



# Herbalist Association of Nova Scotia

989 Young Avenue  
Halifax, NS  
B3H 2V9

<http://herbalns.org/>  
[admin@herbalns.org](mailto:admin@herbalns.org)

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Are you a Canadian Citizen: Yes \_\_\_ No \_\_\_ If not, nationality: \_\_\_\_\_

(Attach a photo with your application form)

Professional RHP Membership Application	Unit Price	Amount
New Professional Reg. Herbal Practitioner (RHP) Membership	\$100.00	\$100.00
One time administration fee (non-refundable)	\$45.00	\$45.00

Directory Listing	Included	0
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Please accept my donation: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> to help support our CCHA representatives <input type="checkbox"/> to help support our HANS website maintenance & enhancements <input type="checkbox"/> to be used by the HANS where it is best needed		
	Subtotal	
	HST	0
	<b>TOTAL</b>	

### Submitting application & payment:

**By regular mail:** mail application with your cheque or money order payable to HANS to the address shown on the top. If you would like to pay via PayPal, please indicate the email address to which the PayPal invoice should be emailed to: \_\_\_\_\_

**By email:** Email the full application to [admin@herbalns.org](mailto:admin@herbalns.org). Please indicate the email address to which the PayPal invoice should be emailed to: \_\_\_\_\_

**Note:** for membership questions or inquiries, please use [admin@herbalns.org](mailto:admin@herbalns.org)

**Your application for professional membership should contain the following:**

- This application filled out.
- A letter briefly explaining your objectives as a Registered Herbal Practitioner
- Your resume.
- Detailed history of your professional experience in the health and herbal field (if not included in the resume).
- Detailed history of your education on the herbal and healing arts (if not included in the resume), such as official transcript from institution, official letter from institution describing program and number of hours of training, the form provided in the last page of this application). The RHP membership requires at least 1500 hours of training; so please indicate the total numbers of hours in your detail educational history.
- Detailed history of your clinical experience – the RHP membership requires at least 300hrs(*e.g.*, school practicum, mentorship, professional practice, etc).
- Copies of your diploma(s), degree(s), or certificate(s) in the Herbal and the Healing Arts.
- Two letters of recommendation from herbal therapists (OK if one letter is from a retired herbal therapist).
- One passport-size photo (OK if taken with your own camera, and/or if printed from your own computer; you may also insert one picture in the word version of this application in the above box).

## EDUCATION

**High School** (name of school and year of graduation): \_\_\_\_\_

**Herbal education:**  self-study  apprenticeship  college/university  other: \_\_\_\_\_

Please indicate your Herbal and Health training areas:

Western Herbalism:  Clinical Herbalist  Phytotherapist  Master Herbalist  Chartered Herbalist

Other modalities:  Aromatherapist  Flower Essences  Homeopathy  Ayurveda  TCM

Others (specified): \_\_\_\_\_

**Clinical Experience:** \_\_\_\_\_ hours – practicum (part of college/university/institution education program)

\_\_\_\_\_ hours – mentorship program

\_\_\_\_\_ hours – own Professional Practice

\_\_\_\_\_ hours – other: \_\_\_\_\_

Please provide details on your education and any clinical experience in your documentation (*e.g.*, in your resume, official transcripts, education program details, etc.)

Please indicate formal education in Herbalism and other Healing Art (please include photocopies of diplomas):

Institution (university/College, apprenticeship)	Length of the Program (Weeks, Months, or years)	In Classroom, Correspondence	Graduation Date (yyyy-mm)	Diploma or certificate (i.e. Clinical Herbal Practitioner, Charter herbalist, Aromatherapist, Homeopathic Therapist, etc.)

## PROFESSIONAL EXPERIENCE

Do you currently have a clinical practice?  Yes  No

If no, when do you foresee opening a practice? \_\_\_\_\_ Are you a recent graduate?  Yes  No

If you have a clinical practice, how long have you been practicing? \_\_\_\_\_

Full time  Part time  From an office  Home Clinic – How many patients per week? \_\_\_\_\_

Do you currently have liability insurance?  Yes  No

Approximately, how many herbs are you familiar with and/or use in your practice?

1 to 25  26 to 50  51 to 75  76 to 100  over 100

Herbal recommendations and herbal remedies experience:

- a) Existing 3<sup>rd</sup> party herbal products –  Yes  No
- b) Formulation of herbal remedies –  Yes  No
- c) Preparation of herbal remedies –  Yes  No

If YES to (b) or (c), please indicate:

- teas  tinctures  ointments/salves  infused oils  mouthwash/gargles
- capsules  lozenges  others: \_\_\_\_\_

Please indicate any other healing modality that you may include in your practice, or any other professional activities:

- Homeopathy  Ayurveda  Aromatherapist  TCM  Flower Essences
- Herbal Educator  Herbal Consultant  Herbal Farmer  Herbal Remedies Manufacturer
- Others (specified): \_\_\_\_\_

### MISCELLANEOUS

Have you ever been prosecuted for any illegal act?  Yes  No

If yes – when, where and what was the nature of the charge? \_\_\_\_\_

What judgment was assessed against you? \_\_\_\_\_

### PEER REVIEW

All RHP applicants are interviewed in person\* by a Peer Review Panel set by HANS to evaluate and determine if applicant meets all the necessary qualifications. In the case of self-training, or if the association deems necessary, the applicant may be required to take a written entrance examination.

### MEMEBERSHIP

All accepted professional members must comply with the provisions of the Constitution & By-Laws, and any amendments to the regulations, code of ethics, code of conduct and scope of practice as presently, and any changes made to them from time to time in the future by the Board of Directors, and shall in all things uphold and carry out the objectives for which the Society was incorporated.

The Association may suspend members of rights and privileges if they are in arrears to the Association for three months and more and/or fail to fulfill the requirements of a member in good standing. All members are expected to complete 4 hours of professional development per year. All applicable documents will be included in your membership.

**I confirm that the information above is correct** \_\_\_\_\_

Applicant's Signature

Date

\* Applicants residing and practicing outside the province of Nova Scotia, Canada, contact the association to discuss and determine when and how you would be able to fulfill the peer review requirement.

## DETAILED EDUCATIONAL HISTORY In the HERBAL and/or HEALTH FIELDS

Applicant may use this form to outline her/his education/training, or to complement official transcripts. HANS reserves the right to ask for official documentation or transcripts from the educational institution(s) if deemed necessary.

Name of Course/training (add to the list below as needed)	<ul style="list-style-type: none"> <li>• Name of Institution</li> <li>• Private training (name of Institution or instructor)</li> <li>• Apprentice</li> <li>• Self-study</li> </ul>	Location (City, Province/State, Country)	Duration (in hours) - Total Hours, or - Hours/day - # of days, or - Hours/week - # of weeks - Hours/month, # months	Completion Date (yyyy-mm)
Biochemistry				
Histology				
Microbiology				
Anatomy				
Physiology				
Embryology				
Pathophysiology or pathology				
Oncology				
Midwifery				
Dermatology				
Pharmacognosy				
Pharmacokinetics				
Pharmacology				
Nutrition				
Materia Medica				
Herbal Therapeutics				
Herbal pharmacy (remedy making)				
Consultation skills				
Psychology				
Psychotherapy and counseling				
Clinical assessment				
Differential assessment				
Diagnostic tests				
Stress management				
Pediatrics				

Name of Course/training (add to the list below as needed)	<ul style="list-style-type: none"> <li>• <b>Name of Institution</b></li> <li>• <b>Private training</b> (name of Institution or instructor)</li> <li>• <b>Apprentice</b></li> <li>• <b>Self-study</b></li> </ul>	<b>Location</b> (City, Province/State, Country)	<b>Duration (in hours)</b> - Total Hours, or - Hours/day - # of days, or - Hours/week - # of weeks - Hours/month, # months	<b>Completion Date</b> (yyyy-mm)
<b>Gynecology</b>				
<b>Geriatrics</b>				
<b>History and Philosophy of Western Herbal Medicine</b>				
<b>Botany, Plant Chemistry</b>				
<b>Horticulture and gardening</b>				
<b>Environment and Conservation</b>				
<b>Adjunct therapies:</b>				
<b>Aromatherapy</b>				
<b>Bach Flower Essences</b>				
<b>Homeopathic medicine</b>				
<b>Oriental medicine</b>				
<b>Ayurveda medicine</b>				
<b>Reflexology</b>				
<b>Reiki</b>				
<b>Acupressure</b>				
<b>Acupuncture</b>				
<b>Massage Therapy</b>				
<b>Chiropractic</b>				
<b>CranioSacral therapy</b>				
<b>Hypnotherapy</b>				
<b>Iridology</b>				
<b>Hydrotherapy</b>				
<b>Orthomolecular</b>				
<b>Therapeutic Touch</b>				
<b>Touch for Health</b>				
<b>Healing Touch</b>				
<b>Biofeedback</b>				

<b>Name of Course/training</b> (add to the list below as needed)	<ul style="list-style-type: none"> <li>• <b>Name of Institution</b></li> <li>• <b>Private training</b> (name of Institution or instructor)</li> <li>• <b>Apprentice</b></li> <li>• <b>Self-study</b></li> </ul>	<b>Location</b> (City, Province/State, Country)	<b>Duration (in hours)</b> - Total Hours, or - Hours/day - # of days, or - Hours/week - # of weeks - Hours/month, # months	<b>Completion Date</b> (yyyy-mm)

Print/photocopy additional pages if needed.

**I confirm that the information above is correct** \_\_\_\_\_ **Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_