

Saskatchewan Association of Naturopathic Practitioners

Office of the Registrar

2A - 2146 Robinson St.

Regina SK, S4T 2P7

Phone: (306) 757-4325; Fax: (306) 522.0745; email: registrar@sanp.ca

**Application for Approval of
SANP Continuing Education Credits**

Name of Seminar:

Date of Seminar:

Location of Seminar:

Name of Instructor:

Target Audience:

Total number of presentation hours (excluding lunch and breaks): _____

**Modalities Covered
By this Seminar**

**# of
Hours**

Organization Applying for CE Credits

Pharmacology

Name:

Jurisprudence

Contact:

Acupuncture/Asian Medicine

Address:

Manipulation

Homeopathic Medicine

Phone:

Lifestyle Modification & Counseling

Fax:

Nutritional Medicine

Email:

Botanical Medicine

Physical Therapies

Will attendance confirmation be provided:

Parenteral Therapy

To Registrant

To SANP

General

Please fax this form to:
SANP ~ Office of the Registrar
Fax: (306) 522-0745

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Is Seminar Sponsored by a
Company?

 Yes No

Presenter's Qualifications: _____

**Provide a brief description of the seminar outline, including: treatments, indications, contra-
indications, components, research, pathway, bio-chemistry, interactions:**

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