



Canadian Herbalist's Association of BC

c/o Innisfree Farm
3636 Trent Road
Courtenay, BC V9N 9R4

www.chaofbc.ca

Name of Applicant: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Country: _____

Phone: Home: _____ Work: _____

Mobile: _____ Fax: _____

Email: _____ Website: _____

Are you a Canadian Citizen: Yes ___ No ___ If not, nationality: _____

Applicant's picture

Professional HA Membership Application	Unit Price	Amount
New Professional Herbal Advocate (HA) Membership	\$100.00	\$100.00
One time administration fee (non-refundable)	\$45.00	\$45.00
If submitting the application by email (payment via PayPal) – \$5.00 discount	- \$5.00	
Directory Listing	Included	0
(*) Posting of events on the CHA of BC newsletter and/or website	Included	0
(*) Promotional web-page (complementary)	\$100.00	0
Please accept my donation: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> to help support our CCHA representatives <input type="checkbox"/> to help support our CHA of BC website maintenance & enhancements <input type="checkbox"/> to be used by the CHA of BC where it is best needed		
(*) refer to advertisement guidelines and term & conditions posted on the website.	Subtotal	
	HST	0
	TOTAL	

Submitting application & payment:

- ☐ **By regular mail:** mail application with your cheque or money order payable to CHA of BC to address shown on the top. If you would like to pay via PayPal, please indicate the email address to which the PayPal invoice should be emailed to: _____
- ☐ **By email:** receive \$5.00 discount; email the full application application@chaofbc.ca. Please indicate the email address to which the PayPal invoice should be emailed to: _____

Note: for membership questions or inquiries, please use membership@chaofbc.ca (not application@chaofbc.ca)

Your application for professional membership should contain the following:

- ☐ This application filled out.
- ☐ A letter briefly explaining your objectives as a Herbal Advocate.
- ☐ Your resume.
- ☐ Detailed history of your professional experience in the health and herbal field (if not included in the resume).
- ☐ Detailed history of your education on the herbal and healing arts (if not included in the resume), such as official transcript from institution, official letter from institution describing program and number of hours of training, the form provided in the last page of this application).
- ☐ The HA membership requires at least 1000 hours of training; so please indicate the total numbers of hours on your detail educational history.
- ☐ Copies of your diploma(s), degree(s), or certificate(s) in the Herbal and/or Healing Arts.
- ☐ Two letters of recommendations from professionals:
 - ☐ If you are a non-practicing herbalist (*e.g.*, herbal consultant, manufacturer, educator, herb grower, etc.), then, at least one of the letter should be from a fellow professional herbalist (*e.g.*, manufacturer, educator, herbal consultant, herbal therapist, etc.); the 2nd letter may be from another herbalist or other type of professionals.
 - ☐ If you are a practitioner using herbs in your practice (herbal therapist, Ayurveda, etc.), then both letters need to be from professional therapists (OK if one letter is from a retired therapist).
- ☐ Two passport-size photos (OK if taken with your own camera, and/or if printed from your own computer; you may also insert one picture in the word version of this application in the above box).

EDUCATION

High School (name of school and year of graduation): _____

Herbal education: ☐ self-study ☐ apprenticeship ☐ college/university ☐ other: _____

Please indicate your Herbal and Health training areas:

Western Herbalism: ☐ Clinical Herbalist ☐ Phytotherapist ☐ Master Herbalist ☐ Chartered Herbalist

Other modalities: ☐ Aromatherapist ☐ Flower Essences ☐ Homeopathy ☐ Ayurveda ☐ TCM

☐ Others (specified): _____

Clinical Experience (if any): _____ hours – practicum (part of college/university/institution education program)
_____ hours – mentorship program
_____ hours – own Professional Practice
_____ hours – other: _____

Please provide details on your education and any clinical experience in your documentation (*e.g.*, in your resume, transcripts, education program details, etc.)

Please indicate formal education in Herbalism and other Healing Art (please include photocopies of diplomas):

Institution (university/College, apprenticeship)	Length of the Program (Weeks, Months, or years)	In Classroom, Correspondence	Graduation Date (yyyy-mm)	Diploma or certificate (i.e. Clinical Herbal Therapist, Charter herbalist, Aromatherapist, Homeopathic Therapist, etc.)

PROFESSIONAL EXPERIENCE

Your herbal and professional activities:

☐ Herbal Educator ☐ Herbal Consultant ☐ Herbal Farmer ☐ Herbal Remedies Manufacturer

☐ Herbal Therapist ☐ Retired Herbalist ☐ Other (specified): _____

If you a professional therapist? Do you currently have a clinical practice? ☐ Yes ☐ No

If yes, how long have you been in active practice? _____

☐ Full time ☐ Part time ☐ From an office ☐ Home Clinic – How many patients per week? _____

Do you currently have liability insurance? ☐ Yes ☐ No

What type of healing modalities do you include in your practice?

- ☐ Western Herbalism ☐ Flower Essences ☐ Homeopathy ☐ Ayurveda ☐ Aromatherapist ☐ TCM
☐ Others (specified): _____

Approximately, how many herbs are you familiar with and/or use in your practice (if you have one)?

- ☐ 1 to 25 ☐ 26 to 50 ☐ 51 to 75 ☐ 76 to 100 ☐ over 100

Herbal recommendations and herbal remedies experience:

- a) Existing 3rd party herbal products – ☐ Yes ☐ No
b) Formulation of herbal remedies – ☐ Yes ☐ No
c) Preparation of herbal remedies – ☐ Yes ☐ No

If YES to (b) or (c), please indicate:

- ☐ teas ☐ tinctures ☐ ointments/salves ☐ infused oils ☐ mouthwash/gargles
☐ capsules ☐ lozenges ☐ others: _____

Please provide details on your professional experience in your documentation (*e.g.*, in your resume, or in a separate document)

MISCELLANEOUS

Have you ever been prosecuted for any illegal act? ☐ Yes ☐ No

If yes, when, where and what was the nature of the charge? _____

What judgment was assessed against you? _____

MEMEBERSHIP

All accepted professional members must comply with the provisions of the Constitution & By-Laws, and any amendments to the regulations, code of ethics, code of conduct and scope of practice (if applicable) as presently, and any changes made to them from time to time in the future by the Board of Directors, and shall in all things uphold and carry out the objectives for which the Society was incorporated.

The Association may suspend members of rights and privileges if they are in arrears to the Association for three months and more and/or fail to fulfill the requirements of a member in good standing.

I confirm that the information above is correct _____

Applicant's Signature

Date

DETAILED EDUCATIONAL HISTORY In the HERBAL and/or HEALTH FIELDS

Applicant may use this form to outline her/his education/training, or to complement official transcripts. The CHA of BC reserve the right to ask for official documentation or transcripts from the educational institution(s) if deemed necessary.

Name of Course/training (add to the list below as needed)	<ul style="list-style-type: none"> • Name of Institution • Private training (name of Institution or instructor) • Apprentice • Self-study 	Location (City, Province/State, Country)	Duration (in hours) - Total Hours, or - Hours/day - # of days, or - Hours/week - # of weeks - Hours/month, # months	Completion Date (yyyy-mm)
Biochemistry				
Histology				
Microbiology				
Anatomy				
Physiology				
Embryology				
Pathophysiology or pathology				
Oncology				
Midwifery				
Dermatology				
Pharmacognosy				
Pharmacokinetics				
Pharmacology				
Nutrition				
Materia Medica				
Herbal Therapeutics				
Herbal pharmacy (remedy making)				
Consultation skills				
Psychology				
Psychotherapy and counseling				
Clinical assessment				
Differential assessment				
Diagnostic tests				
Stress management				
Pediatrics				

Name of Course/training (add to the list below as needed)	<ul style="list-style-type: none"> • Name of Institution • Private training (name of Institution or instructor) • Apprentice • Self-study 	Location (City, Province/State, Country)	Duration (in hours) - Total Hours, or - Hours/day - # of days, or - Hours/week - # of weeks - Hours/month, # months	Completion Date (yyyy-mm)
Gynecology				
Geriatrics				
History and Philosophy of Western Herbal Medicine				
Botany, Plant Chemistry				
Horticulture and gardening				
Environment and Conservation				
Adjunct therapies:				
Aromatherapy				
Bach Flower Essences				
Homeopathic medicine				
Oriental medicine				
Ayurveda medicine				
Reflexology				
Reiki				
Acupressure				
Acupuncture				
Massage Therapy				
Chiropractic				
CranioSacral therapy				
Hypnotherapy				
Iridology				
Hydrotherapy				
Orthomolecular				
Therapeutic Touch				
Touch for Health				
Healing Touch				
Biofeedback				

