

To be eligible to sit for the exams on **August 10, 2012**, the Alternate Site Application must be postmarked no later than **July 10, 2012**. You will receive a confirmation letter and a test schedule prior to the exam date.

Applicant Name: _____

Oregon Board of Naturopathic Medicine

800 NE Oregon Street, Suite 407
Portland, OR 97232
(971) 673-0193

ALTERNATE SITE APPLICATION

- ~ Please print or type your responses clearly. *Complete all spaces on this application.* All information must be complete and correct or your application may be returned.
- ~ Include a check or money order for \$40 (or \$45 for a Canadian site) payable to OBNM, with this completed application. All exam fees, including alternate site fees are non-refundable.
- ~ Mail the application with the appropriate fee to the above address.

Applicant Name: _____

ALTERNATE SITE AND PROCTOR INFORMATION

Be sure to provide a correct physical delivery address where the examination packet is to be sent.
NOTE: Examinations cannot be mailed to a P.O. BOX

Proctor Name: _____

Name of Testing Site: _____

Physical Address: _____

Room or Suite: _____

(necessary to assure timely delivery)

Telephone Number: _____

Alternate phone number: _____

Applicant contact information:

Telephone / cell phone _____

Email _____