



# *American Naturopathic Medical Certification Board*

COMMISSION ON CERTIFICATION

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Dear Natural Health Care Practitioner,

The American Naturopathic Medical Certification Board, ANMCB, is an independent national certifying organization. ANMCB is not only the first in the field, but also the most respected and experienced national certifying group in natural health! ANMCB Board Certification provides a qualitative indicator for gaining consumers' confidence and the validation of other natural health professionals. Becoming Board Certified Benefits, You and Your Business!

Registered with the Department of Consumer and Regulatory Affairs in Washington, D.C. ANMCB offers certification by recognition according to education and experience. ANMCB is not affiliated with schools and therefore can offer an unbiased evaluation and validation of education to become Board Certified. The mission of ANMCB has been, first and foremost, protection of the health and welfare of the public. ANMCB Certification has provided credibility and integrity to the natural health professions through its establishment of standards and code of ethics over the years. Those who have attained the ANMCB certification have the personal satisfaction of knowing they gained consumer confidence and have reached a recognized and accepted national level of competency. These benefits include recognition by businesses, professional associates, peers, and the public.

Upon approval 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, and promotions. 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 continuing education units of natural health care and a \$150.00 renewal fee, annually, 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, training, seminars, conventions that offer continuing education units.

Please complete the enclosed application and mail it along with the requested documents. The Board will review for approval. If you have any questions, contact us at (702) 914-5770 or you can send Email to [information@anmcb.org](mailto:information@anmcb.org).

Sincerely,

William Walters, Ph.D., BCND  
Executive Director



# AMERICAN NATUROPATHIC MEDICAL CERTIFICATION BOARD

## QUANTUM UNIVERSITY HEALTH COACH GRADUATE 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:

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 ONLY 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)	

### INTERNSHIP/RESIDENCY

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:

**Quantum University Graduates Please Select Your Board Certified Title Choice:**

- Board Certified Health Coach, BCHC
- Board Certified Holistic Health Coach, BCHHC
- Board Certified Exponential Health Coach, BCEHC
- Board Certified Biofield Technology Health Coach, BCBTHC
- Board Certified Pro-Consciousness Meditation Health Coach, BCPCMHC
- Board Certified Creative Healthcare Health Coach, BCCHC

**ANMCB APPLICATION FEE**

**Did You Include?**

- Complete Application- Incomplete applications will not be accepted.**  
Please complete all sections of the 2 page ANMCB application. Attaching supporting education or information will only be accepted with completed sections of the application.
- Transcripts or Diploma and Information on Other Prior Education**  
**Copies of Requested Documents** (Do Not Send Originals)
- Current Photograph**
- References-** Submit ONE character statements/personal reference letters, non-family members.
- Signature of Applicant and Notarization of Application-** this page
- Payment included: Please Read Carefully and Select One**

Attach  
Current  
Photo  
Here  
Any Size

**ANMCB Board Certified Health Coach Quantum University Graduate**

- \$595 Board Certified – Includes** ANMCB Board Certification Certificate, & Admission ANMA 43<sup>rd</sup> Convention & Educational Seminar
- Check/Money Order Enclosed**    **OR**     **Credit Card Payment** -Please provide credit card information

**MC/VISA/DISCOVER#** \_\_\_\_\_ **Exp.Date:** \_\_\_\_\_ **VCode#** \_\_\_\_\_  
(The V code is the 3 digit code found on back of credit card)

**Signature:** \_\_\_\_\_

- How did you hear about us?** \_\_\_\_\_
- Other information you want to provide which will assist in evaluating your application.**

(Attach page if necessary)

**Name as you wish it to appear on certificate (Name Only)** \_\_\_\_\_

***ANMCB Receives Referral Requests For Natural Health Care Providers***

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

**Contact Information:**

Name: \_\_\_\_\_

Business Website: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

**NOTARIZATION**

**It is my desire to become a member of the American Naturopathic Medical Association and or American Naturopathic Medical Certification Board and I hereby make application for inclusion. 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 Membership and Certification being revoked and no refund will be given. If the Board does not approve your application, 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 \_\_\_\_\_

**Mail Completed Application To:**

**ANMCB | 7380 S. Eastern Avenue, Suite 124 | Las Vegas, NV 89123**

Form581Q-S01001