



American  
Naturopathic  
Certification  
Board

# Exam Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## **Education** *(transcripts or copies required)*

Educational Institute Attended	Degree	Date Issued

## **Credentials** *(copies required)*

Credentialing Organization	Credential Title (license, registration, etc.)	Date Issued

## **Apprenticeships/Internships** *(transcripts or letters of completion)*

Location or name	Length of training	Date Completed

## **Please provide two (2) professional references** *(include a letter from each)*

Name	Profession	Credentials	Professional relationship

## Please Answer the Following Questions

1. Have you ever been convicted of a felony or any offense involving moral turpitude? \_\_\_\_\_
2. Have you, to your knowledge, had any questions raised regarding your ethical conduct that would impact your capability to practice? \_\_\_\_\_
3. Have you used any drugs or intoxicating liquors to the extent that such use would impair your capability to practice? \_\_\_\_\_
4. Do you have any mental or emotional condition that would impair your capability to practice? \_\_\_\_\_

## Exam Selection and Fees

I am applying to sit for the exam in (check all that apply):

- Traditional Naturopathy (CTN)       Nutritional Wellness (CNW)       Herbal Wellness (CHW)

**Exam fees** for each exam are \$495. **If you take 2 or more exams**, fees are reduced to \$395/exam.  
*If you are currently ANCB-Certified you may take additional exams at \$395/exam.*

**International Applicants (anywhere outside the U.S.) must add \$100 to cover shipping costs.**

If paying by credit card, complete the information below and indicate the total amount to be charged.  
Checks should be made out to ANCB. Fees will be assessed when your application is approved.

- Visa       MasterCard       American Express

Account number \_\_\_\_\_ Expiration date \_\_\_\_\_

Amount to be charged \_\_\_\_\_ Three-digit Code \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

## Declaration

All information included in this application is accurate and true. I understand that laws may vary from state to state and, if certified, it is my responsibility to abide by these laws.

Signature of applicant \_\_\_\_\_

**Include a photo ID that contains your signature** with your application and mail, email, or fax to ANCB

American Naturopathic Certification Board

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406-543-6154 • www.ancb.net

fax: 406-552-4811 • E-mail: info@ancb.net

Processing Time: Please allow 2 weeks for processing  
Refund Policy: Refunds allowed up to 3 months from application date, minus a \$100 processing fee