# 2024 Endocrinology Association of Naturopathic Physicians Board Certification Application

**SECTION 1. General Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Address 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Please include full CV with application**

**SECTION 2. Education and Licensing**

CNME Accredited Naturopathic Medical School attended and year graduated:

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year Graduated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

States/Provinces in which you are currently licensed to practice naturopathic medicine:

State/Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year Licensed\_\_\_\_\_\_\_\_\_\_\_

State/Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year Licensed\_\_\_\_\_\_\_\_\_\_\_

Has your Naturopathic License ever been revoked or suspended? Yes\_\_\_\_\_\_\_No\_\_\_\_\_\_\_

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other professional licenses/certifications (please list):

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\_\_\_\_\_\_\_\_ Check if you are a EndoANP Member in good standing

**SECTION 3. Demonstrable Clinical Experience in Naturopathic Endocrinology (must meet at least one criterion in each of the following 3 categories)**

**Category 1: Experience**, as approved by the EndoANP Board of Examiners:

\_\_\_\_\_\_ Completion of a 1-year, CNME-approved naturopathic residency and a minimum of 3 years in practice with a minimum of 3000 cumulative patient care hours with 65% of the patient load in endocrinology; **or**

\_\_\_\_\_\_ Completion of a 2-year, CNME-approved naturopathic residency and a minimum of 1 year in practice with a minimum of 1000 cumulative patient care hours with 65% of the patient load in endocrinology; **or**

*\_\_\_\_\_\_\_* A minimum of 5 years in practice, and a minimum of 5000 cumulative patient care hours (equals 20 hours per week of direct patient care) over those 5 years, with a minimum of 65% of the patient load for **2 of those 5 years** being in endocrinology (1800 endocrinology patient contacts).  A break in practice of up to 2 years due to maternity/paternity leave, medical leave or sabbatical will be allowed over those 5 years, as long as other requirements have been met within 7 years. **or**

\_\_\_\_\_\_ Minimum of 5 years of naturopathic endocrinology research >50% time, and at least 5 research studies (not review articles) published in the peer-reviewed literature; **or**

\_\_\_\_\_\_\_ Minimum of 5 years of instructing students in endocrinology naturopathic medicine at a CNME-accredited institution; **or**

**Category 2: Cases (see attached format and guidelines)**

Detailed case reports on 4 different endocrinology patients demonstrating ongoing naturopathic management for a time period of at least 12 months. A variety of conditions and patient populations is strongly recommended.

**Category 3: Continuing Medical Education:**

I affirm that I have obtained at least 30 hours of documented endocrinology continuing medical education within the last 3 years. \_\_\_\_\_\_\_\_\_\_\_\_(initial)\*

\* “Endocrinology continuing medical education” means any Continuing Medical Education approved or approvable by any state or provincial naturopathic licensing board for the purposes of relicensing or approved by the Accreditation Council for Continuing Medical Education (ACCME), which is directly relevant to the practice of naturopathic endocrinology.

**SECTION 4. Applicant Signature**

I hereby affirm that the information provided in this application is true and accurate.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEES AND DEADLINES**

**Application Deadline for the Spring 2024 Exam is January 8th, 2024**

Application Fee: $300.00

Payment Method: Once your application is received, you will be sent a link to pay by

credit card or you can send a check to the address found below payable to EndoANP.

Testing Fee: This is a separate charge and will be determined at a later date depending on the number of applicants sitting for the exam but typically ranges from $250-$350 and the certification is good for 10 years.

EndoANP

c/o Corey Murphy, Exec. Director

P.O. Box 20665

Juneau, AK 99802



**American Board of Naturopathic Endocrinology  
Case Study Guidelines  
\*All case studies must be submitted electronically to** [**endoanp@gmail.com\***](mailto:endoanp@gmail.com*)

In preparing case studies, here is a general guideline to help direct you in some of the areas that should be covered. Please note that this is not a line item requirement, but rather a framework to work from.

The purpose of these cases is for the board to understand your clinical thinking and rationale for decisions for the patient. We want to know what you are doing and why; what you aren’t doing and why. Cases need to be clearly written so someone who has never seen this patient knows what is happening. In other words, write this case as though you were writing it for another medical provider where you need to point out all of the relevant issues and explain your clinical decision making.

What we are looking for with these cases is evidence that you are competent in managing basic endocrinology conditions safely. *We want the cases to represent your most typical patient encounters, not outliers.*

**\*\*\* Please make sure to blind yourself and patient personal identification (this includes clinic names)**

**GENERAL AREAS TO BE COVERED**

1. ­ Subjective findings
   * Initial assessment (HPI of illness or complaint, pertinent past medical history, family history, treatment history, ROS, psychosocial contributors, current medication and supplements)
   * Identification of critical presentations and associated triage for naturopathic management, co-management and urgent referral

b. Objective findings  
 - Appropriate physical examination (including developmental assessment, and ` behavioral health and psychosocial observations). Please detail all exam   
 findings whether positive or negative.  
 - Appropriate laboratory and imaging studies

c. Assessment  
 - Diagnostic assessment   
 - Naturopathic assessment  
 - Other differential diagnosis list with rationale

d. Plan

* Diet and nutrition analysis and counseling
* Lifestyle and risk assessment
* Preventive strategies
* Conventional medical and naturopathic therapeutic options
* Use of naturopathic principles
* Rationale for therapeutic choices (evidence-based, traditional medicine based, or clinical experience)
* Age-appropriateness of therapy
* Discussion of informed choice for parents
* Appropriate referral when necessary
* Re-assessment criteria, incl. timeframe and future plans
* Contraindications of therapeutics

e. Commentary (include retrospective analysis, thought process)

**EVALUATION OF CASES BY ABNO BOARD OF MEDICAL EXAMINERS**

Each case is scored out of 25 points.  The breakdown of points is as follows:

History - 3

Assessment – 5

Plan (including appropriate referral/co-management) - 5

Rationale/Clinical Thinking/Case Management - 7

Overall - 5

**Critical elements that will be scored include:**

* Appropriate comprehensive assessment at each visit
* Comprehensive problem list present
* All changes in treatment plan are based on the assessment
* Appropriate comprehensive naturopathic treatment plan.
* If co-management, appropriate consideration given to concurrent conventional therapy
* Herb/drug/nutrient interactions appropriately avoided
* Treatment plan addresses all elements of the problem list, as appropriate
* Stage and current status of disease
* Brief HPI of patient’s condition
* Recent treatment History
* Associated co-morbidities
* Appropriate physical examination documented
* Appropriate laboratory studies ordered or referenced
* Appropriate imaging studies ordered or referenced

**CASE ACCEPTANCE/RESUBMIT POLICY**

\*Cases are graded individually, not cumulatively, and all 4 cases must pass.  A passing score is set at 70% (17.5 points)

\* Up to 2 cases can be resubmitted IF they score more than 50% on the initial submission

\* If more that 3 cases fall below 70% OR any individual case scores under 50%, applicant must wait until the following cycle to resubmit

**ALL CASES ARE BLINDED AND REVIEWED BY AT LEAST 3 MEDICAL EXAMINERS.  CASE SCORES ARE FINAL AND ARE NOT SUBJECT TO APPEALS.**