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 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* Courses
* NAHA Conference
* Workshop
* Book/Webinars
* ISHA Retreats
* Authored Articles
* Healing Center time\*
 | Hours |
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| --- | --- |
| **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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_