



Practitioner Membership Application

Name _____
Organization _____
Address _____
City, State, Zip _____
Phone Day _____
Phone Eve _____
Fax _____
E-mail address _____
Date of Application _____
DOB _____ Male Female

TYPE OF MEMBERSHIP:

Practitioner Membership a professional practitioner of Ayurveda \$ 150.00 /yr

PAYMENT:

Check or money order _____
 Visa or Master Card # _____
Expiration Date: _____
Name on card: _____
Signed _____
Dated _____

It is a policy of NAMA to give, sell or trade our mailing list to other Ayurvedic resource groups.

- Check this box to stop sharing your name.
 Check this box if you do NOT want your name and contact information on the NAMA website

If applicant fails to meet current NAMA requirements for Practitioner Membership as of the date of the application, \$50.00 of the \$150 application fee will be kept for processing and not be refunded. \$100 of the application fee will be refunded to the applicant.

Submit payment with application, make checks payable to the National Ayurvedic Medical Association.

Please check appropriate qualifying requirements. Read all 3 requirements before selecting AND select ALL that are appropriate for your various forms of education and experience.

Academic Requirements

500 hours of classes, which includes:

- 350 hours of Core Classes in Ayurveda (see Education/Experience Confirmation document)
- 300 of those hours need to be in the presence of teacher. (classroom or gurukula)
- 50 hours of internship to include a minimum of:
 - 25 hours case management (observation) and clinical classes (instruction & critique)
 - 25 hours client management (one on one client assessments, etc)
- 100 hours of Peripheral Classes (see list: Sanskrit, Yoga, Jyotish, etc)
- Certification must be obtained from a legally operating institution stating completion of 500 hours and competency in core curriculum as established by the school.

List Core and Peripheral Classes separately even when from the same school. Attach a separate page if necessary.

You must contact each institution by forwarding a copy of the Education/Experience Confirmation Document and have confirmation of your education forwarded directly from the institution to NAMA. No confirmation documentation will be accepted directly from the applicant under this section.

Summary of Studies:

Date from /to mo/yr	Institution	Address	Phone	Hours	Check <input checked="" type="checkbox"/>		
					Core Classes	Peripheral Classes	Certificate
Total Core Hours							
Total Peripheral Hours							

Grandfather Requirements (initial each criteria to confirm you meet the requirement)

- _____ Currently in Ayurvedic practice. Describe your current practice; work setting, hours per week, specialty focus and any information that you feel is relevant in presenting a full and accurate description.
- _____ Managed a minimum of 50 cases.
- _____ Submit case files of 5 clients for review. Deleted names to protect confidentiality.
- _____ List Ayurvedic education under the Academic Criteria or Special Consideration Criteria as appropriate and request confirmation documentation as noted under each section.
- _____ Submit 3 letters of reference from teachers, clients and/or colleagues.

Please submit above information with the application.

Special Consideration Requirements

You may request Special Consideration when experience and/or education does not meet either the Academic or the Grandfather Requirements. This would include education from an individual teacher not affiliated with a specific school or institution and one-on-one mentoring with a qualified teacher. See the Education/Experience Confirmation document for definition of Core and Peripheral Classes.

You must contact each teacher and have confirmation of your education forwarded directly from the teacher to NAMA. No confirmation documentation will be accepted directly from the applicant under this section. Please submit a written description of any unique situations and a case by case determination will be made,

Date from /to mo /yr	Teacher Work Experience	Address	Phone	Hours	Check <input type="checkbox"/>		
					Core Classes	Peripheral	Mentoring
Total Core Hours							
Total Peripheral Hours							

By submitting this application, you agree to abide by and follow NAMA Policies.

These documents are available upon request from NAMA and online at http://www.ayurveda-nama.org/practitioner_policies.html

NAMA reserves the right to change the qualifying criteria at any time without notice. NAMA reserves the right to require a practitioner previously certified under the earlier standards to be required to re-qualify under the new standards. Earlier qualification under previous standards does not guarantee acceptance under newer standards.

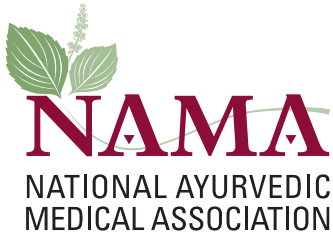
I confirm that all information submitted is accurate and true and agree to abide and follow NAMA policies. I acknowledge that qualifications for NAMA certification may change without notice and that it may be necessary for me to re-qualify and meet new qualification requirements.

(signature) _____ (date) _____

Please mail application to NAMA at the following address:

**National Ayurvedic Medical Association
PO Box 23446
Albuquerque NM 87192**

Or fax to: 505-294-7572



Education/Experience Confirmation Document

TO:

School Name: _____ Date: _____

Mailing address: _____ City: _____ State: _____ ZIP _____

Phone(_____) _____ FAX(_____) _____ email: _____

I _____ am currently applying to the National Ayurvedic
applicant's name
 Medical Association (NAMA) for Certification as a Practitioner Member.

I was a student from _____ to _____ .

Please forward confirmation of my education directly to NAMA at the following address:

National Ayurvedic Medical Association
PO Box 23446
Albuquerque NM 87192

Or fax to: 505-294-7572

NAMA divides education into the following 3 categories: Core Curriculum, Peripheral Courses and Internship. Please list the total number of hours under each category and the appropriate dates. (You may add additional courses on a separate sheet.)

Academic Requirements

500 hours of classes, which includes:

- 350 hours of Core Classes in Ayurveda
- 300 of those hours need to be in the presence of teacher. (classroom or gurukula)
- 50 hours of internship to include a minimum of:
 - 25 hours case management, (observing client consultations, consultation critique, etc.)
 - 25 hours 1 on 1 client consultations (client assessments, recommendations, etc)
- 100 hours of Peripheral Classes (see list: Sanskrit, Yoga, Jyotish, etc)
- Certification must be obtained from a legally operating institution stating completion of 500 hours and competency in core curriculum as established by the school.

	Classroom Hours with instructor	Hours	Dates
Core Courses			
History of Ayurveda			
Sankya Philosophy			
Ayurvedic Psychology			
Seasons			
Herbology			
3 doshas			

5 elements			
5 senses therapies			
6 tastes			
Prana, Tejas & Ojas			
Daily Regimen			
Client Management			
Pathology			
Assessment, evaluation			
Digestion and Diet			
Panchakarma			
Anatomy & physiology			
Yoga therapy			
Total Hours			

	Classroom Hours with instructor	Hours	Dates
Peripheral Courses			
Yoga			
Jyotish			
Sanskrit			
Biochemistry			
Total Hours			

	Classroom Hours with instructor	Hours	Dates
Internship			
Observe client consults			
Client consults 1 on 1			
Client consults critique			
Total Hours			

Please include a copy of transcript if available.

Please list name(s) of completed programs if appropriate: _____

I, _____, _____ confirm that the
 (name) (your title at named institution)
 applicant has successfully completed the course studies as specified..

_____ signature _____ date