



Board Certified in Integrative Health, BCIH® Application

Personal Information

Circle one: Dr. Prof. Rev. Mr. Mrs. Ms. Miss Other _____

First Name _____ M.I. _____ Last Name _____ DOB _____

Address _____ City _____ State _____ ZIP _____

Office Phone _____ Home Phone _____ Fax _____

E-Mail _____ Highest Degree _____ Primary Specialty Area _____

How did you hear about AAIM? _____

List two professional references:

Name: _____ Email Address: _____ Phone: _____

Name: _____ Email Address: _____ Phone: _____

Print your name as you would like it to appear on your certificate. Print any designations (maximum of four) you would like to appear after your name on your certificate. (Designations must have documentation on file before they will be listed).

Credential Categories

- Current Member # _____ + **Board Certified in Integrative Health, BCIH®** One time examination fee of **\$249**
 - Board Certified in Integrative Health, BCIH®**: One time examination fee of \$249 + 1st year maintenance fee = **\$414**
- \$165 Annual certification maintenance fee is due yearly to maintain your certification - **Maintenance fee includes yearly membership to AAIM.**
- Check here if you wish to decline membership (*Annual maintenance fee is still required to keep certification active*)

Membership Categories (for membership only)

- Become a member of AAIM: Annual dues \$165**
 - Become a life member of AAIM: Never pay dues again \$2,500**
- Discount Code _____ -\$ _____

*See website for Life Member Policy

Total \$ _____

Find-A-Provider Directory

AAIM members receive one FREE specialty listing on the AAIM website and BCIH receives two FREE specialty listings per year. Additional listings are available for \$35/year per specialty. Members must sign up for the Find-A-Provider Directory by logging on to www.aaimedicine.com.

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Holistic Medicine | <input type="checkbox"/> Massage-Bodywork | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Counseling | <input type="checkbox"/> Homeopathy | <input type="checkbox"/> Men's Health Care | <input type="checkbox"/> Traditional Naturopathy |
| <input type="checkbox"/> Ayurvedic Medicine | <input type="checkbox"/> Exercise and Fitness | <input type="checkbox"/> Hormone Replacement Therapy | <input type="checkbox"/> Naturopathic Medicine | <input type="checkbox"/> Weight Management/Diet |
| <input type="checkbox"/> Children's Health Care | <input type="checkbox"/> Family Practice | <input type="checkbox"/> Hypnotherapy | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Women's Health Care |
| <input type="checkbox"/> Chinese Medicine | <input type="checkbox"/> Herbal Medicine | <input type="checkbox"/> Integrative Medicine | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Other: _____ |
| | | | <input type="checkbox"/> Psychotherapy | |

Payment Information

Payment must accompany application. There is a \$75 administrative fee deducted for cancelled and/or denied applications. There is no refund issued after an exam has been authorized. All returned checks will be assessed a \$25 NSF check fee. For Life Member Policy please see website www.aaimedicine.com.

- Check enclosed (Please make check payable to: **AAIM**)
- Money Order MasterCard Visa American Express Discover

Card Number: _____ Expiration Date: _____ Security Code _____

- Paid in Full
- Payment Plan for membership and certification: A payment plan is available with a minimum down payment of \$150 and the balance must be paid in monthly payments (\$100 minimum) to your credit card. Certificate will be issued upon full payment.
- Payment Plan for Life Membership: A payment plan is available with a minimum down payment of \$250 and the balance must be paid in monthly payments (\$250 minimum) to your credit card. Certificate will be issued upon full payment.

Installments: Please accept \$ _____ down payment and charge \$ _____ per month until balance is paid in full.

Signature: _____

- Yes! Please sign me up for automatic dues renewal by credit card.

➤ Applicants for **Board Certified in Integrative Health, BCIH®**, must reach 100 points based on education, experience, training, skill, and knowledge.

| | Points |
|---|-------------------|
| <u>Education:</u> Award Points for the highest degree only | |
| Award 75 points if you have a doctorate degree OR | |
| Award 50 points if you have a master's degree OR | _____ |
| Award 25 points if you have a bachelor's degree | |
| <u>Experience:</u> Must have at least 3 years of professional clinical experience | |
| Award 10 points per year of professional experience in the field | 10X _____ = _____ |
| <u>Training</u> | |
| Award 50 points if you have a professional license | 50X _____ = _____ |
| License# _____ State _____ | |
| Award 25 points for each related certification in integrative health | 25X _____ = _____ |
| Award 1 points for each continuing education credit you have earned at health related meetings, seminars, or training sessions in the past 2 years. | 1X _____ = _____ |
| <u>Skill</u> | |
| Award 25 points for each honor, award or recognition related to integrative health you have received | 25X _____ = _____ |
| <u>Knowledge:</u> Award points only for health-related writing | |
| Award 25 points for each book you have authored or co-authored | 25X _____ = _____ |
| Award 20 points for each article you have authored or co-authored | 20X _____ = _____ |
| Award 10 points for each presentation at a professional meeting | 10X _____ = _____ |
| Total Points Scored | _____ |

Please submit the following supporting documentation with application:

Current résumé, Copy of degree(s), Copy of professional license(s) (If applicable), Copy of current credentials and certifications (if applicable)

I certify that the information I have provided to American Association of Integrative Medicine is true, correct, and complete. I am not providing misleading, false, or deceptive information. I understand that if I have provided misleading, false, or deceptive information, the association will pursue aggressive legal action. I may be asked to provide additional documentation. I understand that AAIM reserves the right to verify any and all information that I provide. If I misrepresent my credentials, refuse to provide documentation at a later time if asked, or allow my membership with AAIM to lapse, I understand and agree that my membership and/or certification status will be revoked and my membership terminated. If the documentation required for the credential or membership status for which I am applying is not received within 6 months from the date of application, I understand that no refund will be issued in the event of the cancelation or denial of my application. I agree that I will notify AAIM in writing of any civil, criminal, or complaint that is made against me. I agree to hold harmless and indemnify AAIM and its officers, directors, employees, and agents for any misrepresentation of my credentials and for all claims, loss, judgment, or expense. AAIM does not endorse, guarantee, or warrant the work or opinions of any individual members. Membership does not imply licensing or registration by the organization of a member's qualifications, abilities, or expertise. The objective of AAIM's publications and the activities that it sponsors are for informative and educational purposes. The views expressed by the authors, publishers, or presenters are their own views and do not necessarily reflect those of AAIM. AAIM does not assume any responsibility or liability for its members or subscribers' efforts to apply or use the information, suggestions, or recommendations made by the organization, publication resources, or activities.

Yes No

- Have you ever been convicted of a felony?
- Have you ever been disciplined, or are you currently under investigation, by a legal or licensing board? **If yes, please explain**

By signing below, I agree to the terms stated above:

Signature _____ Date _____

5 Easy Ways to Apply
Online at: www.aaimedicine.com | Scan & Email to: cao@aaimedicine.com | Fax to: (417) 823-9959
Call: (877) 718-3053 | Mail to: 2750 East Sunshine St, Springfield, MO 65804