



## NAMACB Ayurvedic Health Counselor Exam Application

**Please review all steps below.** Once you have submitted your completed application (step one) and requested your school transcript (step two), you must wait for approval before registering for the AHC exam (step three). An email notification will be sent to inform you when to register for the exam.

**STEP 1:** Save the AHC Application to your computer, complete the application, and upload the AHC application (Including school transcripts and certificates) to the online application form.

*\*Note - this application is a fillable PDF, but some web browsers are unable to use the fillable PDF feature. So, if you open the application in your web browser and the fillable PDF does not work, then download the application to your computer and open it with another software program and/or web browser.*

**STEP 2:** After you have completed Step 1 by uploading and submitting the form, please notify your school or teacher to send your transcript directly to NAMACB - [namacb@ayurvedaNAMA.org](mailto:namacb@ayurvedaNAMA.org).

**STEP 3:** NAMACB will review your application and school transcript and e-mail you the outcome. If your application is approved, then we will e-mail instructions to register for the AHC Certification Exam (\$375).

**STEP 4:** Register for the AHC Certification Exam (click here to access the [study guide](#) and click here to read the [Exam FAQ](#)). Approximately 7 business days after your exam registration and payment is processed, we will e-mail instructions to schedule your exam location (On-Site or On-Line), with the date and time. You may find On-Site testing [locations](#) by clicking the link.

**STEP 5:** Take the exam. We will e-mail your test results within 20 business days (approximately 4 weeks). If you pass the exam, then you will receive an email with (A) instructions to maintain your NAMACB Certification and (B) an invitation to become a NAMA Professional Membership at the level of Ayurvedic Health Counselor (AHC). The annual dues for NAMA Professional AHC Membership is \$170 yearly. NAMA will discount our new applicants \$100 for the first year's membership.

**STEP 6:** Respond to the e-mail you received in STEP 5 and we will setup your online NAMA account to maintain your NAMACB Certification and/or Professional Membership if you choose this option.

**STEP 7:** Maintain your NAMACB Certification by completing PACE credits through NAMA. For more information about Maintaining Certification, please read the respective section in the NAMACB Candidate [Handbook](#).



## **NAMACB Ayurvedic Health Counselor Exam Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (business): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website: \_\_\_\_\_

### **Current Membership Status:**

- I am a non-member or first-time applicant for professional membership.
- I am a current NAMA Member
- In the past, I may have had a NAMA Membership

### **Certification Exam Payment:**

- C-AHC exam is \$375

### **NAMA Professional Membership:**

- I wish to become a NAMA Professional Member upon successful completion of the exam



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NAMACB is making a long-term commitment by assuring a process for maintenance of Certification through a continuing education program officiated by NAMA. This requires those qualified through the new exam or previous grandfathering process, to maintain and/or improve their skills. The NAMA Professional Ayurvedic Continuing Education (PACE) or Continuing Education requirements will provide evidence that our organization is continuing to invest in the professional membership category of Ayurvedic Health Counselor to maintain its value in the health field.

Accepted NAMACB certification acknowledges that NAMA PACE or Continuing Education is a requirement for maintaining the level of membership for which they have qualified through this examination process.

*I have read and understand the above and confirm that all information submitted is accurate and true. Further, I agree to abide and follow NAMACB's policies and requirements for maintaining the certification granted. Should my certification requirements not be met for any reason, including but not limited to lack of maintaining active certification or meeting PACE or Continuing Education requirements, I will be required to re-qualify and meet the requirements in place at the time of applying for readmission to the applicable level.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

**Please note:** By completing, signing and submitting this application, you are entering into an agreement where your information will be shared between NAMA and NAMA Certification Board. Your information will not be shared with any other entities. NAMA sends important notices and updates to its members via email. It is a policy of NAMA not to give, sell or trade our mailing list to anyone.



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## INSTRUCTIONS FOR COMPLETING SUPPORTING DOCUMENTATION FOR NAMACB EXAM APPLICATION

There are three (3) scenarios by which you may qualify for NAMACB AHC exam. Please see the boxes below.

Please review the information below.

- Identify the scenario that best suits your situation by placing a check in the box for the scenario you will qualify for.
- Identify the form(s) you will need and follow the directions included in the form(s).
- See [Scopes of Practice](#) and [Educational Guidelines](#) for details of education standards.

Please note the following where applicable and as indicated in the table below:

- “Document 4” must be sent directly from the School(s) or Teacher(s) identified to the NAMACB.
- Client files should have names deleted for confidentiality.
- Letters of reference should be sent directly to the NAMACB from the person(s) writing the letter.

Letters of reference can be from clients, students, teachers, and/or other practitioners familiar with your practice.

Scenarios	Who Should Follow this Scenario?	Documents to be completed by you and returned directly to NAMA	Documents required from school(s) or teacher(s)
<input type="checkbox"/> Graduate of <b>NAMA reviewed</b> Professional Qualifying program	Graduates from a NAMA Organizational Member School’s Professional Qualifying Program	<ul style="list-style-type: none"> <li>• <b>Document 1:</b> Education Disclosure</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Document 4:</b> Request for Transcript or Education/Experience Confirmation</li> </ul>
<input type="checkbox"/> Graduate from <b>non-NAMA reviewed</b> programs in the U.S.	Graduates from a non-NAMA reviewed program that applicant believes meets the requirements as noted on page 4.	<ul style="list-style-type: none"> <li>• <b>Document 1:</b> Education Disclosure AND</li> <li>• <b>Document 2:</b> Details of School, Program, or Educator</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Document 4:</b> Request for Transcript or Education/Experience Confirmation</li> </ul>
<input type="checkbox"/> International Graduate	For those who have completed BAMS, MD (Ayu) or other international equivalent Ayurvedic education	<ul style="list-style-type: none"> <li>• <b>Document 1:</b> Education Disclosure AND</li> <li>• <b>Document 3:</b> Statement of Practice</li> </ul>	<ul style="list-style-type: none"> <li>• Copies of any certificates of graduation received and/or transcripts from the school from which you graduated</li> </ul>

Applicant Name: \_\_\_\_\_

**Document 1: Education Disclosure**

**Instructions:**

**Step 1:** Complete the information below by identifying the school(s) and/or educator(s) with which you completed your education and supervised clinical internship. Add more pages as needed.

**Step 2:** If your qualifying scenario requires “Document 4”, then complete the top portion of “Document 4” and send it, along with a blank copy of the rest of “Document 4”, to **each** school and/or teacher with which you completed study.

<b>Name of School or Educator:</b>			
<b>Website:</b>			
<b>Address:</b>			
<b>Phone:</b>			
<b>Program Title/Name:</b>			
<b>Level for which your study qualified you to apply:</b>		Ayurvedic Health Counselor Ayurvedic Practitioner	
<b>Dates of Training:</b>		Beginning Date:	Completion Date:
<b>Date “Document 4” forwarded:</b>			

<b>Name of School or Educator:</b>			
<b>Website:</b>			
<b>Address:</b>			
<b>Phone:</b>			
<b>Program Title/Name:</b>			
<b>Level for which your study qualified you to apply:</b>		Ayurvedic Health Counselor Ayurvedic Practitioner	
<b>Dates of Training:</b>		Beginning Date:	Completion Date:
<b>Date “Document 4” forwarded:</b>			

<b>Name of School or Educator:</b>			
<b>Website:</b>			
<b>Address:</b>			
<b>Phone:</b>			
<b>Program Title/Name:</b>			
<b>Level for which your study qualified you to apply:</b>		Ayurvedic Health Counselor Ayurvedic Practitioner	
<b>Dates of Training:</b>		Beginning Date:	Completion Date:
<b>Date “Document 4” forwarded:</b>			

Applicant Name: \_\_\_\_\_

**Document 2: Details of School, Program, or Educator**

**Instructions:**

**Step 1:** Complete the information below by identifying the school(s) and/or educator(s) with which you completed your education and supervised clinical internship. Add pages as needed.

**Step 2:** Attach the following information about each school program or educator:

- Detailed bio for teacher including teacher’s background and training.
- Detailed description of school and/or program.

**Step 3:** If your qualifying scenario requires “Document 4”, then complete the top portion of “Document 4” and send it, along with a blank copy of the rest of “Document 4”, to **each** school and/or teacher with which you completed study.

<b>Name of School or Educator:</b>			
<b>Website:</b>			
<b>Address:</b>			
<b>Phone:</b>			
<b>Program Description:</b>			
<b>Level for which your study qualified you to apply:</b>	Ayurvedic Health Counselor Ayurvedic Practitioner		
<b>Dates of Training:</b>	Beginning Date:		Completion Date:
<b>Date “Document 4” forwarded:</b>			

<b>Name of School or Educator:</b>			
<b>Website:</b>			
<b>Address:</b>			
<b>Phone:</b>			
<b>Program Description:</b>			
<b>Level for which your study qualified you to apply:</b>	Ayurvedic Health Counselor Ayurvedic Practitioner		
<b>Dates of Training:</b>	Beginning Date:		Completion Date:
<b>Date “Document 4” forwarded:</b>			

<b>Name of School or Educator:</b>			
<b>Website:</b>			
<b>Address:</b>			
<b>Phone:</b>			
<b>Program Description:</b>			
<b>Level for which your study qualified you to apply:</b>	Ayurvedic Health Counselor Ayurvedic Practitioner		
<b>Dates of Training:</b>	Beginning Date:		Completion Date:
<b>Date “Document 4” forwarded:</b>			



## NAMACB Ayurvedic Health Counselor Application

### Document 4: School Portion of Request for Transcript or Education/Experience Confirmation

#### Section A: NAMA Organization Member Schools with Recognized Programs

Applicant Name: \_\_\_\_\_

Name of Program Applicant Completed through your school: \_\_\_\_\_

Check the Certification Level for which this Program has been accepted by NAMACB

Ayurvedic Health Counselor

Ayurvedic Practitioner

I, \_\_\_\_\_, \_\_\_\_\_, confirm that the applicant  
(Name of school official) (Title at institution)

has successfully completed the course study as specified.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Phone*

Please submit this page along with a copy of the transcript via email:

- E-mail = [namacb@ayurvedaNAMA.org](mailto:namacb@ayurvedaNAMA.org)

Total number of pages submitted: \_\_\_\_\_