

Veterinary Botanical Medicine Association

APPLICATION TO SIT FOR CERTIFICATION EXAM

NAME:

ADDRESS:

PHONE:

EMAIL:

HIGHEST DEGREE EARNED:

CERTIFICATIONS IN HERBAL MEDICINE (*i.e.*, AHG, NIMH, Chi Institute, other):

BRIEF RESUME OF TRAINING & EXPERIENCE IN VETERINARY HERBAL MEDICINE:

WHAT MODULES OF THE EXAMINATION WILL YOU TAKE? (*check any that apply in each section*)

SECTION I:

- Small*
 Equine
 Mixed

SECTION II:

- Western Herbal Medicine*
 Traditional Chinese Medicine

Please complete this application, then submit with your non-refundable registration fee of \$100 to:

(checks only, payable to the VBMA)

Jasmine C. Lyon, Executive Director
6410 Highway 92
Acworth, Georgia 30102