



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

## Credentials *(copies required)*

Credentialing Organization	Credential Title (license, registration, etc.)	Date issued

## Apprenticeships/Internships *(transcripts or letters of completion)*

Location or name	Length of training	Date completed

Please provide three (3) professional references. Include a letter from each.

Name	Profession	Credentials	Professional relationship

## 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

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

Traditional Naturopathy

Nutritional Wellness

***Exam fees*** for each exam are \$495. ***If you take both exams***, fees are reduced to \$395/exam, and the total is \$790 (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 \$395.

***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 \_\_\_\_\_ Three-digit Code (for security) \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

**Refund Policy: Refunds allowed up to 3 months from application date, minus a \$100 processing fee.**

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

## Declaration and Witness

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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](http://www.ancb.net)

fax: 406-552-4811 • E-mail: [info@ancb.net](mailto:info@ancb.net)