

Your Partners For Success

PROTECTING THE RIGHT TO PRACTICE AS NATURAL HEALTH CARE PROVIDERS



American Naturopathic Medical Association

ANMA

ANMCB



American Naturopathic Medical Certification Board



ANMA



ANMCB

Your Partners For Success

PROTECTING THE RIGHT TO PRACTICE AS NATURAL HEALTH CARE PROVIDERS

The American Naturopathic Medical Certification Board (ANMCB) invites you to become Board Certified **AND** a Member of the American Naturopathic Medical Association (ANMA)

DO YOU KNOW WHO LOOKS OUT FOR YOUR LEGISLATIVE NATURAL HEALTH CARE RIGHT TO PRACTICE?
Together ANMA and ANMCB fight for Natural Health Care Providers legislative right to practice in the US.

As a graduate of an Accredited School, you are eligible to receive a special reduced rate when you submit both applications. To apply for both ANMA and ANMCB the special reduced cost is \$900.00, a \$245 savings!

THE COMBINED PACKAGE INCLUDES:

- ◆ The **Board Certification** application and Exam which includes study materials, and a numbered Board Certification Certificate will be issued in your name with all the applicable rights, privileges and responsibilities.
- ◆ **Membership** is included with the American Naturopathic Medical Association (ANMA). The ANMA is the oldest, largest and most active professional Naturopathic membership association. ANMA is very active with state legislative laws to protect the public and also publishes the JANMA magazine. (www.anma.org)
- ◆ **Admission** to ANMA 35th Annual Convention and Educational Seminar, August 26-28, 2016 in Las Vegas, NV.

Complete and Submit Attached Application Packet to Start Your Partnership for Success!

The **American Naturopathic Medical Association** (ANMA) is the most active, oldest and largest professional Natural Health Care Association in America today. Founded in 1981, ANMA is a nonprofit, that has a nondiscriminatory policy, with membership open to individuals with Doctor of Naturopathy (N.D.) or Doctor of Naturopathic Medicine (D.N.M.), H.H.P, N.C, M.H. as well as other health care fields such as M.D., D.O., D.D.S., O.M.D., H.M.D., and D.C. All of our members have a strong commitment to the philosophy, art and science, of natural therapeutics. They subscribe to the motto "Doctor do no harm".

With over 4,000 members in the United States, Canada, and 14 foreign countries. Membership in this organization provides many benefits. First and foremost, ANMA monitors and fights legislation that would favor special interest groups or prevent you from practicing. Membership provides JANMA newsletter, annual Convention and Educational Seminar, and professional support.

ANMA
P.O. Box 96273
LV NV 89193 (702) 450-3477
www.anma.org * Email: admin@anma.org

American Naturopathic Medical Certification Board (ANMCB) is the national certifying agency for natural health care throughout the United States. Registered with the Department of Consumer and Regulatory Affairs in Washington, D.C. ANMCB offers certification by examination, and recognition according to education and experience.

The ANMCB offers several titles of Certification such as Board Certified Naturopathic Physician, Board Certified Naturopathic Doctor, Board Certified Naturopath, Board Certified Holistic Health Practitioner, Board Certified Nutritional Consultant, Board Certified Master Herbalist, as well as other levels of natural health care fields. ANMCB supports the ANMA in protecting your right to practice as a Natural Health Care Provider.

ANMCB
7380 S. Eastern Avenue, Suite 124
Las Vegas, NV 89123 702 914 5770
www.anmcb.org Email: information@anmcb.org



*American Naturopathic Medical
Certification Board*
COMMISSION ON CERTIFICATION

APPLICATION PACKET



American Naturopathic Medical Certification Board

COMMISSION ON CERTIFICATION

Dear Natural Health Care Practitioner,

The American Naturopathic Medical Certification Board (ANMCB) invites you to become Board Certified. ANMCB is a non-profit worldwide organization registered in Washington, DC, that administers certification for natural health care professionals. The mission of the American Naturopathic Medical Certification Board has been, first and foremost, protection of the health and welfare of the public. The following criteria was developed and administered:

- Methods of evaluation and validation of the knowledge and proficiency required in each natural health care category;
- Examination to test the knowledge and proficiency of applicants;

ANMCB Certification has proven through the setting of standards over the years, to be the most beneficial tool for recognizing competencies in the Natural Health Care profession. The ANMCB successfully set levels of achievement in the natural health care profession. Those who have attained the ANMCB certification have the personal satisfaction of knowing they have reached a recognized and accepted national level of competency. As members of a professional group these certified natural health care practitioners have received the benefits accorded to professionals. These benefits include recognition by businesses, professional associates, peers, and the public.

After approval and/or passing the examination, a certificate bearing the ANMCB seal and the signatures of the President and Secretary is issued by ANMCB to you. You are encouraged to use the ANMCB Board Certified designation to announce your certification in advertisements, on business cards and when you do public speaking. Overall, people prefer to visit practitioners that have met the requirements of the American Naturopathic Medical Certification Board.

You will be required to submit 20 hours of natural health care continuing education units and a \$75.00 renewal fee, every year, in order to keep your certification current. Continuing education is essential to staying current and effective in natural health care. The Board will accept natural health care related classes, seminars, conventions that offer continuing education units.

Please complete the enclosed application and mail it along with requested documents. Upon your acceptance by the Board, a numbered certificate will be issued in your name with all the applicable rights, privileges and responsibilities. If you have any questions, contact us at (702) 914-5770 or you can send Email to information@anmcb.org.

Sincerely,

William Walters, Ph.D., N.D.
Executive Director

American Naturopathic Medical Certification Board

The American Naturopathic Medical Certification Board (ANMCB) is the national certifying agency for natural health care throughout the United States. We are registered with the Department of Consumer and Regulatory Affairs in Washington, D.C. ANMCB offers certification by examination, or recognition according to education and experience deemed equivalent. The ANMCB offers the following types of Certification:

- **Board Certified Naturopathic Physician, BCNP**
Applicants qualified to be designated a Board Certified Naturopathic Physician must meet the following requirements at the time of submitting the application.
 1. Graduation from an accredited medical program approved by the Board,
 2. Hold a Current State Medical License
 3. Passing of the required examination administered by the Board.
 4. Submission of application, official transcripts and medical license.
- **Board Certified Naturopathic Doctor, BCND / Naturopath, BCN or Traditional Naturopath, BCTN**
Applicants qualified to be designated a Board Certified Naturopathic Doctor/ Naturopath must meet the following requirements at the time of submitting the application.
 1. Graduation from an accredited medical program approved by the Board, and/or
 2. Passing of the required examination administered by the Board.
 3. Submission of application and official transcripts.
- **Board Certified Doctor of Natural Medicine, BCDNM**
Applicants qualified to be designated a Board Certified Doctor of Natural Medicine must meet the following requirements at the time of submitting the application.
 1. Graduation from an accredited medical program approved by the Board, and/or
 2. Passing of the required examination administered by the Board.
 3. Submission of application and official transcripts.
- **Board Certified Complementary & Alternative Health Care Practitioner, BCCAHCPC**
Applicants qualified to be designated a Board Certified Complementary & Alternative Health Care Practitioner Medicine must meet the following requirements at the time of submitting the application.
 1. Graduation from an accredited medical program approved by the Board, and/or
 2. Passing of the required examination administered by the Board.
 3. Submission of application and official transcripts.
- **Board Certified Doctor Holistic Health, BCDHH/ or Holistic Health Practitioner, BCHHP**
Applicants qualified to be designated a Board Certified Holistic Practitioner must meet the following requirements at the time of submitting the application.
 1. Graduation from an accredited medical program approved by the Board, and/or
 2. Passing of the required examination administered by the Board.
 3. Submission of application and official transcripts.
- **Board Certified Master Herbalist, BCMH**
Applicants qualified to be designated a Board Certified Master Herbalist must meet the following requirements at the time of submitting the application.
 1. Graduation from an accredited medical program approved by the Board, and/or
 2. Passing of the required examination administered by the Board.
 3. Submission of application and official transcripts.
- **Board Certified Nutritional Consultant, BCNC / or Holistic Nutritionist ,BCHN**
Applicants qualified to be designated a Board Certified Nutritional Consultant /or Holistic Nutritionist must meet the following requirements at the time of submitting the application.
 1. Graduation from an accredited medical program approved by the Board, and/or
 2. Passing of the required examination administered by the Board.
 3. Submission of application and official transcripts.
- **Board Certified Board Certified Iridologist, BCI**
Applicants qualified to be designated a Board Certified Iridologist must meet the following requirements at the time of submitting the application.
 1. Graduation from an accredited medical program approved by the Board, and/or
 2. Passing of the required examination administered by the Board.
 3. Submission of application and official transcripts.



AMERICAN NATUROPATHIC MEDICAL CERTIFICATION BOARD

BOARD CERTIFICATION APPLICATION

Full Name: _____ Date: _____

Current Home Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____ Business Phone: _____

Which Address Would You Like as Your Mailing Address? Please Check One: HOME OR BUSINESS

Email Address: _____

Date of birth: _____ SSN: _____ Sex: Male Female

Place of Birth: City _____ State _____ Country _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Citizen Or Legal Resident Of What Country: _____

State or country in which you are practicing or plan to practice: _____

Do you have any physical or mental disabilities or afflictions which might affect your ability to function as a Natural Health Care Practitioner? Yes No If Yes, explain on a separate page.

Military experience Yes No Type of discharge: _____ Branch: _____

Have you ever been convicted of a Felony? Yes No If Yes, explain on a separate page.

EDUCATION

Please List Your Education Starting With Your Most Current. Attach Page If Necessary

College Name				Address:			
--------------	--	--	--	----------	--	--	--

From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree(s)	
-------	--	-----	--	-------------------	---------------------------------	--------------------------------	-----------	--

College Name				Address:			
--------------	--	--	--	----------	--	--	--

From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree(s)	
-------	--	-----	--	-------------------	---------------------------------	--------------------------------	-----------	--

College Name				Address:			
--------------	--	--	--	----------	--	--	--

From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree(s)	
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INTERNSHIP/RESIDENCY

Attach Page If Necessary

Location: _____ Date: _____

Location: _____ Date: _____

CERTIFICATION OR LICENSE

List All And Attach Additional Page If Necessary.

Please Include A Copy Of All Licenses And Certifications

Type: _____ State: _____ Number: _____ Date Issued: _____ Date Expires: _____

Type: _____ State: _____ Number: _____ Date Issued: _____ Date Expires: _____

Please Check One That You Are Applying For:

- Board Certified Naturopathic Physician
- Board Certified Naturopathic Doctor
- Board Certified Naturopath
- Board Certified Traditional Naturopath
- Board Certified Doctor of Natural Medicine
- Board Certified Doctor of Holistic Health
- Board Certified Complementary & Alternative Health Care Practitioner
- Board Certified Holistic Health Practitioner
- Board Certified Nutritional Consultant
- Board Certified Master Herbalist
- Board Certified Holistic Nutritionist
- Board Certified Iridologist

Board Certification Fee \$900.00

Make Checks payable to American Naturopathic Medical Certification Board (ANMCB)

Did You Include?

- Completed Application-** *Incomplete applications will not be accepted.*
Please complete all sections of the 2 page ANMCB and 1 page ANMA application. Attaching supporting education or information will only be accepted with completed sections of the application.
- Payment of \$900.00 Includes:** *ANMCB Exam and Board Certification Certificate, ANMA Membership and Admission to ANMA Annual Convention and Educational Seminar*
 - OR Payment of \$695.00 for Board Certification Only**
- Copies of Original Documents** (Do Not Send Originals)
- Transcripts and Information on Other Prior Education** (Seminars, Etc)
- Current Photograph**
- Signature of Applicant**
- Notarization of Application**
- References-** Submit two personal reference letters, non-family members.
- Other information you want to provide which will assist in evaluating your application.**



(Attach page if necessary)

ANMCB Receives Referral Requests For Natural Health Care Practitioners.

- I grant permission for release of my contact information for referral to potential clients in my area.

Contact Information:

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

NOTARIZATION

I understand that laws may vary from one state to another, if certified I will become aware of, and abide by any and all state regulation.

Signature of Applicant

Sworn to before me this _____ day of _____ 20_____

Notary Public _____

My commission expires _____

Form 16-0900D

Mail Completed Application to:
American Naturopathic Medical Certification Board
7380 S. Eastern Avenue, Suite 124
Las Vegas, NV 89123

American Naturopathic Medical Association



ANMA HISTORY 1980-Present

ANMA Annual Conventions

1980 ANMA 1st Convention
Bally Hotel - Las Vegas, NV

**1990 ANMA 10th
Convention**
Hacienda Hotel-Las Vegas, NV

**2000-2013
ANMA Conventions**
Riviera Hotel, Las Vegas, NV

**2014-2016
ANMA Conventions**
Westgate Resort, Las Vegas, NV

ANMA Incorporated 1983

ANMA Position Papers Adopted 1990

ANMA Current and Past Presidents

Filippos Diamantis, N.D., Ph.D.
Donald C. Hayhurst, Ph.D., N.M.D.
Vera Joann Allison, R. N., N.M.D.
Joel Wallach, D.V.M., N.D.
Steve Nugent, Ph.D., N.M.D.
Charles Curtis, D.O., N.M.D.
George Schuchard III, D.D.S., N.M.D.

1990 – Present

**ANMA Supports Fair
Legislation Promoting
Naturopathic Profession**

Why Should I Become A Member?

We encourage all health care professionals and students to ask this question. Because the American Naturopathic Medical Association (ANMA) believes the answers will earn your membership and support.

How does my involvement in ANMA make a difference? Adding your voice to ANMA increases the strength of the largest association of Naturopaths composed of over 4000 Naturopaths. The ANMA creates policy, disseminates relevant information and is your strongest advocate on important issues.

What can the ANMA provide Naturopaths and Health Care Professionals like MD, DC, DO, ND, CNC, RN, DDS, and HHP's?

As an ANMA Member you support our meaningful action on:

- Preventing legislation that is harmful or keeps members from practicing
- Protecting the public right to choose naturopathy
- Promoting distance learning education
- Preserving the definition of Naturopathy

Become an active member and add your voice to today's ANMA. The choice is yours. Begin your life long professional relationship with the Association in service of Naturopaths and Naturopathy for over 35 years.

American Naturopathic Medical Association

APPLICATION FOR MEMBERSHIP:

DATE: _____

NAME: _____ Phone: () _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ SS# _____ Citizenship: _____

Bus. Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Mailing Address: Check One Home Business *Email Address: _____

EDUCATION:

School:	Address	From/To	Degrees	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INTERNSHIP/RESIDENCIES: (If applicable)

Location	Date
_____	_____
Location	Date
_____	_____

CERTIFICATION(S): (If applicable)

Board	Date
_____	_____
Board	Date
_____	_____

LICENSING:

Type	County/State	Date	No.
_____	_____	_____	_____
Type	County/State	Date	No.
_____	_____	_____	_____

It is my desire to become a member of the American Naturopathic Medical Association and I hereby make application for inclusion in the ANMA membership.

Name as you wish it to appear on certificate(Name Only) _____

Payment of \$350/\$295 in check or money order, must accompany application. Refund made if membership not accepted. Canadian residents must submit comparable amount to U.S. currency.

MC/VISA/DIS# _____ Exp.Date: _____ VCode# _____

(The V code is the 3 digit code found on back of credit card)

Signature: _____

Professional\Associate membership ~~\$350.00~~ Supporting membership - ~~\$295.00~~

Retired/Student membership ~~\$295.00~~

Membership Fee Is Included In Total Special Offer Rate

P.O. Box 96273 LV NV 89193 (702) 450 3477 www.anma.org