DETAILED EDUCATIONAL HISTORY IN HERBAL AND HEALTH STUDIES

The applicant may use this form to outline her/his education/training, or to complement official transcripts if necessary. The AHA reserves the right to ask for official documentation or transcripts from the educational institution(s) if deemed necessary. Print/photocopy additional pages if needed.

I authorize the Alberta Herbalists Association to contact the institutions listed below directly, for the purpose of confirming the details of my educational history with the institution.

Signature: _____ Date: _____

Areas of study may include (but are not limited to): biochemistry, histology, microbiology, anatomy, physiology, pathology/pathophysiology, oncology, midwifery, dermatology, pharmacology/ pharmacognosy, nutrition, counselling/ psychology, materia medica, herbal therapeutics, phytotherapy, research methodology, formulating, clinical assessment, differential assessment, diagnostic testing, stress management, Pediatrics, Geriatrics, Gynecology, History/philosophy of Herbal Medicine, Botany, Plant Chemistry, Horticulture, Gardening, Environmental Conservation, Aromatherapy, Reflexology, Flower essence therapy, homeopathy, Oriental medicine, Ayurvedic medicine, Tibetan Medicine, First Nations Healing, Reiki, Acupressure/ Acupuncture, Massage Therapy, Craniosacral therapy, Iridology, hypnotherapy, shamanic/ spiritual/ cultural healing, Therapeutic touch, biofeedback and other assessment or treatment modalities.

Name of Course/Training Add to the list below as needed	• **Name of Institution** • **Private Training** • **Apprenticeship** • **Self-study** (indicate source)	**Location** City, Province, State, Country	**Duration (in hours)**	**Completion date** yyyy-mm

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