



International Association of Natural Health Practitioners

APPLICATION

Type: (Circle which apply)

Membership / RNHP registration / Naturopath Registration / Naturopathic Practitioner
Registration / Naturopathic Counselor Registration / Wholistic Medicine Practitioner
(R.W.M.P) Registration / Sport & Fitness Wellness Registration (RSFWP) / Registered
Integrative Iridologist Practitioner (R.I.I.P) / Registered Nutritional Wellness Counselor
(R.N.W.C) / Registered Herbalist Professional (RHP).

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 / Wholistic Wellness Education / Sport & Fitness 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 malpractice or practicing without a license?
Yes/No (if yes, explain)

For School Approval and Validation (For Schools Only)

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: 95.00/Annually

All registrations: 150.00 USD

Annual Renewal: 95.00 USD

(Fees include IANHP membership)

Note: Professional registrations require annual continuing education of 2.5 hours.

Check payable to IANHP

Online payment can be made through PayPal at www.ianhp.org

IANHP

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

Telephone: 1.847.485.9314

Website: www.ianhp.org

Email: info@ianhp.org