



American
Naturopathic
Certification
Board®

APPLICATION

Name _____

Address _____

City, State, Zip _____

Telephone _____ E-mail _____

Please print or type.

Note: Use this application for either the Traditional Naturopathy or Nutritional Wellness Exam, or both. See page 2 for details.

Education *(transcripts or copies required)*

| Educational Institution Attended | Degree Earned | Date |
|----------------------------------|---------------|------|
| | | |
| | | |
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Credentials *(copies required)*

| Credentialing Organization | Credential Title (license, registration, etc.) | Date issued |
|----------------------------|--|-------------|
| | | |
| | | |
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Apprenticeships/Internships *(transcripts or letters of completion)*

| Location or name | Length of training | Date completed |
|------------------|--------------------|----------------|
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Please provide three (3) professional references. Include a letter from each.

| Name | Profession | Credentials | Professional relationship |
|------|------------|-------------|---------------------------|
| | | | |
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Please Answer the Following Questions

- Have you ever been convicted of a felony or any offense involving moral turpitude? yes no
- Have you, to your knowledge, had any questions raised regarding your ethical conduct that would impact your capability to practice? yes no
- Have you used any drugs or intoxicating liquors to the extent that such use would impair your capability to practice? yes no
- Do you have any mental or emotional condition that would impair your capability to practice? yes no

Exam Selection and Fees

I am applying to sit for the exam in:
(check one or both)

Traditional Naturopathy

Nutritional Wellness

Exam fees for each exam are \$595. ***If you take both exams***, fees are reduced to \$495/exam, and the total is \$990 (contact our office to discuss scheduling). ***If you are currently ANCB-Certified in either Traditional Naturopathy or Nutritional Wellness***, fees for taking the other exam are reduced to \$495.

International Applicants (anywhere outside the U.S.) must add \$100 to cover shipping costs.

If paying by credit card, complete the information below and indicate the total amount to be charged.

Fees will be assessed when your application is approved.

Visa

MasterCard

American Express

Account number _____ Expiration date _____

Amount to be charged _____ Billing Address Zip Code (for security) _____

Name on card _____

Signature _____

Include a recent passport equivalent photo with your application and mail to ANCB at the address below.

Declaration and Witness

All information included in this application is accurate and true. I understand that laws may vary from state to state and, if certified, it is my responsibility to abide by these laws.

Signature of applicant _____

Sworn to before me this _____ day of _____ 20 _____

Notary Public _____

My commission expires _____

Return To:

American Naturopathic Certification Board

101 East Broadway, Ste. 415 • Missoula, MT 59802 • 406-543-6154 • www.ancb.net

fax: 406-552-4811 • E-mail: info@ancb.net