



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Has your Naturopathic License ever been revoked or suspended?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.

2 | ABNP Board Certification Packet *IMPORTANT: Any information presented in this application is subject to auditing including continuing education hours, patient contact hours, etc.

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.

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 2023 Exam is November 21st, 2022

Application Fee: \$350.00

Payment Method: Once your application is received you will be sent a link to a payment page to pay by credit card, or send a check to the address found below payable to PedANP.

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.

Send completed Application Form and Application Fee to:

American Board of Naturopathic Pediatrics (ABNP)
c/o Corey Murphy, Exec. Director
P.O. Box 20665
Juneau, AK 99802

***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 student where you need to point out all of the relevant issues and explain as you go along.***

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.

Please include various conditions and age groups.

GENERAL AREAS TO BE COVERED

a. 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

4 | ABNP Board Certification Packet *IMPORTANT: Any information presented in this application is subject to auditing including continuing education hours, patient contact hours, etc.

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)