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.*

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

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
Education: 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		
Experience: Must have at least 3 years of professional clinical experience		
Award 10 points per year of professional experience in the field	10X _____=	_____
Training		
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 _____=	_____
Skill		
Award 25 points for each honor, award or recognition related to integrative health you have received	25X _____=	_____
Knowledge: 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