

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 \$295.00 (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 \$270.00 (refundable if not certified)
- All items filled in
- Copies of original documents
- Notarization (below)

<b>DO NOT WRITE IN THIS AREA</b>	
<b>1<sup>ST</sup></b>	_____
<b>2<sup>ND</sup></b>	_____
<b>3<sup>rd</sup></b>	_____

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

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(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

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Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public

My commission expires \_\_\_\_\_