

Herbal Association of New Brunswick (HANB)

Professional Membership Application

In an effort to accommodate the diverse educational backgrounds of herbal practitioners, we have opened up our professional membership application process to a variety of educational pathways. These include apprenticeship through oral tradition, self-study, and formal herbal education.

The requirements for each herbal education pathway are outlined within our Canadian Council of Herbalist Association (CCHA) Educational Standards document.

It is the responsibility of the practitioner to read, understand and uphold the CCHA Code of Ethics and Scope of Practice. Failure to do so will result in disciplinary procedures. Please familiarize yourself with our policies and standards prior to the application process.

The CCHA Educational Standards, Scope of Practice, Code of Ethics and Disciplinary Procedure documents can be found at <https://www.haofnb.ca/professional-membership>.

Professional Membership Benefits

Practitioner Members offer their registered title and related clinical services to the general public as an herbalist. Benefits include those for general members, plus the following items:

- Display services at HANB selected events.
- Participate in decision-making about standards, scope of practice and disciplinary procedures for professional herbalists in New Brunswick.
- Listing on the Practitioner section of the website.
- Benefit of being a registered practitioner, accountable to a standard of education, code of ethics, scope of practice and governing board of directors.

Professional Membership Fees

Annual HANB Annual Professional Membership (registered herbal practitioner)

Membership runs from Jan 1 st to Dec 31 st each year	\$100.00
Application Fee (One-time non-refundable administration fee)	\$50.00

Professional Membership Maintenance

- To maintain your professional membership, you must complete 40 hours of professional development each year.

Submitting Application & Payment:

By regular mail: Mail application with associated documents to Herbalist Association of New Brunswick to the address below.

Herbalist Association of New Brunswick (HANB)
29 Myronville Road
Erb's Cove, NB
E5N 1Z2

By email: herbalistassociationnb@gmail.com

Payment:

Paypal

If you would like to pay via PayPal, please pay through [PayPal.Me/herbalistNB](https://www.paypal.com/merchot/?x=1&from=sellerpaypal).

Please indicate the email address to which the PayPal invoice should be emailed to:

Email Transfer

Please send an email transfer to herbalistassociationnb@gmail.com



Herbalist Association of New Brunswick

Application for Professional Membership

Name of Applicant: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Are you a Canadian Citizen: Yes___ No___

If not, nationality: _____



New Professional Reg. Herbal Practitioner (RHP) Membership		\$100
One time administration fee (non-refundable)		\$50
Directory Listing	Included	
Posting of events on the HANB social media sites, newsletter and/or website	Included	
	TOTAL	

Application for Professional Membership

EDUCATION

High School (name of school and year of graduation): _____

Herbal education: Self-study

Apprenticeship

College/university

Other: _____

Clinical Experience: _____ hours

– Practicum (part of college/university/institution education program) _____ hours

– Mentorship program _____ hours

– 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) _____

Graduation Date (yyyy-mm) _____

Diploma or certificate and designation: _____

PROFESSIONAL EXPERIENCE

Do you currently have a clinical practice? _____

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

How many patients per week? _____

Application for Professional Membership

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 3rd 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): _____

Please provide details on your professional experience in your documentation (e.g., in your resume, or in a separate document)

Application for Professional Membership

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 applicants are interviewed by a Peer Review Panel of board members to evaluate and determine if the 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 examination.

MEMBERSHIP

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 (if applicable) 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 HANB was incorporated. The HANB may suspend members of rights and privileges if they are in arrears to the HANB for three months and more and/or fail to fulfill the requirements of a member in good standing.

I confirm that the information above is correct and that I have reviewed and agreed to the CCHA's Disciplinary Procedures, Educational Standards, Scope of Practice and Code of Ethics.

Applicant's Signature

Date

Application for Professional Membership

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. HANB reserves the right to ask for official documentation or transcripts from the educational institution(s) if deemed necessary.

Core Requirements	Name of Institution	Location	Duration	Completion Date
Min 1500 hours	<ul style="list-style-type: none"> • Private training (name of Institution or instructor) • Apprentice • Self-study 	(City, Province, State, Country)	(hours)	(yyyy-mm)
Core Courses (Min 850 hours)				
Herbal Sciences Min 500 hours				
Biomedical /Biological Sciences Min 350 hours				
Clinical Hours (Min 300 hours)				
Practical Supervised Practicum Min 100 hours				
Semi-Supervised Practicum Min 200 hours				
Complementary/Elective Courses (Min 350 hours)				
Additional hours in any of the above categories and/or complementary alternative medicine related subjects				

Biomedical/Biological Sciences

Min 350 hours

Anatomy and Physiology

Botany

Pathophysiology

Biochemistry

Phytochemistry

Western Diagnosis/Laboratory Tests

Integrated Physical Examination Skills

Western Pharmacology

Microbiology

First Aid and CPR

Herbal Sciences

Min 500 hours

Introduction to Herbal Medicine

Materia Medica

Herbal Therapeutics

Herbal Pharmacy

Energetics of Herbal Medicine

Complementary/Elective Courses

Min 350 hours

Additional hours in any of the above categories and/or complementary alternative medicine related subjects. Exam[pl]es include:

Midwifery

Nutrition

Consultation skills

Psychology, Psychotherapy and counseling

History and Philosophy of Western Herbal Medicine

Horticulture and gardening

Aromatherapy

Application Checklist- Please include the following:

1. This application is filled out.
2. A letter briefly explaining your objectives as a Registered Herbal Practitioner.
3. Your resume.
4. Detailed history of your professional experience in the health and herbal field (if not included in the resume).
5. 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 number of hours in your detailed educational history.
6. Detailed history of your clinical experience – the RHP membership requires at least 300 clinical hours. Please indicate the type of clinical experience *e.g.*, school practicum, mentorship, professional practice, etc.
7. Copies of your diploma(s), degree(s), or certificate(s) in the Herbal and the Healing Arts.
8. Two letters of recommendation from registered herbal therapists (OK if one letter is from a retired herbal therapist).
9. Two passport-size photos (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).
10. Criminal record check and vulnerable sector report.
11. Please note that Professional Liability/Malpractice Insurance is a requirement for professional clinical practice.

Note: For membership questions or inquiries, please email herbalistassociationnb@gmail.com