

IFNH Certification Application

Name: _____

(Print exactly as you want on your membership certificate; include your degree if desired)

Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of practice: _____ Retired

Phone: _____ Fax: _____

E-mail Address: _____ Website: _____

I give permission to send IFNH related material to my E-mail Please don't use my E-mail

What schools did you attend? _____

Type & Date of Degree(s): _____ How long have you been in practice? _____

How long have you been using nutrition in your practice? N/A _____

How many years experience do you have working in nutrition? N/A _____

Do you use natural remedies? N/A _____ Do you use Homeopathy? N/A _____

Have you used any of the following clinical tools in your practice?

- | | |
|--|--|
| <input type="checkbox"/> Symptom Survey Software | <input type="checkbox"/> Spectra Vision |
| <input type="checkbox"/> The Nutritional Exam | <input type="checkbox"/> Blood Analysis |
| <input type="checkbox"/> Acoustic Cardiograph | <input type="checkbox"/> In Office Lab (urine, blood, etc) |
| <input type="checkbox"/> Heart Rate Variability | <input type="checkbox"/> Hair Analysis |
| <input type="checkbox"/> Bio Meridian Testing | <input type="checkbox"/> Saliva Testing |
| <input type="checkbox"/> Page Measurements | <input type="checkbox"/> Digestive Assessments |

List any other clinical tools: _____

On a scale of 1-10, how comfortable are you using the Nutritional Exam? _____

Have you taken the Foundations of Nutritional Therapy Course (FNT)? _____ If yes, when? _____

Have you taken any other courses from any of the following people in the last 2 years?

- | | |
|---|--|
| <input type="checkbox"/> Jeremy E. Kaslow, MD, FACP | <input type="checkbox"/> Bruce Bond, DC |
| <input type="checkbox"/> Michael Dobbins, DC | <input type="checkbox"/> Ray Bisesi, DC |
| <input type="checkbox"/> Jay R. Robbins, DC | <input type="checkbox"/> Fred Ulan, DC |
| <input type="checkbox"/> Stuart White, DC | <input type="checkbox"/> Janet Lang, DC |
| <input type="checkbox"/> Ernest Caldwell, DC | <input type="checkbox"/> Holly Carling, OMD, Lac |

Please document any classes taken from the above list separately.

Circle the type of energy work you use in your practice: None-CRA-NET-AK-ART - NRT - other

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Circle any certification in nutrition that you have already obtained: DACBN – CCN – CNC – NTT

Do you have any certifications that you use in your practice that were not listed? _____

When did you get certified? _____ How many hours were required for certification? _____

How many staff members are in your practice? _____ How many are used clinically? _____

What are their credentials? _____

How many staff members are involved in your clinical nutrition practice? _____

Would your staff be interested in becoming a Certified Whole Food Nutrition Technician? _____

List the types of patient education programs you use _____

What points do you emphasize? _____

For additional educational programs: Circle the time structure(s) you would prefer:

(All Day - Saturday - Saturday & Sunday - 1 ½ hour - 2 ½ hour - Thursday - distant learning program)

For our distant learning program the lecture will be conducted via phone conference. You will receive the PowerPoint and Notes for the lecture on a CD for use on your home or office computer while you are listening to lecture.

The cost of the 100-hour CCWFN Certification Program runs between \$1250 to \$1750 depending on the recommended reading materials and the number of outside credit hours completed. Professional or Technician Membership is included in the above price structure. As an example applicants can reduce the overall cost by receiving credit for up to a maximum of 30 hours of outside instruction from seminars given by the instructors listed on the application and reviewed by IFNH. The certification program is based on the Nutritional Exam and the Foundations of Nutritional Therapies program, which encompass certain basic philosophies and procedures, making the FNT course a requirement. For those who have taken the FNT program over the past 15 years, a review program is available at a reduced fee.

PLEASE REVIEW MY CERTIFICATION AND PROFESSIONAL MEMBERSHIP APPLICATION

NAME _____ DATE _____

\$25.00 Application Fee

Check

Visa MasterCard # _____ EXP: _____

3-Digit Code: _____

*** Upon review of the necessary courses and costs, there are two payment plans available.

- *One Payment based on review of application and determination of remaining required courses.*
- *Monthly Payment Plan \$600 initial payment and 12 equal payments of the remainder (A \$150.00 one-time service charge plus \$4 processing fee for each monthly payment will be included)*

IFNH reserves the right to refuse membership to those who do not meet the criteria of the review board.

FAX: (858)-488-2566 or MAIL: IFNH 3963 Mission Blvd. San Diego, CA 92109

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Documentation form for outside credits

Please provide us with detailed information so that we may accurately appraise your certification application. If you are not sure of the qualifications of your outside credit information please review the **Application Outline** before you fill out this form.

Transferable Credits

For those of you who are applying for outside credits, all nutritional classes must have been taken within the last two years. IFNH will wave up to 30 hours of the required 100 hours for previous documented class work that meets the standards of the certification board. Once notified if a course will be accepted for consideration, the final acceptance of any class will require the following within one year: A 1000 word essay showing how the course supports the fundamental philosophy of FNT and Whole Food Nutrition. *Please make a copy of this form for each class that you have attended.*

Class title _____ Date taken _____

Instructor full name _____ Location of class _____

Number of hours not including breaks _____ Topic of class material _____

Objective of class _____

Outside reading or education required _____

Description of what you learned from the class _____

Requirements:

- A copy of 4-5 pages of class notes that reflect the course.
- Proof of attendance (any type of verification that you attended the class such as: canceled check, certificate or transcript)

To help us serve you better, please answer the following questions:

How would you grade the class? _____

How would you grade the instructor? _____

What do you feel would improve the class? _____

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