

American Council of Holistic Medicine



18865 State Road 54 #113

Lutz, FL 33558

www.theachm.org

Email: theachm@gmail.com

727-998-3500

Date: _____

Renewal Application

1. Name: _____

Address: _____

City: _____ State _____ Zip Code _____

2. Telephone Number: _____

3. Email Address: _____

4. Date of Last Certification _____

Certification Level-Check One

Consultant

Diplomate

Please note: You cannot change your original certification level or designated specialty. If you wish to do so, a new application must be submitted with appropriate fee, and an exam may be required.

****Cost: \$79.00USD Payment can be made by PayPal online on the *Home* page or by sending a check to our address.**

****If your name has changed since original certification, you must include proof of name change.**