

Canadian Herbalist's Association of British Columbia



Professional Membership Application Form For Registered Herbal Therapist (RHT)

Applicant's picture

Initial Membership Fee = \$90.00

- A one time administration fee of \$40.00 (non-refundable).
- Yearly membership fee = \$50.00 (starting June 2011, yearly membership fee will be \$100.00).

Name of Applicant: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: Home: _____ Work: _____

Mobile: _____ Fax: _____

Email: _____

Are you a Canadian Citizen: Yes _____ No _____ If not, nationality: _____

Your application for professional membership should contain the following:

1. Letter briefly explaining your objectives as a Herbal Advocate.
2. This application filled out.
3. History of your clinical practice and herbal experience.
4. History of your professional herbal experience.
5. History of your herbal education and other health education (i.e. official letter from institution describing program/courses, official transcript from institution, form provided in the last page of this application).
6. Copies of Herbal Diploma(s), degree(s) or certificate(s).
7. Your resume.
8. Two letters of recommendation from herbal practitioners either currently practicing or retired.
9. Two passport photos.
10. A \$90.00 cheque or money order (payable to the Canadian Herbalist's Association of B.C. or CHA of BC). The CHA of BC also accept payment via PayPal (this includes credit card payments). To pay using this option, please check the appropriate box below.
11. I would like to make a donation toward supporting the CCHA Representatives expenses:
 \$25.00 \$50.00 \$75.00 \$100.00 Other \$_____

Mail application with payment to:

Canadian Herbalist's Association of B.C
2424 Beach Dr.
Victoria, BC V8R 6K1

Website: www.chaofbc.ca
E-mail: rhp@chaofbc.ca

Note: To pay using PayPal (including credit cards), check box below and write your email address:

Please email PayPal invoice to email: _____

PROFESSIONAL EXPERIENCE

How long have you been in active herbal practice? _____

- a) Full time _____ Part time _____
- b) From an office _____ From home _____
- c) How many patients do you see per week? _____

Approximately, how many herbs are you familiar with and feel qualified using/recommending in your practice:

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

Herbal recommendations and herbal remedies experience:

- a) Existing 3rd party herbal products? Yes _____ No _____
- b) Formulation of herbal remedies: Yes _____ No _____
- c) Preparation of herbal remedies? Yes _____ No _____

If YES to (b) or (c), please indicate:

teas _____ tinctures _____ salves _____ infused oils _____ mouthwash/gargles _____ capsules _____ lozenges _____
others: _____

Are you licensed to practice any other healing arts? Yes _____ No _____ If yes, which ones: _____

MISCELLANEOUS

Have you ever been prosecuted for any illegal act? Yes _____ No _____ If yes, give detail: _____

If so when, where and what was the nature of the charge? _____

What judgment was assessed against you? _____

PEER REVIEW

All applicants are interviewed in person by a Peer Review Board set by the CHA of BC to evaluate and determine if applicant meets all the necessary qualifications (in the case of self-training, the applicant may be required to take a written entrance examination).

All accepted members must comply with the provisions of the by-laws and amendments to all the regulations, code of ethics, code of conduct and Scope of Practice as presently, and any changes made to them from time to time in the future by the Board of Directors and the Board of Examiners, and shall in all things uphold and carry out the objectives for which the Society was incorporated.

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

I confirm that the information above is correct _____

Applicant's Signature

Date

