



International Association of
Natural Health Practitioners

APPLICATION

Type: (Circle which apply)

Membership / RNHP Registration / Naturopath Registration / Naturopathic Practitioner
Registration / Naturopathic Counselor Registration

Name _____ Date _____ Male/Female _____

Address _____

City _____ State _____ Zip _____ Country _____

City of Birth _____ Date of Birth _____

Email _____ Telephone _____

Website _____

(Attach a current photo or copy of photo ID with this application)

High School Education

High School Attended _____

City/State/Country _____

Date of Graduation _____ (Attach diploma or transcript)

Post Secondary or College Education

School Name _____ Degree/Diploma/Course Work _____

Complete Address _____

Graduation Date _____ (use separate sheet to list other schools/awards)

Attach copies of transcripts

Natural Health Education

School Name _____

Degree/Diploma/Certificate _____

Complete Address _____

Date of Graduation _____

(Attach separate sheet for additional schools and awards)

Attach copies of awards and transcripts

Residencies/Internships

Location _____ **Date** _____

Complete Address _____

Life or Work Experience:

Specialties and Modalities

List any special education or training you received and provide information on modalities you use in your practice:

Personal References

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

Other:

Have you ever been charged with a crime other than minor traffic violations?
Yes/No

Have you ever been involved in litigation relative to your profession? Yes/No
(If yes, explain)

Have you ever been charged with mal-practice or practicing without a license?
Yes/No (if yes, explain)

For School Approval and Validation

Name of School _____

Address _____

Website _____

Email _____

Are you a corporation or sole proprietor?

How long has the school been established?

Does the school have a license, permit or certificate of authority to operate in its State?

How many active students and instructors does the school have?

Are the instructors and course developers qualified? Provide credentials.

Please email or mail us a catalog

Affirmation

I affirm that the statements given on this application are true. I understand that the IANHP does check references in order to ensure the validity of the application. I also agree to abide by the IANHP code of ethics.

Signature _____ Date _____

Payment

IANHP Membership: 75.00/Annually

RNHP Registration: 150.00

Annual Renewal: 75.00

(Fees include IANHP membership)

Naturopathic Registrations: 150.00

Annual Renewal: 75.00

(Fees include IANHP membership)

Note: Professional registrations require annual continuing education of 10 hours.

Check payable to IANHP

Online payment can be made through PayPal

IANHP

P.O. Box 7362 Algonquin, Illinois. 60102 USA

Telephone: 1.847.485.9314

Website: www.ianhp.org

Email: info@ianhp.org