



International Association of
Natural Health Practitioners

APPLICATION

Type of Registration: Registered Wholistic Medicine Practitioner (R.W.M.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

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)

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

R.W.M.P registration fee: 150.00 USD
Annual Renewal Fee: 75.00 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

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

Telephone: 1.847.485.9314
Website: www.ianhp.org
Email: info@ianhp.org