

Application for the
American Board of Homeopathic Medicine
(founded in 1959 as the American Board of Homeotherapeutics)



1532 Hamilton Ln
Vestavia Hills, AL 35243

Office use only: Application received on _____ .

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Office Phone () _____

Date & Place of Birth _____

Colleges Attended _____ Degrees _____

Healthcare training college/university _____ Degree _____

Date of Graduation _____

Hospital Appointments, Past & Present, Include Area Code & Phone Number of Hospital(s):

Teaching Positions, (Past & Present):

State of Licensure, License # and Date of Expiration _____

Phone Number of Licensing Board _____

List 3 Professional References, Two of whom must be members in good standing of the American Institute of Homeopathy (Name, Address, Area Code & Phone Number):

1. _____

2. _____

3. _____

Membership in Professional Societies:

(Include Fellowships and Certifications) _____

Formal approved Homeopathic Education, (Include Hours):

(Attach copies of certificates where applicable) _____

Specialty Practiced: _____ Board Certified Yes No

Percentage of Practice in Specialty _____

Number of Years Practicing Homeopathy _____ Percent of Practice, Homeopathic _____

Date _____ Signature _____

\$ 500 Examination Fee must be enclosed with this application.

Please attach a *curriculum vitae* and a copy of your current license to practice showing date of expiration.

Applicant: Do Not Write Below this line.

Approved:

1. Credentials Committee:

Date:

2. Examination Committee:

Date:

Accepted:

By Examination:

Written Objective _____

Oral _____

Clinical _____

Date _____

Signature _____

Certificate Approved:

1. Number of Certificate _____

2. Date of Issuance _____