



**FAST TRACK APPLICATION
(FOR CREDENTIALLED CANDIDATES)**

INSTRUCTIONS: This application must be completed online and electronically returned to info@aihc-cert.org

Please submit payment on the **APPLICATION** page

Application Date _____

PERSONAL INFORMATION:

Name _____

Address _____

Telephone _____

Email _____

LICENSES/CERTIFICATIONS/CREDENTIALS:

Clinic/ Business/Office name _____

How many patients are currently in your practice/clinic?

SUMMARY OF HOMEOPATHIC TRAINING:

School Attended _____

Classroom Hours _____

Clinic Hours _____

School Attended _____

Classroom Hours _____

Clinic Hours _____

School Attended _____

Classroom Hours _____

Clinic Hours _____

School Attended _____

Classroom Hours _____

Clinic Hours _____

Anatomy and Physiology, Pathology and Disease:

Date: _____

Location: _____

Hours: _____

Documentation*

OTHER HOMEOPATHIC EDUCATION/EXPERIENCE:

Seminar Hours This Year (minimum of 30 hours per year)* _____

CERTIFICATION VIDEO CASE:

Name of Case _____

Proctor _____

Email _____

(Video case and analysis must be submitted within 30 days of application.)

I abide by the AIHC code of ethics

Yes, I abide by the AIHC code of ethics.

No, I abide by the AIHC code of ethics.

Signature of Candidate _____

*All documentation must be scanned and attached to this application

All 5 supervised cases and certification video case will be strictly confidential.