



# American Naturopathic Medical Certification Board

## **TO COMPLETE THE CERTIFICATION RENEWAL PROCESS:**

- Enclosed - 20 Continuing Education Units  
*Please do not submit original documents as we will not return documents submitted*
- Attended \_\_\_\_\_ ANMA Convention & Educational Seminar- We will verify your attendance  
Year You will not need to submit copy of ANMA Certificate of Attendance
- Enclosed - Check Or Money Order for Renewal Fee of \$150.00
- Yes, New Mailing Address Information -Please confirm we have your current information.  
**Upon Receipt Please Allow Us 4-5 Weeks to Process**

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

Address: \_\_\_\_\_

Home or  Business Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Current Email Address: \_\_\_\_\_

Invoice # 118519

**ANMCB receives inquiries to verify the standing of our Board Certified Members. ANMCB also receives referral requests for Natural Health Care Providers. Please complete the section below to grant permission to provide referrals to potential clients in your area.**

## **Referral Contact Information**

Please Update Annually

**I grant ANMCB permission to release my information for a referral to potential clients and authorize the release of the following information:**

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

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

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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