</td>
<td>1</td>
<td>A, D,</td>
</tr>
<tr>
<td>B</td>
<td>2, 3, 5</td>
<td>2</td>
<td>A, B,</td>
</tr>
<tr>
<td>C</td>
<td>2, 3, 5</td>
<td>3</td>
<td>C, D,</td>
</tr>
<tr>
<td>D</td>
<td>1, 2, 4</td>
<td>4</td>
<td>A, C,</td>
</tr>
<tr>
<td>E</td>
<td>6, 5, 1</td>
<td>5</td>
<td>E, A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6</td>
<td>A, E,</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Site</th>
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<th>Candidate</th>
<th>Sites:</th>
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</tr>
<tr>
<td></td>
<td></td>
<td>6</td>
<td>A, E,</td>
</tr>
</tbody>
</table>

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.

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.
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

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.

Step 11
Read the Agreement Clauses very carefully and click to check the appropriate boxes, then “Continue”. 
Step 12
Fill out the required information and review if the information is accurate, then click “Submit”.

Step 13
This page will acknowledge that your list has been received and will prompt you to pay the Match Fee.

Step 14
You will need a credit card or a PayPal account to proceed to payment.

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”.
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, NCNM, 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 NCNM Teaching Clinic through NCNM, OR SCNM, please respond to this question:

      *An important component of being a resident is the ability to use one’s teaching skills in the clinical setting.

     i. What is your philosophy of teaching?

     ii. By what standard would you measure your effectiveness as an instructor?

     iii. Please cite an example from your own experience wherein you applied this philosophy.

   b. If applying to an affiliate private clinic program through Bastyr or NCNM 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.
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 trial 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

**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

Additional Relevant Information

When applicable, list down items under the following categories:

A. **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

B. **Professional Conferences (Attended)**: Topic, speaker, date, time, venue, and sponsoring organization

C. **Professional Conferences (Presented)**: Topic, date, time, venue, and sponsoring organization

D. **Professional licenses**: Credential/License type, license number, status, year initially issued, year expires

E. **Awards**: Name of award, issuing institution, year awarded

F. **Professional memberships**: Name of association, year membership started, status

G. **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)

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
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

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 Statues, 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

Please attach a recent photo of yourself (Optional)
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.

<table>
<thead>
<tr>
<th>Type of Evaluator</th>
<th>Name of Evaluator</th>
<th>Credentials</th>
<th>Phone Number (Include area code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Clinical Supervisor</td>
<td>1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Clinical Supervisor</td>
<td>2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Clinical Faculty</td>
<td>3)</td>
<td></td>
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<tr>
<td>☐ Clinical Preceptor</td>
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<td></td>
</tr>
<tr>
<td>☐ Medical Professional</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

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

Bastyr University
First Year Residency
- Seattle WA
- Six (6) Full-time positions
- Start date: September 2015
- Out-patient
- General Medicine
- Director: Gary Garcia, MD, MHA

Bastyr Center for Natural Health
First Year Residency
- Seattle WA
- One (1) Full-time, one-year position
- Start date: Fall 2015
- Naturopathic Oncology
- Private Clinic
- Director: Paul Anderson ND

- Cancer Treatment Centers of America at Eastern Regional Medical Center, Philadelphia, PA
  - One (1) Full-time, two-year position
  - Start date: November 2015
  - Naturopathic Oncology
  - Out-patient & In-patient rotations
  - Director: Marie Winter, ND, FABNO

- Cancer Treatment Centers of America at Midwest Regional Medical Center, Zion, IL
  - One (1) Full-time, two-year position
  - Start date: November 2015
  - Naturopathic Oncology
  - Out-patient & In-patient rotations
  - Manager: Tracey Thomas, ND, FABNO

- Cancer Treatment Centers of America at Southwestern Regional Medical Center, Tulsa, OK
  - One (1) Full-time, two-year position
  - Start date: November 2015
  - Naturopathic Oncology
  - Out-patient & In-patient rotations
  - Director: Katherine Anderson, ND, FABNO

- Champiyan Center for Natural Medicine, Shelburne, VT
  - One (1) Full-time, one-year position
  - Start date: October 2015
  - Naturopathic General Medicine
  - Private Clinic
  - Director: Bill Womack, ND

- Institute of Complimentary Medicine
  - Seattle, WA
  - One (1) Full-time, one-year position
  - Start date: October 2015
  - Naturopathic General Medicine
  - Private Clinic
  - Director: Jani Karp, ND, Lac

- IU Health Goshen Center for Cancer Care, Goshen IN
  - One (1) Full-time, two-year position
  - Start date: October 2015
  - Naturopathic General Medicine
  - Private Clinic
  - Director: Molly Niedermeyer, ND

- IU Health Goshen Center for Cancer Care, Marion, IN
  - One (1) Full-time, one-year position
  - Start date: October 2015
  - Naturopathic General Medicine
  - Private Clinic
  - Director: Emily Moore, ND, FABNO

- Holistic Health Clinic, Tacoma, WA
  - One (1) Full-time, two-year position
  - Start date: October 2015
  - Naturopathic General Medicine
  - Private Clinic
  - Director: Gwen Miller, ND

- Holistique Medical Center, Bellevue WA
  - One (1) Full-time, one-year position
  - Start date: October 2015
  - Naturopathic General Medicine
  - Private Clinic
  - Director: Noorin Danish, ND

- Mother & Child Clinic
  - Camarillo, WA
  - One (1) Full-time, one-year position
  - Start date: October 2015
  - Naturopathic Pediatric Medicine
  - Private Clinic
  - Director: Kathleen Allen, ND

- Nature Medica, Mystic CT
  - One (1) Full-time, one-year position
  - Start date: October 2015
  - Naturopathic General Medicine
  - Private Clinic
  - Director: Deirdre O’Connor, ND

- Yellowstone Naturopathic Clinic
  - Billings, MT
  - One (1) Full-time, one-year position
  - Start date: October 2015
  - Naturopathic General Medicine
  - Private Clinic
  - Director: Margaret Beeson, ND

Application Deadline: November 20, 2014

Throughout the 2015-2016 application cycle, Bastyr may announce additional new sites. To signify your interest in any new site, kindly complete the box below.

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
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.

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

- **A Woman’s Time/NCNM, Portland, OR**
  - One (1) Full-Time, One-Year Position
  - Start date: October 2015
  - Integrative medicine – preferential focus on women’s health
  - 1/4 time at NCNM clinic/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

- **A Woman’s Time, Portland, OR**
  - One (1) Full-Time, One-Year Position
  - Start date: October 2015
  - Preference 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

- **Center for Traditional Medicine, Lake Oswego, OR**
  - 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

- **Center for Natural Medicine, Portland OR**
  - 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. Miller and independently.
  - Goal of publishing at least one article by the end of the year.
  - Only appointments from the Heart & Lung mentor rotations at CNM will be considered for interview.
  - Director: Marty Miller, ND

- **Dynamic Healing Center, Alexandria, VA**
  - One (1) Full-Time, One-Year Position
  - Start date: October 2015
  - 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 FirstLineTherapy Program, advanced body composition assessment, and Pain Management through Frequency Specific Microcurrent and Cold Laser Therapy.
  - Director: Kristie Hughes, ND

- **Grain Integrative Health, Portland, OR**
  - 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 Kate-Chino, ND and Lindsay Baum, ND

- **Integrated Naturopathic Medical Centre, Vancouver, BC**
  - 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 Chin, ND

- **Today Integrative Health + Wellness, Lake Oswego, OR**
  - One (1) Full-Time, One-Year Position
  - Start date: October 2015
  - Emphasis on integrative naturopathic medicine in the context of in primary care and EBM in Group practice
  - Director: Mandy White, ND

- **Arthritis Care, Lansig, MI**
  - One (1) Full-Time, One-Year Position
  - Start date: Oct. 2015
  - A particular focus in rheumatology and polypharmacy.
  - Residents work closely with Couper 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

- **An Hao Natural Health Clinic, Portland, OR**
  - One (1) Full-Time, One-Year Position
  - 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 Vinkers, ND, LAc

- **Richmond Natural Medicine, Richmond, VA**
  - One (1) Full-Time, One-Year Position
  - Start date: October 2015
  - One possible year position with a possibility of extending into a second year
  - Services include treatment of women’s health conditions, gastrointestinal disease, self-immune disease, cardiovascular and pulmonary medicine, addiction recovery, specialized IV therapy, holistic pediatrics, and endocrine dysfunction.
  - Director: Ryan Sweeney, ND and Carrie Norris, ND

- **Kwan Yin Healing Arts, Portland, OR**
  - One (1) Full-Time, One-Year Position
  - Start date: October 2015
  - This residency will combine 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 Directors, Naturopathic clinical cases.
  - Applicants with ND and LAc only.
  - Director: Rana Grewel, ND, LAc

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:

- [ ] Yes, please notify me of new program offerings.
- [ ] No, I do not wish to be notified about new program offerings.

- **University of Bridgeport Naturopathic College, CT**
  - One (1) Full-Time, One-Year Position
  - Start date: October 2015
  - General family medicine at UB Health Center.
  - Clinical rotations at local hospitals,
  - Multiple specialty shifts available and time allocated for a varied experience for the resident.
  - Clinical rotations at local hospitals, private practice offices and clinic related facilities, research work and special projects also available.
  - Site Director: Cheryl D. Proctor, N.D.

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:

- [ ] Yes, please notify me of new program offerings.
- [ ] No, I do not wish to be notified about new program offerings.

- **Cameron Wellness Center, Salt Lake City, UT**
  - One (1) Full-Time, One-Year Position
  - Start date: October 2015
  - General family practice with an emphasis on endocrine health, IV therapy, weight loss, detoxification, minor surgery.
  - Opportunity to expand knowledge in women’s health, esthetic medicine with an APRN, pharmacy and hormone replacement with an RPh and structural/functional medicine with an LMT/GST trained in cranial orthopedics.
  - Only applicants with desired to remain in Utah following residency encouraged to apply.
  - Director: Todd Cameron, BSN, NMD

- **2nd Year RESIDENCY OPPORTUNITIES, NCNM Clinic, Portland, OR**
  - One (1) Full-Time, One-Year Position
  - Start date: October 2015
  - A particular focus on improving the patient's biochemical, structural, and mental/emotional concerns.
  - General family medicine at UB Health Center.
  - Multiple specialty shifts available and time allocated for a varied experience for the resident.
  - Clinical rotations at local hospitals, private practice offices and clinic related facilities, research work and special projects also available.
  - Site Director: Cheryl D. Proctor, N.D.

- **Potrillo Clinic of Holistic Health, OR**
  - 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

- **Full Circle Care, SLC, UT**
  - 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 on an adult internal medicine with emphases in endocrinology, reproductive health, gastroenterology, and autoimmune diseases.
  - Director: Leslie Peterson, ND
CAREFULLY READ THE FOLLOWING ACKNOWLEDGMENT 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

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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.

### Affiliated Site First Year Residency Opportunities

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Program Type</th>
<th>Start Date</th>
<th>Location</th>
<th>Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCNM First Year General Medicine</td>
<td>First Year General Medicine</td>
<td>Sept 2015</td>
<td>Tempe, Arizona</td>
<td>Jessica Mitchell, ND <a href="mailto:j.mitchell@scnm.edu">j.mitchell@scnm.edu</a></td>
</tr>
<tr>
<td>SCNM Second General Medicine Residency</td>
<td>Second General Medicine Residency</td>
<td>Sept 2015</td>
<td>Tempe, Arizona</td>
<td>Jessica Mitchell, ND <a href="mailto:j.mitchell@scnm.edu">j.mitchell@scnm.edu</a></td>
</tr>
<tr>
<td>SCNM Second Year Homeopathic Specialty</td>
<td>Second Year Homeopathic Specialty</td>
<td>Sept 2015</td>
<td>Tempe, Arizona</td>
<td>Stephen Messer, ND <a href="mailto:s.messer@scnm.edu">s.messer@scnm.edu</a></td>
</tr>
<tr>
<td>Alaska Center for Natural Medicine</td>
<td>First (1) Full-time, One Year Position</td>
<td>Sept 2014</td>
<td>Fairbanks, Alaska</td>
<td>Walker at <a href="mailto:drcwokr@aol.com">drcwokr@aol.com</a></td>
</tr>
<tr>
<td>Centro de Salud Familiar</td>
<td>One (1), Full-time Two Year Position</td>
<td>Sept 2015</td>
<td>Phoenix, Arizona</td>
<td>Dr. Cathy Walker at <a href="mailto:drcwfkr@aol.com">drcwfkr@aol.com</a></td>
</tr>
<tr>
<td>LINK Medical Center</td>
<td>One Year, full time position</td>
<td>Sept 2015</td>
<td>Newport Beach, CA</td>
<td>Garrett Wdowin NMD <a href="mailto:j.mitchell@scnm.edu">j.mitchell@scnm.edu</a></td>
</tr>
<tr>
<td>Revolution Health Medicine Center</td>
<td>First Year General Medicine</td>
<td>Sept 2015</td>
<td>Phoenix, Arizona</td>
<td>Ken Levin <a href="mailto:ken.levin@arrowheadhealth.com">ken.levin@arrowheadhealth.com</a></td>
</tr>
<tr>
<td>Arrowhead Health Centers</td>
<td>First (1) Full-time, Two Year Position</td>
<td>Sept 2015</td>
<td>Glendale, AZ</td>
<td>Stephen Messer, ND <a href="mailto:s.messer@scnm.edu">s.messer@scnm.edu</a></td>
</tr>
</tbody>
</table>

*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 offer 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.

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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__________
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

<table>
<thead>
<tr>
<th>Category</th>
<th>Deliberate</th>
<th>Articulate</th>
<th>Direct</th>
<th>Circuitous</th>
<th>Insensitive</th>
<th>Not Observed</th>
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<tbody>
<tr>
<td>A. Verbal Style</td>
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<tr>
<td>How would you rate this applicant</td>
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<td>8</td>
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<td>Additional Comments:</td>
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<thead>
<tr>
<th>Category</th>
<th>Thoughtful</th>
<th>Attentive</th>
<th>Empathetic</th>
<th>Oblivious</th>
<th>Distracted</th>
<th>Not Observed</th>
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<tbody>
<tr>
<td>B. Listening Style</td>
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<td>How would you rate this applicant</td>
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<th>Satisfactory</th>
<th>Adequate</th>
<th>Poor</th>
<th>Not Observed</th>
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<tr>
<td>C. Writing Style</td>
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<td>How would you rate this applicant</td>
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<table>
<thead>
<tr>
<th>Category</th>
<th>Respectful</th>
<th>Motivating</th>
<th>Shows Initiative</th>
<th>Dominating</th>
<th>Needs Prompting</th>
<th>Not Observed</th>
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</thead>
<tbody>
<tr>
<td>D. Group Interactions</td>
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<td>How would you rate this applicant</td>
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</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Clear &amp; Concise</th>
<th>Articulate</th>
<th>Well-researched</th>
<th>Disjointed</th>
<th>Unprepared</th>
<th>Not Observed</th>
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<tbody>
<tr>
<td>E. Case / Clinical Presentation Skills</td>
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<tr>
<td>How would you rate this applicant</td>
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</tbody>
</table>

### II. Situational Performance

<table>
<thead>
<tr>
<th>Category</th>
<th>Quick thinking</th>
<th>Organized</th>
<th>Focused and Calm</th>
<th>Panicked</th>
<th>Hesitant</th>
<th>Cannot Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Medical Emergency</td>
<td>10</td>
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<td>7</td>
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</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Accepting</th>
<th>Composed</th>
<th>Adaptable</th>
<th>Irritated</th>
<th>Frustrated</th>
<th>Cannot Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Last minute changes in schedule or patient appointments</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>7</td>
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<td>Additional Comments:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Respectful</th>
<th>Receptive</th>
<th>Avoidant</th>
<th>Judgmental</th>
<th>Dismissive</th>
<th>Cannot Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Attitude on patient of different racial, socioeconomic, religious, sexual orientation, or cultural background</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>5</td>
</tr>
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<td>Additional Comments:</td>
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</tr>
</tbody>
</table>
**D. Challenging Patients (patients whose behaviors are angry, admiring, cynical, etc.)**

- Empathetic
- Clear thinking
- Appropriate
- Avoidant
- Confrontational
- Cannot Evaluate

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please shade or encircle the appropriate number</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

**E. Friction with Supervisor, Student, Staff**

- Respectful
- Professional
- Calm composed
- Reactive
- Antagonistic
- Cannot Evaluate

<table>
<thead>
<tr>
<th>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.</th>
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</thead>
<tbody>
<tr>
<td>Please shade or encircle the appropriate number</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

**III. Medical Expertise**

**A. When taking the clinical history and review of system**

- Thorough
- Methodical
- Confident
- Uncertain
- Disorganized
- Cannot Evaluate

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please shade or encircle the appropriate number</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

**B. When recognizing abnormal results on a Physical Exam**

- Thorough
- Competent
- Adept
- Undiscerning
- Uncertain
- Cannot Evaluate

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please shade or encircle the appropriate number</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

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

- Competent
- Thorough
- Illogical
- Dismissive
- Uncertain
- Cannot Evaluate

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**D. When prescribing and dosing of nutritional supplements**

- Knowledgeable
- Appropriate
- Anecdotal
- Overuses
- Baseless
- Cannot Evaluate

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please shade or encircle the appropriate number</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

**E. When prescribing and dosing of naturopathic remedies**

- Knowledgeable
- Appropriate
- Evidence Based
- Overuses
- Anecdotal
- Cannot Evaluate

<table>
<thead>
<tr>
<th>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.</th>
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<td>10</td>
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</tbody>
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**F. When prescribing and dosing of homeopathic remedies**

- Knowledgeable
- Appropriate
- Anecdotal
- Overuses
- Baseless
- Cannot Evaluate

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

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<tr>
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<th>Evidence Based</th>
<th>Overuses</th>
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Additional Comments: _____________________________________________________________________________________________________

### H. Technique, Application, and Use of Hydrotherapy

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<th>Appropriate</th>
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Additional Comments: _____________________________________________________________________________________________________

### I. Technique, Application, and Use of Physical Medicine

<table>
<thead>
<tr>
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### J. Technique, Application, and Use of Lifestyle and Diet

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Additional Comments: _____________________________________________________________________________________________________

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

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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.

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Deliberate</th>
<th>Articulate</th>
<th>Direct</th>
<th>Circuits</th>
<th>Insensitive</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Verbal Style</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
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</tbody>
</table>

Please shade or encircle the appropriate number

| 10 | 9  | 8  | 7  | 6  | 5  | 4  | 3  | 2  | 1  |

Additional Comments:

<table>
<thead>
<tr>
<th>Category</th>
<th>Thoughtful</th>
<th>Attentive</th>
<th>Empathetic</th>
<th>Oblivious</th>
<th>Distracted</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Listening Style</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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</tbody>
</table>

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Additional Comments:

<table>
<thead>
<tr>
<th>Category</th>
<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Adequate</th>
<th>Poor</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Writing Style</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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Additional Comments:

<table>
<thead>
<tr>
<th>Category</th>
<th>Respectful</th>
<th>Motivating</th>
<th>Shows Initiative</th>
<th>Dominating</th>
<th>Needs Prompting</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Group Interactions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

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Additional Comments:

<table>
<thead>
<tr>
<th>Category</th>
<th>Clear &amp; Concise</th>
<th>Articulate</th>
<th>Well-researched</th>
<th>Disjointed</th>
<th>Unprepared</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Case / Clinical Presentation Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

Please shade or encircle the appropriate number

| 10 | 9  | 8  | 7  | 6  | 5  | 4  | 3  | 2  | 1  |

Additional Comments:

### II. Situational Performance

<table>
<thead>
<tr>
<th>Category</th>
<th>Quick thinking</th>
<th>Organized</th>
<th>Focused and Calm</th>
<th>Panicked</th>
<th>Hesitant</th>
<th>Cannot Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Medical Emergency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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Additional Comments:

<table>
<thead>
<tr>
<th>Category</th>
<th>Accepting</th>
<th>Composed</th>
<th>Adaptable</th>
<th>Irritated</th>
<th>Frustrated</th>
<th>Cannot Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Last minute changes in schedule or patient appointments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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Additional Comments:

<table>
<thead>
<tr>
<th>Category</th>
<th>Respectful</th>
<th>Receptive</th>
<th>Avoidant</th>
<th>Judgmental</th>
<th>Dismissive</th>
<th>Cannot Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Attitude on patient of different racial, socioeconomic, religious, sexual orientation, or cultural background</td>
<td></td>
<td></td>
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<td></td>
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**D. Challenging Patients (patients whose behaviors are angry, admiring, cynical, etc.)**

- Empathetic
- Clear thinking
- Appropriate
- Avoidant
- Confrontational
- Cannot Evaluate

<table>
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</table>

Additional Comments:

**E. Friction with Supervisor, Student, Staff**

- Respectful
- Professional
- Calm composed
- Reactive
- Antagonistic
- Cannot Evaluate

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Additional Comments:

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### III. Medical Expertise

#### A. When taking the clinical history and review of system

- Thorough
- Methodical
- Confident
- Uncertain
- Disorganized
- Cannot Evaluate

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Additional Comments:

#### B. When recognizing abnormal results on a Physical Exam

- Thorough
- Competent
- Adept
- Undiscerning
- Uncertain
- Cannot Evaluate

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Additional Comments:

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

- Competent
- Thorough
- Illogical
- Dismissive
- Uncertain
- Cannot Evaluate

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#### D. When prescribing and dosing of nutritional supplements

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Additional Comments: _____________________________________________________________________________________________________

**H. Technique, Application, and Use of Hydrotherapy**

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Additional Comments: _____________________________________________________________________________________________________

**I. Technique, Application, and Use of Physical Medicine**

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Additional Comments: _____________________________________________________________________________________________________

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

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Additional Comments: _____________________________________________________________________________________________________

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

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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.

| 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

<table>
<thead>
<tr>
<th>A. Verbal Style</th>
<th>Deliberate</th>
<th>Articulate</th>
<th>Direct</th>
<th>Circuitous</th>
<th>Insensitive</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>10 9 8 7 6 5 4 3 2 1</td>
<td>Please shade or encircle the appropriate number</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Additional Comments:</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Listening Style</th>
<th>Thoughtful</th>
<th>Attentive</th>
<th>Empathetic</th>
<th>Oblivious</th>
<th>Distacted</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Writing Style</th>
<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Adequate</th>
<th>Poor</th>
<th>Not Observed</th>
</tr>
</thead>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Group Interactions</th>
<th>Respectful</th>
<th>Motivating</th>
<th>Shows Initiative</th>
<th>Dominating</th>
<th>Needs Prompting</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Case / Clinical Presentation Skills</th>
<th>Clear &amp; Concise</th>
<th>Articulate</th>
<th>Well-researched</th>
<th>Disjointed</th>
<th>Unprepared</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### II. Situational Performance

<table>
<thead>
<tr>
<th>A. Medical Emergency</th>
<th>Quick thinking</th>
<th>Organized</th>
<th>Focused and Calm</th>
<th>Panicked</th>
<th>Hesitant</th>
<th>Cannot Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Last minute changes in schedule or patient appointments</th>
<th>Accepting</th>
<th>Composed</th>
<th>Adaptable</th>
<th>Irritated</th>
<th>Frustrated</th>
<th>Cannot Evaluate</th>
</tr>
</thead>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Attitude on patient of different racial, socioeconomic, religious, sexual orientation, or cultural background</th>
<th>Respectful</th>
<th>Receptive</th>
<th>Avoidant</th>
<th>Judgmental</th>
<th>Dismissive</th>
<th>Cannot Evaluate</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>
D. Challenging Patients (patients whose behaviors are angry, admiring, cynical, etc.)

- Empathetic
- Clear thinking
- Appropriate
- Avoidant
- Confrontational
- Cannot Evaluate

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</tr>
</tbody>
</table>

Additional Comments:

E. Friction with Supervisor, Student, Staff

- Respectful
- Professional
- Calm composed
- Reactive
- Antagonistic
- Cannot Evaluate

<table>
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<td></td>
</tr>
</tbody>
</table>

Additional Comments:

III. Medical Expertise

A. When taking the clinical history and review of system

- Thorough
- Methodical
- Confident
- Uncertain
- Disorganized
- Cannot Evaluate

<table>
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<td>10 9 8 7 6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:

B. When recognizing abnormal results on a Physical Exam

- Thorough
- Competent
- Adept
- Undiscerning
- Uncertain
- Cannot Evaluate

<table>
<thead>
<tr>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

Additional Comments:

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

- Competent
- Thorough
- Illogical
- Dismissive
- Uncertain
- Cannot Evaluate

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<thead>
<tr>
<th>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.</th>
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Additional Comments:

D. When prescribing and dosing of nutritional supplements

- Knowledgeable
- Appropriate
- Anecdotal
- Overuses
- Baseless
- Cannot Evaluate

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<th>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.</th>
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<td>10 9 8 7 6 5 4 3 2 1</td>
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</table>

Additional Comments:

E. When prescribing and dosing of naturopathic remedies

- Knowledgeable
- Appropriate
- Evidence Based
- Overuses
- Anecdotal
- Cannot Evaluate

<table>
<thead>
<tr>
<th>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.</th>
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<tbody>
<tr>
<td>10 9 8 7 6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:

F. When prescribing and dosing of homeopathic remedies

- Knowledgeable
- Appropriate
- Anecdotal
- Overuses
- Baseless
- Cannot Evaluate

<table>
<thead>
<tr>
<th>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.</th>
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<tbody>
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<td></td>
</tr>
</tbody>
</table>
G. When prescribing, formulating, and dosing of botanical formulas

<table>
<thead>
<tr>
<th>Knowledgeable</th>
<th>Appropriate</th>
<th>Evidence Based</th>
<th>Overuses</th>
<th>Anecdotal</th>
<th>Cannot Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>9</td>
<td>8</td>
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<td>6</td>
<td>5</td>
</tr>
</tbody>
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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.

Additional Comments:

H. Technique, Application, and Use of Hydrotherapy

<table>
<thead>
<tr>
<th>Knowledgeable</th>
<th>Appropriate</th>
<th>Anecdotal</th>
<th>Overuses</th>
<th>Baseless</th>
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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.

Additional Comments:

I. Technique, Application, and Use of Physical Medicine

<table>
<thead>
<tr>
<th>Knowledgeable</th>
<th>Appropriate</th>
<th>Competent</th>
<th>Tentative/Uncertain</th>
<th>Anecdotal</th>
<th>Cannot Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>9</td>
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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.

Additional Comments:

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

<table>
<thead>
<tr>
<th>Knowledgeable</th>
<th>Appropriate</th>
<th>Evidence Based</th>
<th>Reasonable pt expectations</th>
<th>Anecdotal</th>
<th>Cannot Evaluate</th>
</tr>
</thead>
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<tr>
<td>10</td>
<td>9</td>
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</table>

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.

Additional Comments:

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

<table>
<thead>
<tr>
<th>Knowledgeable</th>
<th>Appropriate</th>
<th>Competent</th>
<th>Not considered</th>
<th>Baseless</th>
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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.

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- [ ] 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: ________________