

AMERICAN ASSOCIATION *of* INTEGRATIVE MEDICINESM, MEMBERSHIP APPLICATION



Membership Information

Circle one: Dr. Prof. Rev. Mr. Mrs. Ms. Miss Other _____
 First Name _____ M.I. _____ Last Name _____ DOB _____
 Address _____ City _____ State _____ ZIP _____
 Office Ph. _____ Home Ph. _____ Fax _____
 E-Mail _____ Highest Degree _____ Primary Specialty Area _____
 How did you hear about AAIM? _____

Membership Categories (check only one box)

- MEMBERSHIP ONLY** (International addresses, please add \$25 for additional postage)
- Student Membership:** Annual dues (must be enrolled in at least 9 hours/semester and provide proof of status) \$65
 - Membership:** Annual dues \$165
 - Life Member:** Never pay dues again \$2,500

MEMBERSHIP AND CERTIFICATION

- Diplomate:** One-time certification fee \$349 plus first year's dues \$165 \$514
- Diplomate Current Member:** ID# _____ One-time certification fee \$349 \$349
- Board Certified in Integrative Medicine, BCIMSM:** One-time certification fee \$295 plus first year's dues \$165 \$460
- Board Certified in Integrative Medicine, BCIMSM:** One-time certification fee \$295 \$295
- Board Certified in Integrative Health, BCIHSM:** One-time certification fee \$249 plus first year's dues \$165 \$414
- Board Certified in Integrative Health, BCIHSM:** One-time certification fee \$249 \$249

Total \$ _____

Colleges of Membership

Diplomate applicants must select one College of Membership that reflects their area of specialty. *One College is included FREE with your certification fee. If you would like to be a Diplomate of more than one College, an additional certification fee of \$150 per college is required. A full description of each college is listed on AAIM's website at www.aaimedicine.com*

- College of Conventional Medicine (DCM)
- College of Energy Medicine (DEM)
- College of Mind-Body Medicine (DMBM)
- College of Biologically Based Practices (DBBP)
- College of Manipulative & Body-Based Practices (DMBBP)
- College of Whole Medical Systems (DWMS)
- Diplomate of AAIM (if specialty is not listed above)

Payment Processing

Payment must accompany application. Payment plans, by credit card only, are available. For the payment plan, a minimum down payment of \$150 must be made and the balance paid in monthly payments (minimum \$100) automatically charged to your credit card. Certificates will be issued upon receipt of full payment. There is a \$75 administrative fee deducted for all cancelled and/or denied applications. All returned checks will be assessed a \$20 NSF check fee.

- Check enclosed (Please make checks payable to: AAIM) Money order Visa MasterCard American Express Discover
- Paid in full \$ _____ Please accept \$ _____ (min. \$150) as a down payment with \$ _____ (min. \$100) per month until balance is paid in full.

Card Number	Expiration date	Signature
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List two professional references:

Name: _____ Phone: _____
 Name: _____ Phone: _____

I certify that the information I have provided to American Association of Integrative MedicineSM (AAIM) is true, correct, and complete. I am not providing misleading, false, or deceptive information. I understand that if I have provided misleading, false, or deceptive information, the association will pursue aggressive legal action. I may be asked to provide additional documentation. I understand that AAIM reserves the right to verify any and all information that I provide. If I misrepresent my credentials, refuse to provide documentation at a later time if asked, or allow my membership with AAIM to lapse, I understand and agree that my membership and/or certification status will be revoked and my membership terminated. If the documentation required for the credential or membership status for which I am applying is not received within 6 months from the date of application, I understand that no refund will be issued in the event of the cancellation or denial of my application. I agree that I will notify AAIM in writing of any civil, criminal, or complaint that is made against me. I agree to hold harmless and indemnify AAIM and its officers, directors, employees, and agents for any misrepresentation of my credentials and for all claims, loss, judgment, or expense. AAIM does not endorse, guarantee, or warrant the work or opinions of any individual members. Membership does not imply licensing or registration by the organization of a member's qualifications, abilities, or expertise. The objective of AAIM's publications and the activities that it sponsors are for informative and educational purposes. The views expressed by the authors, publishers, or presenters are their own views and do not necessarily reflect those of AAIM. AAIM does not assume any responsibility or liability for its members or subscribers' efforts to apply or use the information, suggestions, or recommendations made by the organization, publication resources, or activities.

- Yes No**
- Have you ever been convicted of a felony?
 - Have you ever been disciplined, or are you currently under investigation, by a legal or licensing board? If yes, please explain on a separate sheet of paper.

By signing below, I agree to the terms stated above:

Print your name as you would like it to appear on your certificate (including designations). Designations must have documentation on file before they will be listed.

Signature _____ **Date** _____

Please see the back of this application

AMERICAN ASSOCIATION *of* INTEGRATIVE MEDICINESM, MEMBERSHIP APPLICATION

- Applicants for Board Certified in Integrative Health, BCIHSM, must reach 100 points based on education, experience, knowledge, skill, and training.
- Applicants for Board Certified in Integrative Medicine, BCIMSM, must reach 150 points based on education, experience, knowledge, skill, and training.
- Applicants for Diplomate status must have a minimum score of 200 points based on education, experience, knowledge, skill, and training.
- **Upon acceptance of your application, you will be contacted to provide any additional documentation.**

Membership Information

Education:

Award points for the highest degree only.

Award 50 points if you have a bachelor's degree **OR**
 Award 75 points if you have a master's degree **OR**
 Award 100 points if you have a doctorate degree.

Points **Score**

Experience:

Must have at least 3 years of professional experience.

Award 10 points for each year of professional experience.

10x _____ = _____

Knowledge:

Award points only for health-related writing.

Award 50 points for each book you have authored or co-authored.
 Award 25 points for each article you have authored or co-authored.
 Award 10 points for each paper you have presented at a professional meeting.

50x _____ = _____

25x _____ = _____

10x _____ = _____

Skill:

Award 25 points for each honor, award, or recognition related to integrative medicine you have received.

25x _____ = _____

Training:

Award 25 points if you have a related certification.
 Award 50 points if you have a professional license.
 License # _____ State _____

25x _____ = _____

50x _____ = _____

Award 5 points for each continuing education credit you have earned at health related meetings, seminars, or training sessions in the past 2 years.

5x _____ = _____

Patient Care:

Award 5 points for each case in which you have provided exemplary integrative medicine patient healing (10 cases maximum)

5x _____ = _____

Other Points:

Include other information about relevant activities. Specify how many points you feel should be awarded based on this information. Add these points to your total score. Attach additional pages if necessary.

Other Points: _____

Total Points: _____

Find-A-Provider Directory

AAIM members receive one FREE specialty listing on the AAIM Web site. Diplomates and BCIM/BCIH receive two FREE specialty listings per year. Additional listings are available for \$35/year per specialty. Members must sign up for the Find-A-Provider Directory by logging on to www.aaimedicine.com.

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|---|---|---|--|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Holistic Medicine | <input type="checkbox"/> Men's Health Care | <input type="checkbox"/> Traditional Naturopathy |
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Counseling | <input type="checkbox"/> Homeopathy | <input type="checkbox"/> Naturopathic Medicine | <input type="checkbox"/> Weight Management/Diet |
| <input type="checkbox"/> Ayurvedic Medicine | <input type="checkbox"/> Exercise and Fitness | <input type="checkbox"/> Hypnotherapy | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Women's Health Care |
| <input type="checkbox"/> Children's Health Care | <input type="checkbox"/> Family Practice | <input type="checkbox"/> Integrative Medicine | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chinese Medicine | <input type="checkbox"/> Herbal Medicine | <input type="checkbox"/> Massage-Bodywork | <input type="checkbox"/> Stress Management | |

Four Easy Ways to Join!

Toll Free: (877) 718-3053 • **Fax:** (417) 823-9959 • **Online:** www.aaimedicine.com • **Mail:** AAIM, 2750 East Sunshine, Springfield, MO 65804