



## MANITOBA NATUROPATHIC ASSOCIATION (MNA) NEW GRADUATE APPLICATION PACKAGE

Non-practicing registration is not available for new applicants

### Before you apply:

- Graduates of accredited naturopathic programs may begin the application process any time after graduation, however, the MNA does not schedule provincial board exams until official NPLEX results have been received from NABNE
- Application forms and supporting documents must be mailed by regular mail only
- Official college transcripts must be mailed or emailed directly from the institution to the MNA
- The MNA does not recommend insurance providers
- The MNA will email applicants to inform them that their application has been received and will only contact them again when they are approved to proceed to sit the board exams
- Verification of licensure is provided after 3 months of in-person Manitoba practice

### Application Requirements:

1. **Application Fees:** Submitted with application, include ONE cheque or etransfer payable to the Manitoba Naturopathic Association, [mnapayments@gmail.com](mailto:mnapayments@gmail.com) for the fees listed below:
  1. Application Fee **\$350**
  2. Jurisprudence Fee **\$150**
  3. Practical Exam: **\$100**
  4. Exam Electives: **\$50** Manipulation  
**\$50** Acupuncture
2. **Record Checks:**
  - a. Criminal Record Check with a Vulnerable Sector Search
  - b. Child Abuse Registry Check (or provincial equivalent)Conducted by the jurisdiction you have resided most recently. Sealed results to be forwarded to the MNA. Please contact your local police or RCMP detachment directly.
3. **Transcripts:** from the naturopathic college you have graduated from. The college must be an accredited institute and must meet the criteria for eligibility to write the NPLEX exam.
4. **NPLEX I and II:** Passing scores for both basic science and clinical exams. The transcripts must be mailed directly from NABNE to the Manitoba Naturopathic Association  
**Note:** Minor surgery and pharmacology are elective examinations and not currently within the scope of practice in Manitoba. You may choose to write these examinations but they are not required for registration. The NPLEX Acupuncture elective **must** be passed if you plan to practice acupuncture in Manitoba. The MNA may accept regulated provincial board exams as long as all exam sections have a passing grade and meet with jurisdictional requirements.
5. **IV Therapy Applicants:** Must provide proof (original) of successful completion of a minimum 24-hour course approved by the Board. Applicants who have been trained in Intravenous Therapy during their education are exempt from completion of the 24-hour IV Therapy course as long as their training meets the *MNA Intravenous Therapy Course Guidelines* and they can provide certified evidence of such training. Contact the MNA for a list of course providers.
6. **Emergency Medicine:** Applicants planning to practice advanced IV certifications must complete the *Emergency Medicine for IV Certification* to be completed every three years. Proof of certification (original) must be sent prior to registration. Applicants who completed the course during their education are exempt as long as the course was at least 16 hours in length and completed within 3 years of their application to the MNA. Contact the MNA for a list of course providers.
7. **CPR:** Requirement: *CPR Level C for Health Care Providers with AED* from an accredited program: St. John's Ambulance, Canadian Red Cross etc. A copy must be included with your application.
8. **Personal Health Information Act (PHIA) Online Training Program (Direct PHI Version)** new members are required to complete the PHIA Online Training Course for Health Professionals within three months of registration and show proof of successful completion (certificate). Applicants are encouraged to complete the training in advance of registration. 5 CE hours provided <https://trainingtodo.com/mbhealth/secure/phia-for-individuals.asp>

## Post Application Requirements:

Applicants who have provided the required application materials listed above will be informed by email that they are approved to sit the provincial board exams.

### Exam Scheduling:

Board exams are held in October, January and June

The Provincial Board Exam requires three naturopathic examiners. It can take approximately three to six weeks from receipt of completed applications to scheduling exams. Every effort is made to schedule exams as quickly as possible. Please see the *Board Exam Guidelines* included in this document.

**Exam Results:** Results are emailed within one week of exam sitting

### Jurisprudence Exam:

The Jurisprudence examination assesses knowledge of the *Naturopathic Act, Regulations, Standards and Policies* and the *Personal Health Information Act* which are relevant to the practice of naturopathic medicine in Manitoba. Passing of this exam is a requirement for registration. **The MNA will contact eligible applicants to schedule a time to sit the Jurisprudence exam over Zoom platform**

- **Format:** Virtual (Zoom) Open-book. Examinees may review source material during their exam, but they may not access the Internet to search for specific answers.
- **Scheduling:** Applicants will be notified when they may schedule the Jurisprudence Exam
- **Assessment:** 40 questions (45 for IV applicants) multiple-choice and true or false
- **Time limit:** up to two hours
- **Score:** The passing grade for this examination is 80%. Applicants will be permitted two attempts to pass the exam. If you are unsuccessful after the second attempt, a plan to address your difficulties will be required in order to be permitted a subsequent administration.

In preparation for and during the exam, examinees should refer to the source information listed below.

### Member Resources available [here](#)

*MNA Vaccination Guidelines*

*MNA Advertising & Social Media Standard*

*MNA Dispensing Standard*

*MNA Intravenous Standard* (if certified to practice)

*-MNA Billing & Fees Standard*

*MNA Continuing Education Policy*

*MNA Record Keeping Standard*

*MNA Therapeutic Boundaries Standard*

*MNA Informed Consent Standard*

[Manitoba Naturopathic Association Act](#)

[Manitoba Naturopathic Association Regulations](#)

[Personal Health Information Act](#)

[Manitoba Ombudsman Privacy Breach Resources](#)

### Final Registration Steps:

**Practice Location Confirmation:** An email/letter submitted directly by the employer/clinic owner confirming the start date of practice. **Registration is not granted until practice location and start date is confirmed.**

**Insurance:** All members must have a minimum of \$2-million coverage. I.V. Therapy registrants must have at least \$3-million coverage. Proof of insurance with the coverage amount must be emailed to the MNA. Please only email the first page of the policy that confirms coverage amounts.

**Registration Fee Payment:** The MNA will notify you by email of the amount of dues payable. Dues are prorated to the first of the month.

**Registration Number:** Assigned upon receipt of proof of insurance and payment of registration dues

**Certificate of Good Standing:** **Reminder**-provided to members who have practiced in-person in Manitoba for at least three months.

## Manitoba Naturopathic Association Board Exam Guidelines

The purpose behind this exam is to determine whether you are able to safely practice Naturopathic Medicine. The exam consists of a combination of questions which the EXAMINER will ask and a variety of practical skills that the EXAMINEE will be asked to perform. The exam is broken down into three sections. You are required to achieve a grade of 75% in EACH SECTION.

**Please bring your own equipment (i.e. stethoscope, otoscope, etc.)**

- Applicants opting out of the **PHYSICAL MEDICINE AND NATUROPATHIC MANIPULATION EXAM** are still required to complete **PART I** of the **PHYSICAL MEDICINE AND NATUROPATHIC MANIPULATION EXAM**. The reason is that this section covers standard physical exam testing. By opting out of this clinicians are agreeing **NOT** to utilize manipulation in their practice:  
Examinee Signature: \_\_\_\_\_
- Applicants opting out of the **Acupuncture / Chinese Medicine** portion of the exam are agreeing **NOT** to practice acupuncture.  
Examinee Signature \_\_\_\_\_

### **(1) PHYSICAL THERAPY EXAM**

Clinician may be asked to perform any of the following:

1. Vitals –answer questions regarding abnormal results for BP, HR, RR in adults and children
2. Be able to palpate thyroid and palpate and name all sets of lymph nodes in the neck
3. Be able to perform a chest / lung exam – be able to answer questions regarding abnormal results from auscultation and percussion exams
4. Be able to perform eye exam including use of ophthalmoscope
5. Be able to perform ear exam including use of otoscope

### **(2) CHINESE MEDICINE AND ACUPUNCTURE - Can be opted out of if not practicing**

Part 1: The first part of the exam will consist of 3 questions regarding contraindications and possible emergency situations that could arise.

Part 2: Consists of 5 TRUE or FALSE questions relating to safety in needling and possible emergency situations

Part 3: EXAMINEE will randomly draw 3 cases from the group of cases and will choose 2/3.

- a. LUNG QI DEFICIENCY
- b. DAMP HEAT IN THE LARGE INTESTINE
- c. STOMACH YIN DEFICIENCY
- d. SPLEEN QI DEFICIENCY
- e. HEART BLOOD DEFICIENCY
- f. DAMP COLD in THE BLADDER
- g. KIDNEY YANG DEFICIENCY
- h. LIVER QI STAGNATION
- i. LIVER YANG RISING

You will be expected to be able to:

- j. Correctly identify the condition
- k. Correctly identify the correct POINT GROUPING for that condition.

NOTE: ALL cases will be in a multiple choice format for the DIAGNOSIS and POINT SELECTION

**(3) PHYSICAL MEDICINE AND NATUROPATHIC MANIPULATION EXAM - Can be opted out of if not practicing.**

**-Clinicians opting out of the CHIROPRACTIC component are still required to complete PART 1 of this exam.**

PART 1: This section will consist of 13 (12 for those opting out of the PHYSICAL MEDICINE AND NATUROPATHIC MANIPULATION EXAM questions that will require you to answer questions / perform basic palpation and special orthopedic tests

1. Be aware of ACUTE medical emergencies that could present as musculoskeletal ailments
2. Be able to perform and describe the following special tests
  - a. Apley scratch test (for internal and external rotation)
  - b. Vertebral artery insufficiency test
  - c. Apprehension test for shoulder dislocation
  - d. Straight leg raise test
  - e. Anterior Drawer Test
  - f. Homans Sign
3. Be able to palpate / locate / identify the following landmarks
  - a. Pes anserinus
  - b. Scaffoid process
  - c. Anterior superior iliac spine (ASIS)
4. **Be able to list 3 ABSOLUTE and RELATIVE contraindications to manipulation (general) - NOT REQUIRED IF YOU ARE OPTING OUT OF CHIROPRACTIC / MANIPULATION EXAM.**

This section will consist of you being able to demonstrate assessment and setup for either:

2. CERVICAL FIXATION
- or
3. LUMBAR FIXATION

You will also be expected to answer questions and demonstrate any special tests that may be employed to ensure patient safety. You will not be asked to perform manipulation but you are expected to be able to describe the set up and thrust vector. EXAMINEE will pick from 2 cards.

# MANITOBA NATUROPATHIC ASSOCIATION (MNA) NEW GRADUATE APPLICATION FOR REGISTRATION

- You must be registered with the MNA before commencing the practice of naturopathic medicine in Manitoba
- Applications expire 12 months after the date on which the applicant receives written notification from the registrar of the applicant's eligibility for registration.

Submit application and supporting documentation by **regular mail (no couriers/no email)**

The Manitoba Naturopathic Association  
971 Corydon Avenue, PO Box 434  
Winnipeg, MB R3M 0Y0

**\*PERSONAL INFORMATION:** Registrants must notify the MNA within 30 days of any changes to contact information

First Name(s): \_\_\_\_\_ Last Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Email: \_\_\_\_\_ (dd) (mm) (yyyy)  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Languages I can use in my practice: \_\_\_\_\_  
Name as you would like it to appear on your MNA certificate: Dr. \_\_\_\_\_, ND

**\*PRIMARY PRACTICE: (if available at time of application)**

Practice name (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Authorization:** I authorize the MNA to share my email with the Manitoba Alliance of Naturopathic Doctors Initial \_\_\_\_\_

## APPLICATION REQUIREMENTS-Please submit all together:

1. **Application form signed**
2. **Identification**-Two copies must be submitted with application (one must be current photo I.D.)
3. **Fees:** Fees one cheque or e-transfer payable to [mnapayments@gmail.com](mailto:mnapayments@gmail.com)
  - Application Fee **\$350**
  - Jurisprudence Fee **\$150**
  - Practical Exam: **\$100**
  - Exam Electives: **\$50** Manipulation  
**\$50** Acupuncture
4. **Record Checks:** 1. Criminal Record Check with Vulnerable Sector Search (original)  
2. Child Abuse Registry Check or provincial equivalent (original)
5. **CPR Certification** (see page 2)
6. **Proof of Certifications** (if practicing)
7. **PHIA Training Program** (see page 2)

Sent directly from:

8. **Naturopathic College Official Transcripts (CNME Accredited)**
9. **NPLEX Part 1 and II Official Results or CONO ETP Exam**

**EDUCATION INFORMATION:** (please list all degrees/diplomas to date, use a separate sheet if required)

Degree/Diploma	Year	Institution	Location

**CERTIFICATIONS AND EDUCATION REQUIREMENTS-APPLICANTS MUST COMPLETE THE FOLLOWING:**

**1. CPR:**

Applicants are required to have current (within two years) **CPR Level C for Health Care Providers with AED** certification from an accredited program: St. John's Ambulance, Canadian Red Cross etc.

**2. Personal Health Information Act (PHIA) Online Training Program (Direct PHI Version)** new members are required to complete the PHIA Online Training Course for Health Professionals within three months of registration and show proof of successful completion (certificate). <https://trainingtodo.com/mbhealth/secure/phia-for-individuals.asp>

I agree to complete the PHIA Online Training Program within three months of my registration and will submit proof of completion to the MNA    Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Current Certifications:**

**3. Acupuncture Registrants:**

- I plan to practice Acupuncture when I am licensed to practice Naturopathic Medicine in Manitoba
- I do not plan to practice Acupuncture when I am licensed to practice Naturopathic Medicine in Manitoba (should you wish to practice at a future date please notify the Manitoba Naturopathic Association)

**4. Manipulation Registrants:**

- I plan to practice Manipulation when I am licensed to practice Naturopathic Medicine in Manitoba
- I do not plan to practice Manipulation when I am licensed to practice Naturopathic Medicine in Manitoba (should you wish to practice at a future date please notify the Manitoba Naturopathic Association)

**5. Prolotherapy Registrants:**

- I plan to practice Prolotherapy when I am licensed to practice Naturopathic Medicine in Manitoba
- I do not plan to practice Prolotherapy when I am licensed to practice Naturopathic Medicine in Manitoba (should you wish to practice at a future date please notify the Manitoba Naturopathic Association)

**6. Ozone/Oxidative Therapy Registrants:**

- I plan to practice Ozone/Oxidative therapies when I am licensed to practice Naturopathic Medicine in Manitoba
- I do not plan to practice Ozone/Oxidative therapies when I am licensed to practice Naturopathic Medicine in Manitoba (should you wish to practice at a future date please notify the Manitoba Naturopathic Association)

**7. IV Therapy Registrants:**

- I plan to practice IV Therapy when I am licensed to practice Naturopathic Medicine in Manitoba
- I do not plan to practice IV Therapy when I am licensed to practice Naturopathic Medicine in Manitoba (should you wish to practice at a future date please notify the Manitoba Naturopathic Association)

**8. EMERGENCY MEDICINE FOR IV CERTIFICATION:**

Applicants planning to practice IV therapies must complete the *Emergency Medicine for IV Certification* every three years.

- I have included proof of completion of Emergency Medicine for IV Certification with my application
- I will send proof of completion of Emergency Medicine for IV Certification at a later date

**PREVIOUS HISTORY AND CONDUCT:**

The following questions relate to any/all proceedings against you and must be answered “yes” or “no”.

Have you ever been denied an application for registration, licensure or any authorization to practice? Yes [ ]\*No [ ]

Have you ever failed an entry-to-practise or licensing examination in any jurisdiction for any profession including naturopathic medicine? Yes [ ]\*No [ ]

Have you ever been found guilty of any offence under a statute in any jurisdiction in Canada or abroad which has not previously been reported to the Board in writing? Yes [ ]\*No [ ]

Has there ever been a finding made against you by a court or a tribunal in Canada or abroad in a civil, criminal or regulatory proceeding in respect to your professional conduct, competence or capacity, including professional negligence or malpractice, which has not previously been reported to the Board in writing? Yes [ ]\* No [ ]

Are there any outstanding or pending civil or criminal proceedings against you in Canada or abroad which have not previously been reported to the Board in writing? Yes [ ]\* No [ ]

Are there any outstanding complaints, investigations or inquiries regarding your conduct, competence or capacity under review by any regulatory body in Canada or abroad which have not previously been reported to the Board in writing? Yes [ ]\* No [ ]

Are you the subject of any current proceedings for professional misconduct, incompetence or incapacity in Canada which have not previously been reported to the Board in writing? Yes [ ]\* No [ ]

Have you ever agreed to a settlement to avoid any criminal, civil or regulatory proceeding or disciplinary action in respect to your professional conduct, competence or capacity including professional negligence or malpractice, which has not previously been reported to the Board in writing? Yes [ ]\* No [ ]

Has there ever been a complaint against you lodged with another regulatory body that has resulted in a caution, undertaking or remediation which has not previously been reported to the Board in writing? Yes [ ]\* No [ ]

Have you ever had any terms, conditions or limitations imposed on a certificate of registration or license issued by a regulatory body which have not previously been reported to the Board in writing? Yes [ ]\* No [ ]

Do you have a physical or mental condition, disorder or addiction to alcohol or drugs that may compromise your ability to practice? Yes [ ]\* No [ ]

Have you previously pled guilty or have been convicted of an offence under the Criminal Code of Canada or any narcotic or controlled substances legislation? Yes [ ]\* No [ ]

**\*If you answered “Yes” to any of the above questions, the Manitoba Naturopathic Association will contact you. Providing false or misleading information is professional misconduct.**

**DECLARATION:**

By signing this application form, I state that the information provided on this application and in the attached documents is true, correct and complete. I agree to practice according to the Manitoba Naturopathic Act and any regulations enacted pursuant thereto, the Regulations, Standards of Practice and Code of Ethical Conduct of the Manitoba Naturopathic Association.

Signature \_\_\_\_\_

Date \_\_\_\_\_