



American Naturopathic Medical Certification Board

TO COMPLETE THE CERTIFICATION RENEWAL PROCESS:

- Enclosed - 20 Hours Of Continuing Education Units
Please Submit Copies Only. Originals Will Not Be Returned
- Attended _____ ANMA Convention & Educational Seminar- We will verify your attendance.
Year You will **not** need to submit copy of ANMA Certificate of Attendance.
- Enclosed - \$150.00 Renewal Fee Enclosed- Check or Money Order Payable to **ANMCB**
- 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 # 032026

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: _____