

NUPATH School Accreditation Application Form

Name of Institution _____

Address _____

Telephone Number _____

Email _____

Website _____

Registered owner of School _____

Is the School Proprietorship/Partnership/Corporation? (circle one)

Not for Profit ___ Yes Charitable Status ___ Yes

Legal Name of School _____

Year School Established _____

Total Number and Qualifications of teaching staff _____

Number of Full-time _____ Number of Part-time _____

In-class or Distance format: In-class % _____ Distance % _____

Total Students in School _____ Anticipated # of Graduates per year _____

Name of Certificate/Diploma Conferred _____

Total Hours of Training for Certificate/Diploma _____

Describe in detail the nature of the program, including the number of hours of study and types and number of formal assessments (use separate sheet).

% of hours Homeopathic Philosophy and Principles _____

% of hours Materia Medica _____

% of hours Therapeutic and Clinical _____

% of hours Human Sciences _____

% of hours other (please describe) _____

Do you provide clinical internship? Y or N If yes, how many hours? _____

If yes, please describe the internship in detail, including hours of patient time and additional study/analysis/supervision (use separate sheet).

Enclose a copy of the School's current Advertised Syllabus.

Enclose a copy of Advertising Brochure.

Name of Authorized Signatory _____

Signature of Authorized Signatory _____

Date _____ City _____