



*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. If for any reason your application is not approved by the Board, 100% of the money and complete application package will be returned to you.

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

From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree(s)	
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College Name				Address:			
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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 Holistic Health Practitioner
- Board Certified Nutritional Consultant
- Board Certified Master Herbalist
- Board Certified Holistic Nutritionist
- Board Certified Iridologist

Board Certification Fee \$695.00

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

Did You Include?

- Complete Application** (2 pages) *Incomplete applications will not be accepted.*

Please complete all sections of the application (2 pages). Attaching supporting education or information will only be accepted with completed sections of the application.

- Payment of \$695.00 Certification Fee**
- ANMCB Exam Proctored - additional \$100 fee included**
(include a Letter of Request for Proctoring option)

- Copies of Supporting Documents** (Diploma, Certificate, License-Do Not Send Originals)

- Transcripts and Information on Other Prior Education (Seminars, Etc)**

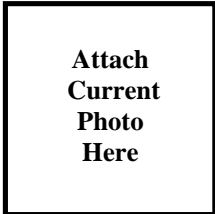
- Current Photograph**

- Signature of Applicant**

- Notarization of Application** (this page)

- References-** Submit two character 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.

Business Contact Information:

Name: _____

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

Business Phone: _____ Business 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. Applications found at any time to include fraudulent information will result in Certification being revoked and no refund will be given. If your application is not approved by the Board, 100% of your money and complete application packet will be returned to you. No Refunds will be granted after Board approval.

Signature of Applicant

Sworn to before me this _____ day of _____ 20_____

Notary Public _____

My commission expires _____

Form 15-02

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