



NERC STUDENT APPLICATION

Name: _____

DOB: _____ Sex: _____ Phone number: _____ Cell: _____

Current Address: _____

Email: _____

Date of graduation or expected date of graduation: _____

Naturopathic Medical School: _____

Which current NERC residency site/s are you interested in:

Please write a short statement of what you are seeking in a residency:

Please attach your current resume, including preceptorships and seminars you have done while in naturopathic medical school.

You must also request a residency application form from either NCNM, SCNM, or Bastyr University and complete one of their applications if you are interested in an on campus residency at one of the schools.

Please visit the NERC website for information about CNME accredited residencies: www.naturopathicresidency.org

Please contact either: Tori Hudson, N.D. 503-222-2322 or Margaret Beeson, N.D. 406-259-5096, co-directors of NERC, for additional information.

Send this application to: Tori Hudson, N.D., 2067 NW Lovejoy, Portland, OR 97209 503-222-2322; Fax 503-222-0276

Or

Margaret Beeson, N.D. 720 N 30th St. Billings, MT 59101 406 259 5096 FAX 406 248 5655