



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: Any additional registration(s) has a fee of 95.00 USD each. It is to be paid annually. Only 1 initial registration fee of 150.00 is required.

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