

AMERICAN ASSOCIATION OF DRUGLESS PRACTITIONERS
CERTIFICATION & ACCREDITATION BOARD
COMMISSION ON CERTIFICATION

Mail to: 2200 Market Street, Suite 803
Galveston, TX 77550-1532
(888) 764-AADP or Fax (775) 703-5334

PLACE
RECENT
PHOTO
HERE

EVALUATION APPLICATION

ONLY TYPED OR PRINTED APPLICATIONS ACCEPTED

Whenever additional space is required, please attach additional page.

Name: _____
Last First Middle

Current Home Address: _____

City/State: _____ Zip: _____

Business Address: _____

Home Telephone: () _____ Office: () _____

Birth date: _____ SSN#: _____ Sex: M _____ F _____

Place of Birth: _____
City County State Country

Height: _____ Weight: _____ Color Hair: _____ Color Eyes: _____

Citizen or legal resident of what country: _____

State or Country in which you are practicing or plan to practice: _____

EDUCATION

COLLEGE

Name	Address	From/To	Degree(s)	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HOLISTIC EDUCATION/TRAINING

School Certificate(s)	Date
_____	_____
_____	_____

Other Certificates: _____

Certification & Application Fee of \$285.00 (U.S. Funds) made payable to A.A.D.P.

Did you include (please check):

- _____ Signature on Application
- _____ Current Photograph
- _____ Copy of Transcripts and/or information on other prior education (seminars, etc.)
- _____ Application processing fee of \$25.00 (non-refundable)
- _____ Certification fee of \$260.00 (refundable if not certified)
- _____ All items filled in
- _____ Copies of original documents
- _____ Notarization (below)

DO NOT WRITE IN THIS AREA	
1ST	_____
2ND	_____
3rd	_____

Other information you want to provide which will assist in evaluating your application: _____

(attach additional page if necessary)

MC/VISA: _____ EXP. Date: _____ Amt.\$ _____

E-mail: _____ web site: _____

I understand that laws may vary from one state to another. If certified, I will become aware of, and abide by, any and all state regulations. I certify that all statements and information provided herein are true and accurate.

Signature of Applicant

Sworn to before me this _____ day of _____ 20 _____

Notary Public

My commission expires _____