



## Nutritional Therapy Association, Inc.

After registration and payment are received by the Community College the following forms must be completed and submitted to the Nutritional Therapy Association.

- Intake Document
- Student Contract
- NTA Membership Application
- Disclaimer
- Authorization to Render Emergency Medical Care

Completed forms must be mailed, emailed or faxed to the Nutritional Therapy Association at:

PO Box 354  
Olympia, WA 98507

**Email:** [NTA@NutritionalTherapy.com](mailto:NTA@NutritionalTherapy.com)

**Fax:** 360.528.2564

**Toll-free:** 800.918.9798



**Nutritional Therapy Association, Inc.  
Nutritional Therapy Practitioner Program 2015  
Bend, OR Intake Documents**

Date:				
First name:		Last name:		Degree/Designation
Address:				
City:	State:	Zip:	Phone:	Alternate phone:
Email:	Blog or Website name:			Type or Category (i.e. Health & Fitness):

How did you hear about the NTP Program?

NTA has a Referral Program for our members. If you heard about the program from a past graduate or current member please let us know. They may be entitled to a referral bonus. Please provide the full name of the person who referred you. **Submit one name only.**

Optional Information				
Date of birth:	Gender:	Race:	Social Security number	Highest grade completed

\*This information is optional and completely confidential. It is required by the Washington State Workforce Training and Education Coordinating Board.

# Nutritional Therapy Association, Inc.

## Member ship Benefits:

- Quarterly newsletter containing up to date information about nutrition and nutritional therapy.
- 10% discount for materials purchased through NTA.
- Discounted annual fee for Nutri-Q software.

## NTA:

- Presents seminars on Nutritional Therapy to health care practitioners from around the world.
- Develops health care professionals with the Nutritional Therapy Practitioner Programs.
- Develops educational publications for health care practitioners.
- Holds annual NTA Conference.
- Produces Quarterly Newsletters.

## NTA Membership Application:

As a student in the Nutritional Therapy Practitioner Program you will receive one year of complementary membership. In order to receive your free membership please fill out and return this membership application.

Name (Print):			
Address:			
City:	State:	Zip:	Phone:
Email:			
Signature:		Date:	

Membership in NTA does not entitle members to use NTA materials to teach or conduct courses in the area of nutrition or nutritional therapy. These materials, including but not limited to, flash drives, PowerPoint presentations, illustrations, charts, handouts, and checklists, are the sole property of NTA and cannot be used by anyone other than NTA without written permission. Materials may be used for client educational purposes only and with permission from NTA. Additionally, membership in NTA does not entitle enrollee to hold him/herself out as a Nutritional Therapy Practitioner unless the certification course conducted by NTA has been completed and enrollee has received certification from NTA. NTPs must maintain active professional membership with NTA in addition to submitting 24 CEUs every two years in order to remain certified.

Printed name:	Student signature:	Date:
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# Student Contract

In order to complete the Nutritional Therapy Practitioner Program students are required to meet certain criteria as well as adhere to standards of conduct. Please refer to the student presentation materials for a complete listing of assignments. In addition to the assignments listed in the presentation material students will be required to review recorded online training sessions, in-person workshops, pass a written and functional midterm and a written and functional final exam.

In the course of study in the Nutritional Therapy Practitioner program, students are required to participate in a variety of activities, including functional evaluation workshops. These workshops are designed to provide students with a supportive environment to learn clinical skills necessary in the practice of nutritional consultation. In order to provide a safe and effective educational environment for all of the participants, students are expected to adhere to the following conduct code.

- Adhere to attendance policy: Students are allowed one 8-hour day as an excused absence with permission of the Instructor. (Re-entry options are reserved for deaths, illness or natural disasters)
- Engage fully in the goal and purpose of the activity.
- Come prepared for the workshops (have equipment necessary for the workshops and have reviewed the appropriate lecture material on NTTConnect).
- Use only professional grade supplement test kits for ingredient safety.
- Follow the scope of practice of the Nutritional Therapy Practitioner described in the “Nutritional Therapy Informed Consent and Disclaimer.”
- Always have your workshop partner complete the “Nutritional Therapy Informed Consent and Disclaimer” prior to the activity.
- Always take precaution if your workshop partner has any physiological, physical, or pharmaceutical considerations. When in doubt, always consult with appropriately trained practitioners before you perform any functional evaluations.
- Any information obtained as part of the client-practitioner exercises is to be held in the strictest confidence.
- Any personal information collected during class is strictly for peer to peer contact and is not to be released to outside parties & never to be used for solicitation.
- Always ask and obtain permission to touch. If the client is hesitant, offer to guide the client’s own hands to do the palpation. Never try to persuade someone to allow you to touch a private area if they are not clearly comfortable with you doing so.
- Complete all assignments on NTA’s online homework system NTTConnect.
- Adhere to the terms of use for NTTConnect.

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Please initial and date here

## Student Contract - Continued

- Students must have met homework benchmarks to sit for the Midterm Exam (complete Modules 00-06) and Final Exams (complete Modules 00-15).
- Nutritional Therapy Association, Inc. prohibits any and all types of harassment, sexual harassment, or discrimination of its Instructors, Students, Group Leaders or Staff by other Instructors, Students, Group Leaders, Staff or outside parties. Harassment or discrimination based on race, color, religion, age, sex, sexual orientation, pregnancy, marital status, national origin, disability, veteran status, or other protected status, negatively affects morale, motivation, and job performance. It is inappropriate, offensive, and will not be tolerated. Any Instructor, Student, Group Leader or Staff who is aware of any instances of harassment, sexual harassment, or discrimination and is not comfortable addressing the concern with the individuals involved should report the alleged act immediately to the NTA Administrative Director or the Executive Director of NTA. If the Instructor, Student, Group Leader or Staff is uncomfortable in discussing the matter with the NTA Administrative Director or Executive Director, the Instructor, Student, Group Leader or Staff should report the alleged act immediately to any member of the Board of Directors of Nutritional Therapy Association, Inc.

Your instructors will be available to provide instruction and supervision for workshops. However, students are responsible for their own actions during the classroom related activities. Therefore Instructors, Assistant Instructors, Group Leaders, Guest Speakers, nor NTA will be responsible for any injury, medical or pathological conditions, or lost or damaged personal property that may occur during program related activities in or outside of the classroom.

Students enrolled in the Nutritional Therapist Training Program will be required to follow the course syllabus and meet required deadlines for completion of assigned homework, as well as the review of audio and video materials. **These requirements are estimated to take the average student approximately 15 - 20 hours per week.**

By signing below, I acknowledge that I have read and fully understand the terms listed above and agree to adhere to the policies and codes of conduct set forth by the Nutritional Therapy Association.

Name (Print):			
Address:			
City:	State:	Zip:	Phone:
Email:			
Signature:			Date:

# Nutritional Therapy Association

## Informed Consent and Disclaimer

As a student in the Nutritional Therapy Practitioner Program you will be required to perform Functional Exams on other students, and have exams performed on you by Instructors, Assistant Instructors, Group Leaders and other students, please read the following information **FULLY AND CAREFULLY**. Failure to sign the Nutritional Therapy Informed Consent and Disclaimer will prohibit you from engaging in workshops.

**Goal** – Our basic goal is to encourage people to become knowledgeable about and responsible for their own health, and to bring it to a personal optimum level. Nutritional therapy is designed to improve your health, but is not designed to treat any specific disease or medical condition. Reaching the goal of optimum health, absent other non-nutritional complicating factors, requires a sincere commitment from you, possible lifestyle changes, and a positive attitude. A Nutritional Therapist is trained to evaluate your nutritional needs and make recommendations of dietary change and nutritional supplements. A Nutritional Therapist is not trained to provide medical diagnoses, and no comment or recommendation should be construed as being a medical diagnosis. Since every human being is unique, we cannot guarantee any specific result from our programs.

**Health Concerns** – If you suffer from a medical or pathological condition, you need to consult with an appropriate healthcare provider. A Nutritional Therapist is not a substitute for your family physician or other appropriate healthcare provider. A Nutritional Therapist is not trained nor licensed to diagnose or treat pathological conditions, illnesses, injuries, or diseases.

If you are under the care of another healthcare provider, it is important that you contact your other healthcare providers and alert them to your use of nutritional supplements. Nutritional therapy may be a beneficial adjunct to more traditional care, and it may also alter your need for medication, so it is important you always keep your physician informed of changes in your nutritional program.

If you are using medications of any kind, you are required to alert the Nutritional Therapist to such use, as well as to discuss any potential interactions between medications and nutritional products with your pharmacist.

If you have any physical or emotional reaction to nutritional therapy, discontinue their use immediately, and contact your Nutritional Therapist to ascertain if the reaction is adverse or an indication of the natural course of the body's adjustment to the therapy.

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Please initial and date here

## Nutritional Therapy Informed Consent and Disclaimer – Continued

**Communication** – Every client is an individual, and it is not possible to determine in advance how your system will react to the supplements you need. It is sometimes necessary to adjust your program as we proceed until your body can begin to properly accept products geared to correct the imbalance. It is your responsibility to do your part by using your nutrition guidelines, exercise your body and mind sufficiently to bring your emotions into a positive balance, eat a proper diet, get plenty of rest, and learn about nutrition. You must stay in contact with the Nutritional Therapist so we can let you know what is happening and the best course of action.

You should request your other healthcare provider, if any; to feel free to contact the Nutritional Therapist for answers to any questions they may have regarding nutritional therapy.

**Licensure**– A Nutritional Therapist is not licensed or certified by any state. However, a Nutritional Therapy Practitioner™ is trained by the Nutritional Therapy Association, Inc.® which provides a certificate of completion to students who have successfully met all course requirements, including a written and practical exam. A license to practice Nutritional Therapy is not required in some states. Laws and regulations regarding certification and licensure requirements differ from state to state and occasionally change. It is the responsibility of each student and practitioner to research the laws in the state in which they intend to practice.

By signing below, I confirm that I have read and fully understand the above Nutritional Therapy Informed Consent and Disclaimer, are in complete agreement thereto and do freely and without duress sign and consent to all terms contained herein. I also understand that failure to follow this code may result in the dismissal from the classroom.

Name (Print):			
Address:			
City:	State:	Zip:	Phone:
Email:			
Signature:			Date:

# Authorization to Render Emergency Medical Care

I \_\_\_\_\_, hereby authorize any licensed medical emergency team to administer treatment and/or transportation to a medical facility for further treatment by a licensed physician if a medical emergency arises while I am attending workshops as a student of the Nutritional Therapy Association, Inc.®.

This emergency authorization is effective during my hours as a student thru the Nutritional Therapy Association, Inc.®, and for my length of stay as a student.

All fees incurred for such emergency treatments or services will be my responsibility. The Nutritional Therapy Association, Inc.® is not responsible in any way for such fees.

Existing medical conditions such as; drug allergies, seizures, etc. are:

Relative / friend to notify:	Phone:
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Insurance Company:			
Address:			
City:	State:	Zip:	Phone number:
Policy holder name:			
Address:			
City:	State:	Zip:	Phone number:

Signature:	Date:
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**Or Return to:**  
Nutritional Therapy Association  
PO Box 354  
Olympia, WA 98507  
Fax: 360-528-2564  
Email: [nta@nutritionaltherapy.com](mailto:nta@nutritionaltherapy.com)