



2840 W. Bay Dr. #214
Belleair Bluffs, FL 33770
Email: theachm@gmail.com
www.theachm.org

Date: _____

Application for Board Certification

1. Name: _____
Address: _____
City: _____ State _____ Zip Code _____
2. Telephone Number: _____
3. Email Address: _____
4. List degrees and/or diplomas of educational institutions from which they are granted: (use additional paper if necessary)

5. List your experience in the field of holistic/alternative medicine: (use additional paper if necessary)

Certification from ACHM is offered at two levels in six categories: Circle the level you wish to be certified for.

- ❖ **Consultant:** Candidate must possess a diploma in the natural healing arts from an established institution of at least 26 credits. **\$279**
- ❖ **Diplomate:** Candidate must possess an advanced degree (PhD, NP, DC, MD, DO, ND) with at least two years of documentable, clinical experience in the natural health field. **\$399**

Check the Category:

- Natural Medicine
- Naturopathic Medicine
- Holistic Health
- Nutrition
- Herbal Medicine
- Aromatherapy

1. Copies of transcripts and/or diplomas are required and can be scanned, emailed or physically mailed, **along with copy of a driver's license or other form of government ID**. All information must be submitted as one document, either as a pdf, Word or Pages file. **No files from smart phones or tablets will be accepted.** All applicants will be evaluated for qualifications and an exam will be given. Your exam will emailed to you upon payment. **Fees are to be paid by PayPal via our website or by check, physically mailed to our address.**
2. **Exam must be completed and returned within 30 days of receipt, either by email or mail. An 85% is required for Diplomate candidates and an 75% is required for Consultant candidates.**
3. **Please note: all fees are nonrefundable.** If you do not pass the exam, you have 30 days to retake it and a \$49 fee will apply. Upon Board approval, you will receive a Wall Document identifying your certification level along with your area of specialty.
4. **Annual renewal fee is \$79.00 is required (to be paid before expiration date on Wall Document)** and is to be paid by PayPal via our website, or by check physically mailed. Annual continuing education is expected by members, but proof is not required. If membership expires for 12 months, a \$50 late fee in addition to renewal fee will apply. If membership expires for two years, member must reapply, pay the full fee and retake applicable examination. By signing this application, you are attesting that you will actively continue seeking additional learning and training in the field of natural medicine.

Check box below. It must match the certification level circled on page one.

- Consultant \$279**
- Diplomate \$399**

**Print your name here *exactly* as you would like it to appear on your Wall Document:
Wall Document reissues are \$79 unless a mistake was made by the ACHM.**

Name: _____

I hereby state that all information on this application is true to best of my knowledge.

Signature: _____ Date: _____

****Please note: Wall Documents are physically mailed only to those residing in the US. Those who live outside the US will have an official, printable version emailed.**

