



ACADEMY OF NATUROPATHS
AND NATUROTHERAPISTS
140 - 1029 DES ESCOUMINS STREET
TERREBONNE (QC) J6W 5H2

LOCAL PHONE NUMBER (Montreal and north shore) --- 450 326-1800
TOLL-FREE NUMBER ----- 1 866 326-1800
EMAIL ADDRESS ----- info@anncanada.ca
WEB SITE----- www.anncanada.ca

Hello :

First of all, thank you for your interest in joining our group!

You will find enclosed the documentation on the services and privileges provided by the Academy of Naturopaths and Naturotherapists (A.N.N.).

The A.N.N. is a multidisciplinary group which has accredited more than 5,000 naturopaths or naturotherapists across Canada since its foundation in 1987. The organization is available to all practitioners in alternative medicine expecting support of a credible group which is acknowledged by the majority of group insurance companies. This will enable you to issue receipts to your clients for possible reimbursement from their insurance company.

In order to apply, you only have to mail your request using the application form provided at the end of the enclosed brochure, along with your membership fees, which shall not be cashed should your request be denied. You also have to include photocopies of your diplomas, attestations, certifications or grade reports and indicate the number of hours of training for each of them. The requests are normally processed within ten (10) working days.

As soon as your request is accepted, you will be issued a membership number and then be registered with the Academy. We will send you a membership "kit" including the following documents :

- Your invoice (with the mention "paid") for your 2013-2014 annual fee;
- Your membership certificate duly signed and authenticated with the seal of the Academy;
- A blank copy of the form " Declaration of naturopath / naturotherapist' treatment " you must hand out to your clients for reimbursement with their insurance company;
- An example of the form " Declararation of naturopath / naturotherapist' treatment " completed on a yellow sheet;
- A sheet of the Academy logo, in different formats;
- A copy of the " Regulations " governing the practice of the therapist-member of the Academy.
- Application forms for professional liability insurance of our brokers AON (for Canada) and Beaucage (for Quebec). Take note that the professional liability insurance is not mandatory to be part of our group. For any questions regarding insurance needs, we invite you to communicate directly with the brokers;

Should you prefer to meet us, please make an appointment and we shall be happy to discuss the matter with you.

Yours truly,

The President,

Michel Loignon, CPA

ML/AD

Enclosures



**ACADEMY OF
NATUROPATHS AND
NATUROTHERAPISTS**

**YOU ARE A PRACTITIONER OF
ALTERNATIVE MEDICINE?**

**WHAT FOLLOWS IS TRULY
FOR YOU!**

JOIN IN

140 – 1029, Des Escoumins Street (Qc) J6W 5H2
Tel. : 450 326-1800 (Montreal and North Shore) / Toll free : 1 866 326-1800



CADEMY OF NATUROPATHS
ND NATUROTHERAPISTS
10 - 1029 DES ESCOUMINS STREET
MIRREBONNE (QC) J6W 5H2

LOCAL PHONE NUMBER (Montreal and north shore) --- 450 326-1800
TOLL-FREE NUMBER ----- 1 866 326-1800
EMAIL ADDRESS ----- info@anncanada.ca
WEB SITE----- www.anncanada.ca

SERVICES AND PRIVILEGES PROVIDED TO MEMBERS

- Possibility to issue receipts to clients for reimbursement by most insurance companies in Canada;
- Ability to issue tax deductible receipts under applicable laws in your province.
- Insurance plan – civil liability;
- Plan of professional liability insurance for errors and omissions at a collective price available to members only;
- Regulations governing the practice of the therapist-member of the Academy;
- Authorization to use the A.N.N. logo and acronym;
- As an A.N.N. member, you will be invited to introduce yourself as a practitioner at certain events A.N.N. associates with;
- Assistance and advices.

INFORMATIONS

- The annual fee is \$288.00 including taxes and is renewable each year on September 30th. See the Tariff charter on the next page for the details and prorated fees if you join after the beginning of the year.
- Our grouping is present and acknowledged throughout Canada.
- Please take note of **our business hours are Monday to Thursday, 9:30 A.M. to 3:30 P.M.** You may leave us a detail message and we will call you back as soon as possible. You can also contact us at our e-mail address.



ACADEMY OF NATUROPATHS
AND NATUROTHERAPISTS
140 - 1029 DES ESCOUMINS STREET
TERREBONNE (QC) J6W 5H2

LOCAL PHONE NUMBER (Montreal and north shore) --- 450 326-1800
TOLL-FREE NUMBER ----- 1 866 326-1800
EMAIL ADDRESS ----- info@anncanada.ca
WEB SITE----- www.anncanada.ca

TARIFF CHARTER

Membership fees :

RETROACTIVE AS OF OCTOBER 1st (tax included)

October 1 st to September 30 th	=	\$288.00 (12 months)
November 1 st to September 30 th	=	\$288.00 (12 months)
December 1 st to September 30 th	=	\$288.00 (12 months)

PRORATA

RETROACTIVE AS THE FIRST OF CURRENT MONTH

January 1 st to September 30 th	=	\$216.00 (9 months)
February 1 st to September 30 th	=	\$192.00 (8 months)
March 1 st to September 30 th	=	\$168.00 (7 months)
April 1 st to September 30 th	=	\$144.00 (6 months)
May 1 st to September 30 th	=	\$120.00 (5 months)
June 1 st to September 30 th	=	\$ 96.00 (4 months)
July 1 st to September 30 th	=	\$360.00 (15 months)
August 1 st to September 30 th	=	\$336.00 (14 months)
September 1 st to September 30 th	=	\$312.00 (13 months)

The membership to A.N.N. is effective retroactively, the first day of current month you become a member.
The annual renewal membership fee is \$288.00 (tax included) payable on October 1st of each year.
Not refundable when you're confirmed as an active member to the insurance companies.



ACADEMY OF NATUROPATHS
AND NATUROTHERAPISTS
140 - 1029 DES ESCOUMINS STREET
TERREBONNE (QC) J6W 5H2

LOCAL PHONE NUMBER (Montreal and north shore) --- 450 326-1800
TOLL-FREE NUMBER ----- 1 866 326-1800
EMAIL ADDRESS ----- info@anncanada.ca
WEB SITE----- www.anncanada.ca

MEMBERSHIP APPLICATION

Membership # : _____

Please complete all sections in printed letters

1 Personal information

Mr. Mrs.

Languages: French English

LAST NAME:

FIRST NAME:

Home address :

Town :

Province :

Postal code :

Home phone :

Cellular phone :

Work phone :

Date of birth (yyyy/mm/dd) :

E-mail adress :

Web site :

1. Are you a member of another grouping or professional order ? Yes No

If yes, specify : _____

2. Have you subscribed to any professional liability insurances ? Yes No

If yes, specify : _____

2 Briefly describe your professional involvement as well as your fields of interest in alternative medicine

3 Commitment

If my application is approved, I agree to abide by the Regulations of the Academy of Naturopaths and Naturotherapists governing the practice of the therapist-member that I have read on their web site (www.anncanada.ca). I also acknowledge that the Academy of Naturopaths and Naturotherapists reserves the right to amend these Regulations at any time and that it will inform me, if any.

Signature

Date



ACADEMY OF NATUROPATHS
AND NATUROTHERAPISTS
140 - 1029 DES ESCOUMINS STREET
TERREBONNE (QC) J6W 5H2

LOCAL PHONE NUMBER (Montreal and north shore) --- 450 326-1800
TOLL-FREE NUMBER ----- 1 866 326-1800
EMAIL ADDRESS ----- info@anncanada.ca
WEB SITE----- www.anncanada.ca

MEMBERSHIP APPLICATION (CONT'D)

Membership # : _____

4 Academic training (minimum required totalling 400 hours of training)

Specify the name of the school, the name of the course and the number of hours for each training. Include your post-secondary education if these courses are relevant to the study of your case. **Trainings for which the number of hours is not indicated on the diploma, must be accompanied by a written proof confirming the number of hours: letter from the school, transcript (showing the hours), or detailed outline of the course.**

Name of the school (Include diplomas)	Title of completed course	Date	# of hours of training

TOTAL: _____

5 Questionnaire

- Do you hold a work permit in Canada ? Yes No
- Have you been in a court judgment to the effect that you have been found guilty of one or many criminal offense(s) in Canada or in another country ? If yes, please explain. Yes No

- Are you currently prosecuted in a criminal offense in Canada or in another country ? Yes No

6 Declaration

I, the undersigned, _____, declare that the above
(name in printed letters)
 Information is complete and true.

Signature

Date

Required for the study of your file :

- Membership application duly completed, **signed and dated**;
- Certificates, diplomas or credentials (photocopies);
- Payment of your fee (see charter rates), **made to the order of "ANN"** (cheque or money order);
- Administration fee of \$42.00 will be charged for any NSF cheque.

Your application will be processed within ten (10) working days. If your application is accepted, you will be assigned a membership number and we will send you a member kit. If your application is refused, your cheque will not be cashed.

Entry date

Billing date

Invoice no.

Amount