# American Board of Naturopathic Pediatrics

# Board Certification Application

**SECTION 1. General Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_

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

Has your Naturopathic License ever been revoked or suspended?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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other professional licenses/certifications (please list):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

\_\_\_\_\_\_ Completion of a 2-year, CNME-approved naturopathic residency (at least 65% of residency in pediatrics) and a minimum of 1 year in practice with a minimum of 1000 cumulative patient care hours with 65% of the patient load in pediatrics; **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 pediatrics (1800 pediatric 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 pediatrics 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 pediatric naturopathic medicine at a CNME-accredited institution; **or**

\_\_\_\_\_\_\_ Minimum of 5 years as program director of a CNME-approved naturopathic residency program that is focused on pediatrics (65% peds) within the last 10 years.

**\*\*\* To inquire about pre-natal requirements counting towards your patient contact hours, please contact us on a case-by-case basis.**

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

Detailed case reports on 5 different pediatric patients demonstrating ongoing naturopathic management. If you have seen a patient for more than the required visit number, simply document the most relevant/interesting of those visits.

Of the case studies:

1. 1 case of 2 sequential well-child visits during infancy

2. 1 case of at least 3 visits over time of a chronic presentation

3. 1 case of an acute presentation with follow up (total of at least 2 visits)

4. 1 case of a primarily psychosocial condition (depression, anxiety, autism, ADD/ADHD, OCD) with at least 3 visits

5. 1 case including 5 separate office visits (related or unrelated) over the course of more than 12 months. Must include at least 1 well child check, no more than 2 well child visits as part of the 5 visits.

Please include various conditions and age groups. Each case must represent a different patient.

**Category 3: Continuing Medical Education:**

I affirm that I have obtained at least 50 hours of documented pediatric continuing medical education within the last 3 years. \_\_\_\_\_\_\_\_\_\_\_\_(initial)\*

\* “Pediatric 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 pediatrics.  Must be obtained within the last 5 years.

**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 is May 20, 2024**

Application Fee $350.00 Payment link will be send once application is received.

Testing Fee $250-$350 (This is a separate charge and will be determined and

collected at a later date depending on the number of

applicants sitting for the exam.

**Send completed Application Form and Cases Electronically to our Exec. Director, Corey Murphy, at pedanpinfo@gmail.com**

**\*All case studies must be submitted electronically to pedanpinfo@gmail.com\***

**American Board of Naturopathic Pediatrics**

Case Study Guidelines

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.

***\*\*\*IMPORTANT:*** *The purpose of these cases is for the board to* ***understand your clinical thinking and rationale for decisions*** *for the patient, not just a SOAP note. We want to know what you are doing and why; what you aren’t doing and why. Feel free to include references in your case write ups. 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 a referral where you need to point out all of the relevant issues.*

**Cases** (as approved by the ABNP Board of Examiners)

Of the case studies:

* 1 case of 2 sequential well-child visits during infancy
* 1 cases of at least 3 visits over time of a chronic presentation
* 1 cases of an acute presentation with follow up (total of at least 2 visits per case)
* 1 case of a primarily psychosocial condition (depression, anxiety, autism, ADD/ADHD, OCD) with at least 3 visits
* 1 cases including 5 separate office visits (related or unrelated) over the course of more than 12 months. Must include at least 1 well child check, no more than 2 well child visits as part of the 5 visits.

***\*\*\* If you’ve seen a patient for more that the above required amount, please just detail the most relevant ones, but provide a brief summary of all visits so we can track the full care of the patient.***

Please include various conditions and age groups.

**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)