



American Naturopathic Medical Certification Board

Request for Extension of Time

20 Continuing Education Units will be submitted by this Date: _____
The Board will grant the extension of time upon receipt of this form.

- Enclosed - Check Or Money Order for Renewal Fee of \$150.00
- Yes, New Mailing Address Information -Please confirm we have your current information.

Name: _____

Address: _____

Home or Business Address

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email Address:** _____

ANMCB receives inquiries to verify the standing of our Board Certified Members. ANMCB also receives referral requests for Natural Health Care Providers. Please complete the section below to grant permission to provide referrals to potential clients in your area.

Referral Contact Information

Please Update Annually

I grant ANMCB permission to release my information for a referral to potential clients and authorize the release of the following information:

Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Business Phone: _____ **Business Email:** _____

Business Website: _____