



Certification in Aromatherapy Programs

Practitioner Certification Renewal Application

January 2018

AROMATHERAPY CERTIFICATION RENEWAL APPLICATION

Renewal of the certification is required every two years. This process requires submittal of the Certification in Aromatherapy Renewal Application 30 days in advance of the re-certification due date. (Based upon date on certification certificate)

(For persons certified prior to January 2018, the application will be due by November 30, 2019—certification renewal will be by the end of December 2019.)

General Instructions

The Practitioner must be active and in good standing.

There are two parts to applying for Practitioner Renewal.

- Completion of Application Requirements
- Submission and acceptance of an Application of Renewal

Application Submittal

- Email a copy of your application to staff@ISHAhealing.com
- Application fee is \$75.00. Application fee is non-refundable.
- There is no fee for re-submission of application materials when an applicant is in “*Certification Renewal Pending*” status.
- Include a check or money order for \$75.00 payable to ISHA. If you would like to pay with a credit card, please call the ISHA office: 865-357-1541.

Active and In Good Standing

The terms “active and in good standing” means that the applicant is approved to practice as a CA, CPA or CCA Practitioner and their certification is current, up to date, and has not been challenged or compromised by unprofessional or unethical behavior. A Practitioner whose certification has been suspended or revoked, or who has permitted their certification to lapse into an inactive status is not “active and in good standing”.

The following criteria must be met to avoid being disenfranchised:

- Certification granted from ISHA resulting from approved program completion.
- Continued professional education is current and up-to-date
- All renewal fees/maintenance payments are current
- Continued compliance with the ISHA/NAHA Code of Ethics

Notification to Applicant

“Certification Renewal Approved” applicants will receive a congratulatory letter and a certificate to be kept with the original Certification certificate.

“Certification renewal Pending” applicants will receive an email or letter outlining the additional information or actions required to address the Pending status. Guidelines to address issues that are denoted as Pending will be provided. **Applicants will have 4 weeks to complete any revisions requested by the Re-Certification Reviewer.**

“Certification Renewal Not Approved” applicants will receive a letter with the reason(s) for this status.

ISHA Aromatherapy Re-Certification Review

The Aromatherapy Re-Certification applications are reviewed by qualified ISHA staff members as the applications are submitted. Applications are evaluated based upon completion of all requirements. Re-certification approval is at the discretion of the Reviewer.

Aromatherapy Certification Renewal Application

Submission Date: _____

Last Name: _____ First Name: _____

Middle Name or Initial: _____

Credentials: _____

Address: _____ City: _____ State/Province: _____

Zip/Postal Code: _____

Country: _____

Certification Number: _____ Type of Certification _____ (CA, CPA, CCA)

Date of Original Certification: _____

Include the phone number(s) and email address you want ISHA to use for communication:

Home Phone: _____

Home Email: _____

Cell Phone: _____

Work Phone: _____

Work Email: _____

Other: _____

Select the application you are submitting:

____ Practitioner Certification Renewal Application

Please fill out and attach the application checklist.

Send Packet to:

**Aromatherapy Certification Renewal
Attention: Certification Administrator
PO Box 32097
Knoxville, TN 37930
Phone: 865-357-1541**

Email: staff@ISHAhealing.com

Payment Information

If mailing, please make one (1) copy and staple to the copy of your application. If sending application electronically, may use credit card by calling the ISHA office. This copy will be retained in the ISHA office.

Billing Information:

Name _____
Last First MI

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Email Address:

Payment Information:

_____ Enclosed is a check or money order for \$75.00. Make check payable to ISHA.

On the “memo” line please note check is for Aromatherapy Practitioner Certification Renewal.

_____ Office was notified to charge credit card \$75.00.

Practitioner Certification Renewal Application Checklist

To be used as your final checklist to insure all requirements are met and materials included. Include checklist with your application packet. Please organize materials in the same order as the checklist below.

Applicant's Last Name: _____

Applicant's First Name: _____

Application Form

Payment Information

Practitioner Certification Renewal Application Checklist Form

Application Requirements as below:

1. Evidence of Participation

List of your hours of continuing education hours on the following form:
Continuing Education Hours Worksheet

Examples of NAHA approved CEs include: NAHA Conference, NAHA Webinars (free for members!), writing articles for the NAHA Journal, electives and continuing education courses taught by a NAHA approved schools, volunteer or mentorship time spent in a holistic healing center that utilizes aromatherapy*.

2. Assertion of Personal Responsibility

Sign and submit the Assertion of Personal Responsibility form

Aromatherapy Practitioner Certification Renewal Application

Aromatherapy Certification Renewal
Education/Activity Form

Name _____

*Aromatherapy based education must be at least:
30 hours: for Certified Clinical Aromatherapist
20 hours for Certified Professional Aromatherapist
10 hours for Certified Aromatherapist

Title	Dates	Location (City/State or online)	Type of Educational Activity <ul style="list-style-type: none"> <input type="radio"/> Courses <input type="radio"/> NAHA Conference <input type="radio"/> Workshop <input type="radio"/> Book/Webinars <input type="radio"/> ISHA Retreats <input type="radio"/> Authored Articles <input type="radio"/> Healing Center time* 	Hours

Total Hours

Assertion of Personal Responsibility

I can demonstrate knowledge of responsible and safe use of essential oils for clients as taught in the aromatherapy classes.

I can demonstrate and use all the techniques taught in the aromatherapy classes.

I understand the principles and concepts of using an informed consent form with clients.

I take personal responsibility for clarifying and interpreting the content and scope of an aromatherapy practice and I maintain confidentiality of my aromatherapy practices and activities and the documentation of all care provided.

I have read and understand the ISHA/NAHA Code of Ethics and the Scope of Practice and I attest that my practice adheres to these standards.

(If using hands-on techniques) I take responsibility to obtain and maintain appropriate legal credential, permissions or qualifications necessary to touch the human body as required in my state or geographical area.

Have you ever been convicted of a felony in the last 2 years? Yes No

If yes, please explain.

Signature _____ Date _____

Name (printed) _____