



Board Certified in Integrative Medicine, BCIM® 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 Medicine, BCIM®** One time examination fee of **\$295**

Board Certified in Integrative Medicine, BCIM: One time examination fee of \$295 + 1st year maintenance fee = **\$460**

Current Member # _____ + **Diplomate** One time designation fee of **\$349**

Diplomate: One time designation fee of \$349 + 1st year maintenance fee of \$165 = **\$514**

\$165 Annual certification maintenance fee is due yearly to maintain your BCIM certification. **Maintenance fee includes yearly membership to AAIM.**

\$175 Annual maintenance fee is due yearly to maintain your Diplomate designation. **Maintenance fee includes yearly membership to AAIM.**

Check here if you wish to decline membership (*Annual maintenance fee is still required to keep certification or designation active*)

Membership Categories (for membership only)

Become a member of AAIM: Annual dues **\$165**

Discount Code _____ -\$ _____

Become a life member of AAIM: Never pay dues again **\$2,500**

Total \$ _____

*See website for Life Member Policy

Find-A-Provider Directory

AAIM members receive one FREE specialty listing on the AAIM website, BCIM and Diplomate receive 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 | <input type="checkbox"/> Naturopathic Medicine | <input type="checkbox"/> Weight Management/Diet |
| <input type="checkbox"/> Children's Health Care | <input type="checkbox"/> Family Practice | Therapy | <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"/> Hypnotherapy | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Integrative Medicine | <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.

Diplomate Colleges

Diplomate applicants must select one **College of Membership** that reflects their area of specialty. One College is included FREE with your certification fee. If you would like to be a Diplomate of more than one College, and additional certification fee of \$150 per college is required. A full description of each college is listed on AAIM's website at www.aaimedicine.com/diplomate.

- College of Conventional Medicine (DCM)
- College of Biologically Based Practices (DBBP)
- College of Clinical Nutrition (DCN)
- College of Energy Medicine (DEM)
- College of Manipulative & Body-Based Practices (DMBBP)
- College of Mind-Body Medicine (DMBM)
- College of Pediatrics(DP)
- College of Whole Medical Systems (DWMS)
- Diplomate of AAIM (if specialty is not listed)

- > Applicants for **Diplomate status** must have a minimum score of **200 points** based on education, experience, training, skill, and knowledge.
- > Applicants for **Board Certified in Integrative Medicine, BCIM®**, must reach **150 points** based on education, experience, training, skill, and knowledge.

Education: Award Points for the highest degree only **Points**
 Award 75 points if you have a doctorate degree **OR**
 Award 50 points if you have a master's degree **OR** _____

Experience: Must have at least 3 years of professional clinical experience
 Award 10 points for each year of 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 25X _____ = _____
 Award 1 point 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 medicine 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