



2840 W. Bay Dr. #214
Belleair Bluffs, FL 33770
727-998-3500
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 (one only).

- ❖ **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) from an established institution with at least one year of experience. **\$399**

Check the Category:

- Natural Medicine
- Naturopathic Medicine
- Alternative Medicine
- Integrative Medicine
- Holistic Health
- Nutrition (if you'd like to specify as to Therapeutic, Holistic or Functional, please specify here: _____)
- 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 either as a pdf, Word or Pages file. Application and documents can be sent as a photo from smart phones or tablets as long as they are clearly legible. All applicants will be evaluated for qualifications and an exam will be given. Your exam will emailed to you upon payment. **Fees can be paid by PayPal via our website or by check, physically mailed to our address.**
2. **An 85% pass score is required for Diplomate candidates and a 75% is required for Consultant candidates. After the exam is taken and scored, the ACHM does not inform candidates which questions they may have missed.**
3. **Exam must be completed with in 31 days. Otherwise a \$29 late fee will apply.**
4. **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.
5. **Annual renewal fee is \$79.00 is required (to be paid before expiration date on Wall Document)** and can 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 has expired for two years, member may be required to 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 to those residing in the US and Canada only. Those who live in other countries will have an official, printable version emailed.**

