



# American Association of Integrative Medicine®

## 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 + 1<sup>st</sup> year maintenance fee = **\$460**

Current Member # \_\_\_\_\_ + **Board Certified in Integrative Pediatrics, BCIP** One time examination fee of **\$395**

**Board Certified in Integrative Pediatrics, BCIP:** One time examination fee of \$395 + 1<sup>st</sup> year maintenance fee = **\$560**

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

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

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

\$175 Annual maintenance fee is due yearly to maintain your Diplomate designation. **Maintenance fee includes 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](http://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      | <input type="checkbox"/> 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](http://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](http://www.aaimedicine.com/diplomate).

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> College of Biologically Based Practices (DBBP) | <input type="checkbox"/> College of Energy Medicine (DEM)                       | <input type="checkbox"/> College of Mind-Body Medicine (DMBM)           |
| <input type="checkbox"/> College of Clinical Nutrition (DCN)            | <input type="checkbox"/> College of Integrative Pediatrics(DIP)                 | <input type="checkbox"/> College of Whole Medical Systems (DWMS)        |
| <input type="checkbox"/> College of Conventional Medicine (DCM)         | <input type="checkbox"/> College of Manipulative & Body-Based Practices (DMBBP) | <input type="checkbox"/> 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.
- > Applicants for **Board Certified in Integrative Pediatrics, BCIP**, must reach **150 points** based on education, experience, training, skill, and knowledge.

	<b>Points</b>
<b><u>Education: Award Points for the highest degree only</u></b>	
Award 75 points if you have a doctorate degree <b>OR</b>	_____
Award 50 points if you have a master's degree <b>OR</b>	_____
<b><u>Experience: Must have at least 3 years of professional clinical experience</u></b>	
Award 10 points for each year of experience in the field	10X _____ = _____
<b><u>Training</u></b>	
Award 50 points if you have a professional license	50X _____ = _____
License# _____ State _____	
Award 25 points for each related certification in integrative medicine or pediatrics	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 _____ = _____
<b><u>Skill</u></b>	
Award 25 points for each honor, award or recognition related to integrative medicine or pediatrics you have received	25X _____ = _____
<b><u>Knowledge: Award points only for health-related writing</u></b>	
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 _____ = _____
<b>Total Points Scored _____</b>	

### 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](http://www.aaimedicine.com) | Scan & Email to: [cao@aaimedicine.com](mailto:cao@aaimedicine.com) | Fax to: (417) 823-9959  
 Call: (877) 718-3053 | Mail to: 2750 East Sunshine St, Springfield, MO 65804