

# American Council of Holistic Medicine



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Date: \_\_\_\_\_

## *Renewal Application*

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
2. Telephone Number: \_\_\_\_\_
3. Email Address: \_\_\_\_\_
4. Certificate Number \_\_\_\_\_
5. Date of Last Certification \_\_\_\_\_

## *Certification Level-Circle 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.*

*Specialty Designation as it appears on Your Document:*

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**\*\*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.**