



## 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)

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 5 hours.

Check payable to IANHP

Online payment can be made through PayPal at [www.ianhp.org](http://www.ianhp.org)

IANHP

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Telephone: 1.847.485.9314

Website: [www.ianhp.org](http://www.ianhp.org)

Email: [info@ianhp.org](mailto:info@ianhp.org)