

Alberta Herbalists Association Professional Members Extended Form

***To be completed by Professional Membership Applicants in addition to the general membership application**

Print your full name: _____

EDUCATION

High School (name of school and year of graduation):

Herbal Education: self-study apprenticeship college/university online school

other: _____

Please indicate your Preferred Post-nominal titles and the abbreviated letters. (ie. "MSc, Masters of Science")

Clinical Experience:

_____ hours – practicum (part of college/university/institution education program)

_____ hours – mentorship program

_____ hours – own Professional Practice

_____ hours – other: _____

Indicate formal education in Herbalism and other Healing Arts (include photocopies of diplomas/certificates). Provide details on your education and any clinical experience in your documentation (e.g., in your resume, official transcripts, education program details, etc.)

Institution (university/college/ apprenticeship)	Length of Program (weeks/months/ years)	Classroom or Correspondence	Graduation Date (yyyy-mm)	Diploma/Certificate (i.e. Herbal Therapist, Master Herbalist, Aromatherapist, etc)
E.g. Wild Rose College	2 years	correspondence	2016-04	Master Herbalist

PROFESSIONAL EXPERIENCE

Do you currently have a clinical practice? Yes No

If no, when do you foresee opening a practice? _____

Are you a recent graduate in the last 12 months? Yes No

If you have a clinical practice, how long have you been practicing? _____

Full time Part time

Print your full name: _____

Where do you practice? From an office Home Clinic In a Shop or Store Other

How many clients do you see in an average week? _____

Do you currently have liability insurance? Yes No

Approximately, how many different herbs do you use in your practice?

1 to 25 26 to 50 51 to 75 76 to 100 over 100

What type of herbal products do you recommend or have experience with?

- A. I use existing 3rd party herbal products: Yes No
B. I formulate or compound my own herbal products: Yes No
C. I formulate or compound herbal products for a store or company: Yes No

If YES to (B) or (C), please indicate which products you formulate for sale:

tea blends tinctures ointments/salves infused oils mouthwash/gargles
 capsules lozenges others: _____

Please indicate other modalities you include in your practice, or other professional activities you conduct as part of your business:

Homeopathy Ayurveda Aromatherapy TCM Flower Essences
 Herbal Educator Herbal Consultant Herb Farmer Herbal Product Manufacturer
 Others (specified) _____

Please provide details on your professional experience in your documentation (*ie.* a resume, curriculum vitae other document).

All accepted professional members must comply with the provisions of the [Bylaws](#), and any amendments to the regulations, code of ethics, code of conduct and scope of practice.

The Association may suspend a member's rights and privileges if they are in arrears to the Association for three months or more, and/or fail to fulfill the requirements of a member in good standing as outlined in the Bylaws.

I confirm that the information provided in this application is correct:

Applicant's Signature

Date

Can we share your contact information in the [Herbalists Directory](#) on the Alberta Herbalist Association Website?

Yes! → Share my: Website Email Phone number Biography Photo

No Thanks. → Do not share my contact information