Your Partners For Success

PROTECTING THE RIGHT TO PRACTICE AS NATURAL HEALTH CARE PROVIDERS





American Naturopathic Medical Certification Board

Your Partners For Success

PROTECTING THE RIGHT TO PRACTICE AS NATURAL HEALTH CARE PROVIDERS

Dear Natural Health Care Provider,

Sincerely,

ANMA President

A, MS, ND, PhD

Richard Drucker, MS, ND, PhD

The American Naturopathic Medical Association (ANMA) is the nation's first and largest Association of Naturopaths. Founded in 1981, ANMA is a nonprofit, scientific, educational, organization, dedicated to exploring new frontiers of mind, body, medicine and health. ANMA has a nondiscriminatory policy, with membership open to individuals with Doctor of Naturopathy, ND or Doctor of Naturopathic Medicine. NMD, as well as other health care fields. Many of our members hold other medical degrees: MD, DO, DDS, OMD, HMD, and DC. All our members have a strong commitment to the philosophy, art and science, of natural therapeutics. They subscribe to the motto "Doctor do no harm".

For 42 years and with over 5,000 members in the United States, and 14 foreign countries, membership in this organization provides many benefits. First and foremost, ANMA monitors and fights legislation in the United States that would favor special interest groups or prevent you from practicing. ANMA fights for freedom. Your Freedom to practice as well as the public's right to choose. Membership provides JANMA newsletter, annual Convention and Educational Seminar, specialized discounts, and professional support.

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! Registered with the Department of Consumer and Regulatory Affairs in Washington, D.C. ANMCB Board Certification serves as a qualitative indicator for gaining consumers' confidence and the validation of other natural health professionals. Becoming Board Certified Benefits, You and Your Business!

Together ANMA and ANMCB fight for Natural Health Care Providers legislative right to practice in the US. ANMCB invites you to become Board Certified AND a member of the ANMA. This includes Membership to the ANMA, ANMCB Board Certification and Admission to the Annual ANMA Convention held in Las Vegas, NV. Attached you will find the applications to start the process.

We look forward to welcoming you!

Sincerely,

Million M. Watters

William Walters, PhD, BCND ANMCB Executive Director

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 ANMAB Accredited Program, 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:

• **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.

• **Memberships** are 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 in protecting your rights to practice with state legislative laws to protect you and the public and also publishes the JANMA Magazine. (www.anma.org) **AND Membership** with the Society of Complementary Alternative And Holistic Practitioners, SCAHP. The SCAHP is dedicated to Advancing and promoting complementary alternative and holistic healthcare practices. (www.scahp.org).

• Admission to ANMA Annual Convention & Educational Seminar in Las Vegas when taking the ANMCB Exam.

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

American Naturopathic Medical Association



A N M A 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

2014-2024 ANMA Conventions Westgate Resort, Las Vegas, NV

<u>ANMA Incorporated</u> 1983

<u>ANMA Position</u> <u>Papers Adopted</u> 1990

<u>ANMA Current and</u> <u>Past Presidents</u>

Richard Drucker, MS, ND, Ph.D 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.

<u> 1990 – Present</u>

ANMA Supports Fair Legislation Promoting Naturopathic Profession



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 5000 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 40 years.





American Naturopathic Medical Certification Board

COMMISSION ON CERTIFICATION

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 requested documents. Board Certification titles that require passing the exam will be provided an ANMCB Study Guide upon receipt of your application. The purpose of this exam is to help consumers evaluate whether a candidate has been appropriately trained and qualified to provide natural health services. Developed by Naturopaths, the exam serves as a review of your natural health program.

Upon approval and/or passing the examination, 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 M. Watters

William Walters, Ph.D., BCND Executive Director

American Naturopathic Medical Certification Board

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:

- Board Certified Naturopathic Physician, BCNP*
- Board Certified Doctor of Integrative Medicine, BCDIM
- Board Certified Doctor of Functional Medicine, BCDFM

Applicants qualified to be designated in these Board Certified titles 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. Submission of application, official transcripts and medical license
- 4. Passing the required ANMCB examination administered by the Board.
- 5. Application fee \$695. Annual Renewal requires 20 CEUs and renewal fee of \$150 *Verify Title Use Compliance with State Laws
 - Board Certified Naturopathic Doctor, BCND *
 - Board Certified Naturopath, BCN*
 - Board Certified Traditional Naturopath, BCTN*
 - Board Certified Doctor of Traditional Naturopathy, BCDTN*
 - Board Certified Naturopathic Practitioner, BCNP*
 - Board Certified Doctor of Natural Medicine, BCDNM
 - Board Certified Doctor of Holistic Health, BCDHH
 - Board Certified Doctor of Natural Health, BCDNH
 - Board Certified in Functional Medicine, BCFM

Applicants qualified to be designated in these Board Certified Titles must meet the following requirements at the time of submitting the application.

- 1. Graduation from an accredited program approved by the Board
- 2. Submission of application and official transcripts
- 3. Passing the required ANMCB Examination administered by the Board
- 4. Application fee \$695. Annual Renewal requires 20 CEUs and renewal fee of \$150 *Verify Title Use Compliance with State Laws
 - Board Certified Holistic Health Practitioner, BCHHP
 - Board Certified Nutritional Consultant, BCNC
 - Board Certified Master Herbalist, BCMH
 - Board Certified Natural Health Practitioner, BCNHP
 - Board Certified Health Coach, BCHC
 - Board Certified Aromatherapist, BCA
 - Board Certified Master Iridologist, BCMI
 - Board Certified Holistic Fitness Specialist, BCHFS
 - Board Certified Flower Essence Therapist, BCFET

Applicants qualified to be designated in these Board Certified Titles must meet the following requirements at the time of submitting the application.

- 1. Submission of application and official transcripts
- 2. Graduation from a program approved by the Board and Exam will be waived
- 3. Requested Board Certification Title must reflect education earned
- 4. Application fee \$595. Annual Renewal requires 20 CEUs and renewal fee of \$150

Please complete the ANMCB Application and select the certification title, submit requested documents, two letters of reference, along with payment. The Board requests you to submit your application 30 days prior to the ANMCB Exam date. To maintain the Board Certification, you must renew annually by submitting 20 natural health continuing education units and the renewal fee.

AMERICAN NATUROPATHIC MEDICAL CERTIFICATION BOARD AND

AMERICAN NATUROPATHIC MEDICAL ASSOCIATION

MEMBERSHIP AND BOARD CERTIFICATION APPLICATION

| Full Name | Il Name: Date: | | | | | | | | |
|--|-----------------------------|--------------------|----------------------------|----------------------------|---------|-------|---------|----|------------|
| Current Home Address: | | | | | | | | | |
| City: | | State: Zip | Code: | ł | Home | Phor | ne: | | |
| Business A | Address: | | | | | | | | |
| City: | | State: Zip | Code: | E | Busine | ss Pl | hone: | | |
| Which Add | dress Would You Like as You | r Mailing Address? | Please C | Check C | ne: | | IOME | OR | □ BUSINESS |
| Email Add | ress: | | | | | | | | |
| Date of birth: Sex: Male Female | | | | | | | | | |
| Place of B | irth: City | Sta | State Country | | | | | | |
| Height: | Weight: | На | 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? \Box Yes \Box 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 | | | ddress: | | I | | | | |
| From: | To: | | l you iduate? | YES | NO □ | De | gree(s) | | |
| College | 10. | | idudic. | | | | gree(3) | | |
| Name | | A | ddress: | | | | | | |
| | | | l you | YES | NO | _ | | | |
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| College Name | | A | ddress: | | | | | | |
| | | | l you | YES | NO | | | | |
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| | | INTERNSHIP | /RESID | ENCY | | - T | | | |
| 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 Select Your B | Soard Certified Title Choice: | | | | | | | | |
|--|---|------------------|--|--|--|--|--|--|--|
| ANMCB EXAM REQUIRED TITLES: | WAIVED EXAM TITLES: | | | | | | | | |
| Board Certified Naturopathic Physician* | Board Certified Holistic Health Practition | or | | | | | | | |
| | | | | | | | | | |
| Board Certified Doctor of Integrative Medicine | Board Certified Natural Health Practition | her | | | | | | | |
| Board Certified Doctor of Functional Medicine | Board Certified Nutritional Consultant | | | | | | | | |
| Board Certified Naturopathic Doctor* | Board Certified Master Herbalist | | | | | | | | |
| Board Certified Naturopath* | Board Certified Health Coach | | | | | | | | |
| Board Certified Doctor of Traditional Naturopathy* | | | | | | | | | |
| Board Certified Traditional Naturopath* | Board Certified Aromatherapist | | | | | | | | |
| Board Certified Doctor of Natural Medicine | Board Certified Master Iridologist | | | | | | | | |
| <u> </u> | Board Certified Flower Essence Therap | ist | | | | | | | |
| Board Certified Doctor of Holistic Health | Board Certified Holistic Fitness Speciali | st | | | | | | | |
| Board Certified Doctor of Natural Health | | | | | | | | | |
| Board Certified in Functional Medicine | | | | | | | | | |
| *Verify Title Use Compliance with State Laws | | | | | | | | | |
| <u>ANMA / ANMCB APPL</u> | ICATION FEE OPTIONS | | | | | | | | |
| Did You Include? | | | | | | | | | |
| Complete Application- Incomplete applications wi | II not be accepted. | | | | | | | | |
| Please complete all sections of the 2 page ANMA/ANMCB application | | Attach | | | | | | | |
| only be accepted with completed sections of the application. | | Current | | | | | | | |
| □ Transcripts or Diploma and Information on Other | Prior Education | Photo | | | | | | | |
| Copies of Requested Documents (Do Not Send Originals | 5) | Here Any Size | | | | | | | |
| Current Photograph | | Any Size | | | | | | | |
| □ Reference - Submit ONE character statements/personal refer | ence letters non-family members | | | | | | | | |
| | · · · · · | | | | | | | | |
| □ Signature of Applicant and Notarization of Applica | | | | | | | | | |
| □ Payment included: Please Read Carefully and Sele | ct One | | | | | | | | |
| ANMCB EXAM REQUIRED TITLES (see above list) | | | | | | | | | |
| □ \$900 Package Option- Includes: ANMCB Exam and Be | oard Certification Certificate, ANMA Membership | , SCAHP | | | | | | | |
| Membership and Admission to ANMA Annual Convention | on | | | | | | | | |
| Taking Exam by Proctor? Proctored ANMCB Example | m-Add Proctoring Additional Administrative Fee | \$100 | | | | | | | |
| □ \$695 ONLY ANMCB Exam Required Board Certifica | - | · | | | | | | | |
| ANMCB WAIVED EXAM TITLES (see above list) | | | | | | | | | |
| | on Cartificata, ANMA Mombarchin and Admission to Annual (| Convention | | | | | | | |
| \$800 Package Option- Includes: ANMCB Board Certification Certificate, ANMA Membership and Admission to Annual Convention \$595 ONLY ANMCB Waived Exam Board Certification Titles- Application Fee \$595.00 | | | | | | | | | |
| | ition Thies- Application ree \$595.00 | | | | | | | | |
| Check/Money Order Payable to ANMCAB 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 | | | | | | | | |
| Signature: | | . caru j | | | | | | | |
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| | | | | | | | | | |
| How did you hear about us? | | | | | | | | | |
| (Attach pag | e if necessary) | | | | | | | | |
| | | | | | | | | | |
| Name as you wish it to appear on certificate (Name O |)niy) | | | | | | | | |
| ANMCB Receives Referral Request | ts For Natural Health Care Providers | | | | | | | | |
| □ I grant permission for release of my contact information | | | | | | | | | |
| Contact Information: | | | | | | | | | |
| Name: | Business Website: | | | | | | | | |
| | Dusilless website. | | | | | | | | |
| Business Address:City:City: | State: Zin Cor | le. | | | | | | | |
| | 54466219 666 | | | | | | | | |
| Business Phone: Busin | ess 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. | | | | | | | | | |
| | use of Applicant | | | | | | | | |
| | are of Applicant | | | | | | | | |
| Sworn to before me thisday of | 20 | | | | | | | | |
| Notary Public | My commission expires | | | | | | | | |
| Mail Completed Application To: ANMCR 7280 C. Each | | | | | | | | | |

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Mail Completed Application To: ANMCB | 7380 S. Eastern Avenue, Suite 124 | Las Vegas, NV 89123