# **Your Partners For Success**

PROTECTING THE RIGHT TO PRACTICE AS NATURAL HEALTH CARE PROVIDERS

**American Naturopathic Medical Association** 







**American Naturopathic Medical Certification Board** 

## **Your Partners For Success**



PROTECTING THE RIGHT TO PRACTICE AS NATURAL HEALTH CARE PROVIDERS

Dear Natural Health Care Provider,

Welcome to the American Naturopathic Medical Certification Board, ANMCB, the premier national certifying organization in the field of natural health. With 44 years of experience and registered with the Department of Consumer and Regulatory Affairs in Washington, D.C., ANMCB offers unbiased certification based on education and experience. Our mission is to uphold standards and ethics, ensuring credibility and integrity in the natural health professions.

ANMCB Board Certification brings benefits to individuals by instilling consumer confidence and enhancing professional recognition. Upon approval, you'll receive a certificate bearing the ANMCB seal, allowing you to proudly distinguish yourself. Continuing education is essential for maintaining certification, with 40 units required annually to stay current in natural health care.

Additionally, we encourage all natural health professionals and students to consider the significance of joining the American Naturopathic Medical Association, ANMA. With over 5000 members, ANMA is the largest association of Naturopaths, advocating for policies that protect the right to choose natural health and naturopathy by promoting natural health education. Membership is open to individuals with natural health fields, including members that hold other medical degrees: MD, DO, DDS, OMD, HMD, ND, and DC. All our members have a strong commitment to the philosophy, art, and science of natural therapeutics. By becoming an active member, you contribute to meaningful action on important issues in natural health and naturopathy. Begin your lifelong professional relationship with ANMA, supporting natural health and naturopathy for over 44 years.

To begin your certification journey, complete the enclosed application and submit the necessary documents. Candidates must pass the ANMCB Exam, designed to assess competence in natural health services.

Join us in promoting excellence and professionalism in natural health care with ANMCB certification.

We look forward to welcoming you!

Sincerely,

Richard Drucker, MS, ND, PhD

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**ANMA President** 

Sincerely,

William Walters, PhD, BCND

William M. Watter

**ANMCB Executive Director** 



# UNLOCK YOUR POTENTIAL: JOIN ANMCB AND ANMA FOR BOARD CERTIFICATION AND MEMBERSHIP BENEFITS



Join the American Naturopathic Medical Certification Board, ANMCB, and the American Naturopathic Medical Association, ANMA, in advocating for the rights of Natural Health Care Providers legislative right to practice.

As a graduate of an ANMAB Accredited Program, you're eligible for a special offer: submit both ANMA and ANMCB applications together for a reduced rate of \$1000, saving \$285!

This combined package includes:

- **Board Certification**: Application and Online Exam, with study materials provided. Upon completion, you'll receive a numbered Board Certification Certificate, granting you all associated rights, privileges, and responsibilities.
- **Membership** with the American Naturopathic Medical Association, ANMA. ANMA is the oldest, largest, and most active professional Naturopathic membership association. ANMA is active in protecting your rights to practice with state legislative laws to protect you and the public. (www.anma.org)
- **Membership** with the Society Of Complementary Alternative And Holistic Practitioners, SCAHP. Dedicated to advancing and promoting complementary alternative and holistic healthcare practices. (www.scahp.org)
- Admission to the next ANMA Annual Convention & Educational Seminar in Las Vegas.
- **Benefits** include Referrals To Professional Insurance, Referrals To Laboratory Testing, ANMCB Logo Use, Professional Development Resources, Networking Opportunities, And Access To Exclusive Events, Discounts And Programs.

Start your journey to success by completing and submitting the attached application packet. Join us in shaping the future of natural health care!

#### **ANMCB ELIGIBILITY REQUIREMENTS**

The ANMCB Board reviews each application for approval and grants a Board Certification title that reflects your earned education and experience. The ANMCB offers the following titles of Certification:

#### INSTITUTE OF APPLIED QUANTUM BIOLOGY GRADUATES ELIGIBLE TO APPLY FOR:

#### Board Certified Quantum Biology Practitioner – BCQBP

Applicants must meet the following requirements:

- Graduate of Institute of Applied Quantum Biology
- Submission Of Complete Application
- Pass The ANMCB Applied Quantum Biology Online Examination Administered By The Board
- Application Fee \$815. Biennial Renewal Fee of \$150 and 30 Continuing Education Units

The exam must be taken within six months of the initial application submission date. Please submit the completed application and all supporting documents by mail. If you are located outside of the United States, you may email your application instead. Please note that there will be an additional international shipping cost for ANMCB Certificate.



# AMERICAN NATUROPATHIC MEDICAL CERTIFICATION BOARD AND





MEMBERSHIP AND BOARD CERTIFICATION APPLICATION										
First Name Last N			Name	me				Date		
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Email Add	ress:									
Date of birth: Sex: ☐ Male ☐ Female										
Place of Bi	irth: City				State		Co	ountry		
Citizen Or	Legal Residen	t Of WI	hat Country:							
State or Country in which you are practicing or plan to practice:										
Do you have any conditions or limitations that would impair your ability to safely and competently perform the duties of a Natural Health Care Practitioner? $\square$ Yes $\square$ No If Yes, explain on a separate page.										
Have you ever been convicted of a Felony? $\square$ Yes $\square$ No $\square$ If Yes, explain on a separate page.										
<b>EDUCATION</b> List All Post-Secondary Education Required For Application Starting With Your Most Current. Attach Page ONLY If Necessary										
School										
Name					Address:	\/50	NO		1	
From:		To:			Did you graduate?	YES	NO	Degree(s)	,	
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From:		To:			graduate?			Degree(s)	)	
CERTIFICATES OR LICENSES - Required For Application LIST ALL AND ATTACH ADDITIONAL PAGE IF NECESSARY. INCLUDE A COPY OF ALL LICENSES AND CERTIFICATIONS										
Type:		State	e: Numbe	er:		Date Is	ssued:	Da	ate Exp	pires:
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INTERNSHIP/RESIDENCY - List If Applicable										
Location:								Date:		
Location:								Date:		

### **Institute of Applied Quantum Biology Graduates**

**Board Certified Quantum Biology Practitioner – BCQBP** 

ANMA	/ ANMCB APPLICATION FEE O	PTIONS						
	2 page ANMA/ANMCB application. Atta be accepted with completed sections of sted Documents (Do Not Send Originals)							
<ul> <li>□ ANMCB Code of Ethics - I affirm that I have read and agree to adhere to the Code of Ethics included</li> <li>□ Signature of Applicant and Notarization of Application - this page</li> <li>□ Payment included: Please Read Carefully and Select One</li> <li>□ International Candidates: Additional Shipping Fees Apply For Outside The U.S To Be Determined</li> <li>□ I understand the exam must be taken within six months of the initial application submission date</li> <li>PACKAGE OPTIONS</li> </ul>								
Option 2  □ \$1000 Package Option- Include	ar at Westgate Las Vegas Resort A \$12	20 Savings	ate, SCAHP Membership,					
☐ Check/Money Order Enclosed	OR   Credit Card Payment -	Please Provide C	redit Card Information					
MC/VISA/DISCOVER#	Exp. (The V code	.Date: is the 3 digit code fo	_VCode#ound on back of credit card)					
Signature:  How did you hear about us?  Other information you want to  Name as you wish it to appear on cer	(Attach page if necessary)	uating your	application.					
ANMCB Receives  ☐ I grant permission for release of my co Contact Information: Name:	·	al clients in my						
Business Address:	City:	State:	Zip Code:					
Business Phone:	Business Email:		·					
	cation Is Required, Except For Applicants Outside	the U.S. Where Not	arization Is Not Available					
It is my desire to become a member of the Certification Board and I hereby make appropriated I will become aware of, and abide information will result in Membership and C your application, 100% of your money and Board approval.	ne American Naturopathic Medical Associa lication for inclusion. I understand that l by any and all state regulation. Applicati ertification being revoked and no refund v	ntion and or Amo aws may vary frons found at any will be given. If	erican Naturopathic Medical om one state to another, if y time to include fraudulent the Board does not approve					
Sworn to before me this	Signature of Applicant _day of		20					

My commission expires

**Notary Public** 

## American Naturopathic Medical Certification Board

# Code of Ethics

### <u> [will</u>

- First do no harm. Primum no nocere;
- Practice the healing power of nature. Vis medicatrix natuae:
- Identify and treat the cause. Tolle causam;
- Treat the whole person. The multi factorial nature of health and disease;
- Practice prevention. Prevention is the best "cure";
- Not discriminate against clients or professionals based on race, religion, age, sex, handicaps, national ancestry, sexual orientation or economic conditions;
- Become aware of and abide by any, and all state and local regulations as laws vary from one state to another;
- Not diagnose illness, prescribe drugs or perform surgery;
- Promise not to exceed my scope of practice, either in abilities or by law;
- Promise to fulfill the necessary education on a continuing basis in order to advance my knowledge and skills as a natural health care provider;
- Strive to be objective in the treatments of clients and performance of duties, recognizing the rights of all persons, and my limitations;
- Distinguish clearly, between my statements and actions as an individual and as a representative of Natural Health Care;
- Encourage policy, procedures and personal practices which will enable others to conduct themselves in accordance with the values, goals and objectives of the American Naturopathic Medical Certification Board;
- Provide full disclosure regarding the scope of my practice and my training and experience to clients;
- Keep all information about my clients in strictest confidence, and shall only divulge such information when required by law or when authorized by the client;
- Perform in a professional manner with proper respect for each client's dignity; I will not engage in inappropriate relationships or behavior with clients;
- Display current ANMCB Certificates and this Code of Ethics in a prominent position in their premises within easy viewing of the patient;
- Constantly strive to achieve these objectives and ideals, dedicating myself to my chosen profession.