

# Your Partners For Success

*PROTECTING THE RIGHT TO PRACTICE AS NATURAL HEALTH CARE PROVIDERS*

**American Naturopathic Medical Association**



# ANMA

# ANMCB



**American Naturopathic Medical Certification Board**



# ANMA

# ANMCB



## Your Partners For Success

**PROTECTING THE RIGHT TO PRACTICE AS NATURAL HEALTH CARE PROVIDERS**

Dear Natural Health Care Provider,

The American Naturopathic Medical Association (ANMA) is the nation's oldest and largest Association of Naturopaths. Founded in 1981, ANMA is a nonprofit, scientific, educational, organization, dedicated to exploring new frontiers of mind, body, medicine and health. ANMA has a nondiscriminatory policy, with membership open to individuals with Doctor of Naturopathy, ND or Doctor of Naturopathic Medicine. NMD, as well as other health care fields. Many of our members hold other medical degrees: MD, DO, DDS, OMD, HMD, and DC. All our members have a strong commitment to the philosophy, art and science, of natural therapeutics. They subscribe to the motto "Doctor do no harm".

With over 4,000 members in the United States, and 14 foreign countries, membership in this organization provides many benefits. First and foremost, ANMA monitors and fights legislation in the United States that would favor special interest groups or prevent you from practicing. ANMA fights for freedom. Your Freedom to practice as well as the public's right to choose. Membership provides JANMA newsletter, annual Convention and Educational Seminar, and professional support.

The American Naturopathic Medical Certification Board (ANMCB) is the national certifying agency for natural health care throughout the United States. Registered with the Department of Consumer and Regulatory Affairs in Washington, D.C. ANMCB offers certification by examination, and recognition according to education and experience. The ANMCB offers several titles of Certification.

Together ANMA and ANMCB fight for Natural Health Care Providers legislative right to practice in the US. The American Naturopathic Medical Certification Board (ANMCB) invites you to become Board Certified AND a Member of the American Naturopathic Medical Association (ANMA).

We invite you to take the next step in your profession and become Board Certified with American Naturopathic Medical Certification Board (ANMCB) and a Member of American Naturopathic Medical Association (ANMA). This includes Membership to the ANMA, ANMCB Board Certification and Admission to the Annual ANMA Convention held in Las Vegas, NV. Attached you will find the applications to start the process.

**We look forward to welcoming you!**

Sincerely,

Richard Drucker, MS, ND, PhD  
ANMA President

Sincerely,

William Walters, PhD, BCND  
ANMCB Executive Director



# ANMA

# ANMCB



## Your Partners For Success

**PROTECTING THE RIGHT TO PRACTICE AS NATURAL HEALTH CARE PROVIDERS**

The American Naturopathic Medical Certification Board (ANMCB) invites you to become Board Certified **AND** a Member of the American Naturopathic Medical Association (ANMA) DO YOU KNOW WHO LOOKS OUT FOR YOUR LEGISLATIVE NATURAL HEALTH CARE RIGHT TO PRACTICE? Together ANMA and ANMCB fight for Natural Health Care Providers legislative right to practice in the US.

As a graduate of an ANMAB Accredited Program, you are eligible to receive a special reduced rate when you submit both applications. To apply for both ANMA and ANMCB the special reduced cost is \$900.00, a \$245 savings!

### THE COMBINED PACKAGE INCLUDES:

- ◆ **Board Certification** application and Exam which includes study materials, and a numbered Board Certification Certificate will be issued in your name with all the applicable rights, privileges and responsibilities.
- ◆ **Membership** is included with the American Naturopathic Medical Association (ANMA). The ANMA is the oldest, largest and most active professional Naturopathic membership association. ANMA is very active with state legislative laws to protect the public and also publishes the JANMA magazine. ([www.anma.org](http://www.anma.org))
- ◆ **Admission** to the next ANMA Annual Convention & Educational Seminar in Las Vegas.

**Complete and Submit Attached Application Packet to Start Your Partnership for Success!**

#### The American Naturopathic Medical Association

(ANMA) is the most active, oldest and largest professional Natural Health Care Association in America today. Founded in 1981, ANMA is a nonprofit that has a nondiscriminatory policy, with membership open to individuals with Doctor of Naturopathy, N.D. or Doctor of Naturopathic Medicine, D.N.M, H.H.P, N.C, M.H. as well as other health care fields such as MD, DO, DDS, OMD, HM., and DC. All our members have a strong commitment to the philosophy, art and science, of natural therapeutics. They subscribe to the motto "Doctor do no harm".

With over 4,000 members in the United States, and 14 foreign countries. Membership in this organization provides many benefits. First and foremost, ANMA monitors and fights legislation that would favor special interest groups or prevent you from practicing. Membership provides JANMA newsletter, annual Convention and Educational Seminar, and professional support.

ANMA P.O. Box 96273  
LV NV 89193 (702) 450-3477  
[www.anma.org](http://www.anma.org) \* Email: [admin@anma.org](mailto:admin@anma.org)

#### American Naturopathic Medical Certification Board

(ANMCB) is the national certifying agency for natural health care throughout the United States. Registered with the Department of Consumer and Regulatory Affairs in Washington, D.C. ANMCB offers certification by examination, and recognition according to education and experience.

The ANMCB offers several titles of Certification such as Board Certified Naturopathic Physician, Board Certified Naturopathic Doctor, Board Certified Naturopath, Board Certified Holistic Health Practitioner, Board Certified Nutritional Consultant, Board Certified Master Herbalist, as well as other levels of natural health care fields. ANMCB supports the ANMA in protecting your right to practice as a Natural Health Care Provider.

ANM C B  
7380 S. Eastern Avenue, Suite 124  
Las Vegas, NV 89123 702 914 5770  
[www.anmcb.org](http://www.anmcb.org) Email: [information@anmcb.org](mailto:information@anmcb.org)



## Why Should I Become A Member?

We encourage all health care professionals and students to ask this question. Because the American Naturopathic Medical Association (ANMA) believes the answers will earn your membership and support.

How does my involvement in ANMA make a difference? Adding your voice to ANMA increases the strength of the largest association of Naturopaths composed of over 4000 Naturopaths. The ANMA creates policy, disseminates relevant information and is your strongest advocate on important issues.

What can the ANMA provide Naturopaths and Health Care Professionals like MD, DC, DO, ND, CNC, RN, DDS, and HHP's?

As an ANMA Member you support our meaningful action on:

- Preventing legislation that is harmful or keeps members from practicing
- Protecting the public right to choose naturopathy
- Promoting distance learning education
- Preserving the definition of Naturopathy

Become an active member and add your voice to today's ANMA.

The choice is yours. Begin your life long professional relationship with the Association in service of Naturopaths and Naturopathy for over 40 years.

### **ANMA HISTORY 1980-Present**

#### **ANMA Annual Conventions**

**1980 ANMA 1<sup>st</sup> Convention**  
Bally Hotel - Las Vegas, NV

**1990 ANMA 10th  
Convention**  
Hacienda Hotel-Las Vegas, NV

**2000-2013  
ANMA Conventions**  
Riviera Hotel, Las Vegas, NV

**2014-2020  
ANMA Conventions**  
Westgate Resort, Las Vegas, NV

#### **ANMA Incorporated 1983**

#### **ANMA Position Papers Adopted 1990**

#### **ANMA Current and Past Presidents**

Filippos Diamantis, N.D., Ph.D.  
Donald C. Hayhurst, Ph.D., N.M.D.  
Vera Joann Allison, R. N., N.M.D.  
Joel Wallach, D.V.M., N.D.  
Steve Nugent, Ph.D., N.M.D.  
Charles Curtis, D.O., N.M.D.  
George Schuchard III, D.D.S., N.M.D.

#### **1990 – Present**

**ANMA Supports Fair  
Legislation Promoting  
Naturopathic Profession**



# *American Naturopathic Medical Certification Board*

COMMISSION ON CERTIFICATION

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Dear Natural Health Care Practitioner,

The American Naturopathic Medical Certification Board (ANMCB) invites you to become Board Certified. ANMCB is a non-profit worldwide organization registered in Washington, DC, that administers certification for natural health care professionals. The mission of the American Naturopathic Medical Certification Board has been, first and foremost, protection of the health and welfare of the public. The following criteria was developed and administered:

- Methods of evaluation and validation of the knowledge and proficiency required in each natural health care category;
- Examination to test the knowledge and proficiency of applicants;

ANMCB Certification has proven through the setting of standards over the years, to be the most beneficial tool for recognizing competencies in the Natural Health Care profession. The ANMCB successfully set levels of achievement in the natural health care profession. Those who have attained the ANMCB certification have the personal satisfaction of knowing they have reached a recognized and accepted national level of competency. As members of a professional group these certified natural health care practitioners have received the benefits accorded to professionals. These benefits include recognition by businesses, professional associates, peers, and the public.

After approval and/or passing the examination, a certificate bearing the ANMCB seal and the signatures of the President and Secretary is issued by ANMCB to you. We offer referrals to professional liability insurance and non-invasive testing laboratory along with professional advice to assist you with your practice. You are encouraged to use the ANMCB Board Certified designation to announce your certification in advertisements, on business cards and when you do public speaking. Overall, people prefer to visit practitioners that have met the requirements of the American Naturopathic Medical Certification Board.

You will be required to submit 20 natural health care continuing education units and a \$150.00 renewal fee, every year, in order to keep your certification current. Continuing education is essential to staying current and effective in natural health care. The Board will accept natural health care related classes, seminars, conventions that offer continuing education units.

Please complete the enclosed application and mail it along with requested documents. Upon your acceptance by the Board, a numbered certificate will be issued in your name with all the applicable rights, privileges and responsibilities. If you have any questions, contact us at (702) 914-5770 or you can send Email to [information@anmcb.org](mailto:information@anmcb.org).

Sincerely,

William Walters, Ph.D., BCND  
Executive Director



# **American Naturopathic Medical Certification Board**

## **ANMCB ELIGIBILITY REQUIREMENTS**

The ANMCB Board reviews each application for approval and grants a Board Certification title that reflects your education and experience. The ANMCB offers the following titles of Certification:

- **Board Certified Naturopathic Physician, BCNP**
- **Board Certified Doctor of Integrative Medicine, BCDIM**

Applicants qualified to be designated in these Board Certified titles must meet the following requirements at the time of submitting the application.

1. Graduation from an accredited medical program approved by the Board
2. Hold a Current State Medical License
3. Submission of application, official transcripts and medical license
4. Passing the required ANMCB examination administered by the Board

- **Board Certified Naturopathic Doctor, BCND**
- **Board Certified Naturopath, BCN**
- **Board Certified Doctor of Traditional Naturopathy, BCDTN**
- **Board Certified Traditional Naturopath, BCTN**
- **Board Certified Doctor of Natural Medicine, BCDNM**
- **Board Certified Doctor of Holistic Health, BCDHH**
- **Board Certified Holistic Health Practitioner, BCHHP**
- **Board Certified Nutritional Consultant, BCNC**
- **Board Certified Master Herbalist, BCMH**
- **Board Certified Natural Health Practitioner, BCNHP**

Applicants qualified to be designated in these Board Certified Titles must meet the following requirements at the time of submitting the application.

1. Graduation from an accredited program approved by the Board
2. Submission of application and official transcripts
3. Passing the required ANMCB Examination administered by the Board

- **Board Certified Health Coach, BCHC**
- **Board Certified Aromatherapist, BCA**
- **Board Certified Master Iridologist, BCMI**
- **Board Certified Holistic Fitness Specialist, BCHFS**
- **Board Certified Flower Essence Therapist, BCFET**

Applicants qualified to be designated in these Board Certified Titles must meet the following requirements at the time of submitting the application.

1. Submission of application and official transcripts
2. Graduation from an accredited program approved by the Board
3. ANMCB Examination may be required to be administered by the Board

**Please complete the ANMCB Application and select the certification title, submit requested documents, two letters of reference, along with payment. The Board requests you to submit your application 30 days prior to the ANMCB Exam date. To maintain the Board Certification, you must renew annually by submitting 20 natural health continuing education units and the renewal fee.**



**AMERICAN NATUROPATHIC MEDICAL CERTIFICATION BOARD  
AND  
AMERICAN NATUROPATHIC MEDICAL ASSOCIATION**



**MEMBERSHIP AND BOARD CERTIFICATION APPLICATION**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Which Address Would You Like as Your Mailing Address? Please Check One:  HOME OR  BUSINESS

Email Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Sex:  Male  Female

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Citizen Or Legal Resident Of What Country: \_\_\_\_\_

State or country in which you are practicing or plan to practice: \_\_\_\_\_

Do you have any physical or mental disabilities or afflictions which might affect your ability to function as a Natural Health Care Practitioner?  Yes  No If Yes, explain on a separate page.

Military experience  Yes  No Type of discharge: \_\_\_\_\_ Branch: \_\_\_\_\_

Have you ever been convicted of a Felony?  Yes  No If Yes, explain on a separate page.

**EDUCATION**

Please List Your Education Starting With Your Most Current. Attach Page ONLY If Necessary

College Name				Address:			
From:	To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree(s)	
College Name				Address:			
From:	To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree(s)	
College Name				Address:			
From:	To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree(s)	

**INTERNSHIP/RESIDENCY**

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

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

**CERTIFICATION OR LICENSE**

List All And Attach Additional Page If Necessary.

Please Include A Copy Of All Licenses And Certifications

Type: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Type: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

**Please Select Your Title Choice:**

- Board Certified Naturopathic Physician
- Board Certified Doctor of Integrative Medicine
- Board Certified Naturopathic Doctor
- Board Certified Naturopath
- Board Certified Doctor of Traditional Naturopathy
- Board Certified Traditional Naturopath
- Board Certified Doctor of Natural Medicine
- Board Certified Doctor of Holistic Health
- Board Certified Master Herbalist
- Board Certified Nutritional Consultant
- Board Certified Natural Health Practitioner
- Board Certified Health Coach
- Board Certified Aromatherapist
- Board Certified Master Iridologist
- Board Certified Flower Essence Therapist
- Board Certified Holistic Health Practitioner
- Board Certified Holistic Fitness Specialist

**ANMA / ANMCB APPLICATION FEE OPTIONS**

**Did You Include?**

- Complete Application- Incomplete applications will not be accepted.**  
Please complete all sections of the 2 page ANMA/ANMCB application. Attaching supporting education or information will only be accepted with completed sections of the application.
  - Copies of Requested Documents** (Do Not Send Originals)
  - Transcripts or Diploma and Information on Other Prior Education**
  - Current Photograph**
  - References-** Submit Two character statements/personal reference letters, non-family members.
  - Signature of Applicant and Notarization of Application-** this page
  - Payment of \$900.00 Includes: ANMCB Exam and Board Certification Certificate, ANMA Membership and Admission to ANMA Annual Convention**  
 \*OR Payment of \$695 for ONLY ANMCB Board Certification
  - \*OR Proctored ANMCB Exam-**Proctoring Additional Administrative Fee \$100  
**Enclosed Payment of \$1000 Includes: Proctored ANMCB Exam and Proctored Board Certification Certificate, ANMA Membership and Admission to ANMA Annual Convention - Include a Letter of Request for Proctoring Option**
  - Check/Money Order Enclosed**       **Or Credit Card Payment** -Please provide the credit card information  
MC/VISA/DISCOVER# \_\_\_\_\_ **Exp.Date:** \_\_\_\_\_ **VCode#** \_\_\_\_\_  
(The V code is the 3 digit code found on back of credit card)
- Signature:** \_\_\_\_\_
- How did you hear about us?** \_\_\_\_\_
  - Other information you want to provide which will assist in evaluating your application.**

Attach  
Current  
Photo  
Here  
Any Size

(Attach page if necessary)

**Name as you wish it to appear on certificate (Name Only)** \_\_\_\_\_

**ANMCB Receives Referral Requests For Natural Health Care Providers**

- I grant permission for release of my contact information for referral to potential clients in my area.

**Contact Information:**

Name: \_\_\_\_\_ Business Website: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

**NOTARIZATION**

**It is my desire to become a member of the American Naturopathic Medical Association and American Naturopathic Medical Certification Board and I hereby make application for inclusion. I understand that laws may vary from one state to another, if certified I will become aware of, and abide by any and all state regulation. Applications found at any time to include fraudulent information will result in Membership and Certification being revoked and no refund will be given. If the Board does not approve your application, 100% of your money and complete application packet will be returned to you. No Refunds will be granted after Board approval.**

\_\_\_\_\_  
*Signature of Applicant*

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

**Mail Completed Application To:**

**American Naturopathic Medical Certification Board  
7380 S. Eastern Avenue, Suite 124 Las Vegas, NV 89123**