

# Your Partners For Success

*PROTECTING THE RIGHT TO PRACTICE AS NATURAL HEALTH CARE PROVIDERS*



**American Naturopathic Medical Association**

**ANMA**

**ANMCB**



**American Naturopathic Medical Certification Board**



# Your Partners For Success

PROTECTING THE RIGHT TO PRACTICE AS NATURAL HEALTH CARE PROVIDERS



Dear Natural Health Care Provider,

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, Traditional Naturopath, NMD, HHP, Health Coach, 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 45 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 challenges 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, brings benefits to individuals by instilling consumer confidence and enhancing professional recognition as an independent national Board certifying organization. ANMCB is not only the first in the field, but also the most respected and experienced national Board Certification 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,

Richard Drucker, MS, ND, PhD  
ANMA President

Sincerely,

William Walters, PhD, BCND  
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 Naturopaths and Natural Health Providers legislative right to practice.

As a graduate of an ANMAB Accredited Program, you're eligible for a special offer. We offer several application options: one is for Board Certification only, and another allows you to apply for both ANMA and ANMCB at the same time. When you choose the combined application option, you'll receive a reduced rate of \$505, saving you \$310!

The combined package option includes:

- **Board Certification:** Application and Live Exam in Las Vegas, NV, 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](http://www.anma.org)) **And** 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](http://www.scahp.org))
- **Admission** to the 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

#### ***ANMCB Board Approved Programs***

#### **Global Energy Method™ Academy & Trauma-Informed Care Institute**

##### *Eligible Board Certifications for Graduates:*

- Board Certified Trauma-Informed Practitioner, BCTP
- Board Certified Global Energy Method Practitioner, BCGEMP

Graduates of these programs must meet the following requirements to apply for Board Certification:

1. Submit a completed application and official transcripts or certificate
2. Exam requirement is waived for graduates of ANMCB Board-Approved Programs
3. Select the Board Certification title that matches the education received
4. Application one-time Fee \$300.
5. Annual Renewal requires 20 Continuing Education Units (CEUs) and a renewal fee of \$150

Please submit your completed application and all supporting documents by mail.

If you are outside the United States, you may submit by email.

Note: International applicants will incur an additional shipping fee for the ANMCB certificate.



**AMERICAN NATUROPATHIC MEDICAL CERTIFICATION BOARD  
AND  
AMERICAN NATUROPATHIC MEDICAL ASSOCIATION**



**MEMBERSHIP AND 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 \_\_\_\_\_

Citizen Or Legal Resident Of What 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?  Yes  No If Yes, explain on a separate page.

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

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

**INTERNSHIP/RESIDENCY (NOT REQUIRED)**

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION OR LICENSE (NOT REQUIRED)**

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: \_\_\_\_\_

# Global Energy Method™ Academy & Trauma-Informed Care Institute Graduates

Please Select Your Board Certification Title Choice:

- Board Certified Trauma-Informed Practitioner, BCTP
- Board Certified Global Energy Method Practitioner, BCGEMP

## ANMA / ANMCB APPLICATION

### Did You Include?

- Complete Application- Incomplete applications will not be accepted.** Complete all sections of the 2-page ANMA/ANMCB application. Supporting documents will only be accepted with a fully completed application
- Transcripts/Diploma & Prior Education Info - Submit copies only—do not send originals**
- Current Photograph- Any Size**
- References-** Submit ONE character statement/personal reference letter, non-family member
- ANMCB Code of Ethics - I affirm that I have read and agree to adhere to the Code of Ethics included**
- Signature of Applicant and Notarization of Application-** this page
- International Candidates:** Additional Shipping Fees Apply For Outside The U.S. - To Be Determined
- Payment included: Please Select Carefully and Select One**

Attach  
Current  
Photo  
Here  
Any Size

### PACKAGE OPTIONS - Global Energy Method™ Academy & Trauma-Informed Care Institute Graduates

#### Option 1

- \$300 Board Certification Only- Package Option- Includes:** ANMCB Board Certification Certificate, Admission to ANMA Convention & Educational Seminar (one time use) **A \$120 Savings**

#### Option 2

- \$505 Package Option- Includes:** ANMCB Board Certification Certificate, SCAHP Membership, ANMA Membership and Admission to ANMA Convention & Educational Seminar (one time use) **A \$310 savings**

- Check/Money Order Enclosed Made Payable to ANMCB 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 Of the Application Is Required, Except For Applicants Outside the U.S. Where Notarization Is Not Available

### **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**

Form25 S-S01001



# American Naturopathic Medical Certification Board

## Code of Ethics

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### I will

- First do no harm. Primum no nocere;
- Practice the healing power of nature. Vis medicatrix naturae;
- 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;
- Will 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 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

*Review Copy - Not for Signature*

*The official Code of Ethics for signature will be provided in your Board Certification packet upon approval*