



18865 State Road 54 #113

Lutz, FL 33558

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)

(Continued next page)

Certification is offered at two levels. Please check one box:

- Consultant \$279 ** Consultant Candidates must have completed a program of at least 27 credit hours related to category for which they are applying.**
- Diplomate \$399 ** Diplomate Candidates must possess a terminal degree (MD, ND, DC, LAc, PhD, DO, DNP) with at least one year of clinical experience.**

Check the Category (One only):

- Natural Medicine
- Naturopathic Medicine
- Homeopathy
- Alternative Medicine
- Integrative Medicine
- Holistic Health
- Nutrition (if you'd like to specify as Therapeutic, Holistic or Functional, please specify here:)

- Herbal Medicine
- Aromatherapy

****We do not offer certification in energetic medicine, crystal therapy, shamanistic healing, psychology or metaphysics.**

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 should 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. Any resource may be used as it is an open book exam and is not proctored. After the exam is taken and scored, the ACHM does not inform candidates which questions they may have missed. Exam must be completed with in 31 days, or a late fee of \$29 will apply.**
3. **Please note: all fees are nonrefundable.** If you do not pass the exam, you will be forwarded another and you have 31 days to retake it. A \$49 fee will apply. You have up to three tries to pass the exam. If you do not pass after three tries, you will not be able to take the exam again for another six months. If you fail that exam (4th exam) you will not be able to take another and all fees will be forfeited.
4. Upon Board approval, you will be physically mailed a Wall Document identifying your certification level along with your area of specialty. Please note, we do not mail Wall Documents to those residing outside the US. Instead, an official electronic one will be emailed.
5. **Annual renewal fee of \$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.

6. Annual continuing education is expected by members, but proof is not required. By signing this application, you are attesting that you will actively continue seeking additional learning and training in the field of natural medicine.

**Print your name here *exactly* as you would like it to appear on your Wall Document:
Wall Document reissues are \$49.00, so please be sure it is correct.**

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.**