

## **Guidelines for completing the AHHA Practitioner Member application form**

**NAME** – Enter your full name exactly as you would prefer it to appear in your listing and on your certificate.

- If you include a middle name or two last names, we need you to verify if this additional name should be in the Last Name field or not. Keep in mind that there will be alphabetical sorts using the last name field.
- If you use initials after your name, be sure to include here. We would expect that these initials would be to indicate educational and professional degrees and certifications. We will be looking to see if you use periods with these initials or not. Later in the application, in the Qualifying Criteria section, you will need to include the training, certification, etc. that authorizes you to use these initials.
- We do **not** use "Dr." before the name. There are so many types of doctorate degrees, and the general public might equate "Dr." as having medical doctor status. If you have a doctorate degree, you can list this in the Key Training portion of the listing text.
- We do **not** allow MD initials after a name if the healthcare professional has his/her healthcare practice in the U.S., but is not licensed to practice medicine in the U.S. This particularly becomes a consideration if the professional graduated from medical school outside of the U.S. and is not licensed to practice as a medical doctor in the U.S. The rationale is that seeing MD might give the general public the impression that this professional can function as his/her medical doctor.

**NAME OF BUSINESS** – This field is optional, and should only be filled in if your practice has a legal company name.

**ADDRESS** – This field requires the FULL ADDRESS OF WHERE YOUR PRACTICE IS LOCATED.

- The Street Address information is needed in order to mail you materials, but is NEVER included in your listing that is shared with the public.
- The City, State, Zip, Country information IS included in your listing. These are separate searchable fields in the online listing, so must be where your practice is located.
- If for some reason your mailing address and practice location address are different, include your practice location address in this section of the application and provide us the mailing address separately – along with a request to have all materials mailed to this special mailing address.
- If you have more than one practice office, this listing accommodates only one location in this portion of the listing. You are welcome in the descriptive text portion to state “Second office in xxxxxxx.”

**OFFICE TELEPHONE NUMBER** – This is included in your listing

**HOME TELEPHONE NUMBER** – This is NOT included in your listing, but provides us an additional way to contact you, if needed.

**FAX NUMBER** – This is being phased out of listings, as e-mail makes faxing seldom needed.

**E-MAIL ADDRESS** – AHHA wants to be able to communicate with you via e-mail. You can elect to include this in your listing OR have us keep it private only for our use.

**WEBSITE** – If you and/or your practice has a website and you provide us the website address, we will include it in your listing with a hyperlink to make it easy for people to click through to your site.

**QUALIFYING CRITERIA** – **This is a very important section of your application.** The data provided here is kept in the AHHA computer record for you. If someone should contact us for verification that you do indeed qualify to be an AHHA Practitioner Member, this training data will be provided.

*AHHA must have on record What + Where + When information for any healing modality mentioned or referenced in any way in your listing.* This means that we MUST have the following for each and every therapy and healing modality.

- Name of degree, certification, training program, course
- Name of institution that provided the training and/or certification
- Year this training was completed

***If we do not have all three pieces of data for any single item, this can delay the processing of your application.***

Important Notes:

- We honor and accept all healing traditions and modalities.
- You must have formal training from an outside source for any modality you *mention in your listing*. Self study, self taught, and/or self-developed programs do not qualify you.
- We do not use *in-progress* training to qualify you. A training must have been fully completed.
- We do not use memberships in organizations to qualify you.
- We do not use employment history to qualify you.
- Be careful of the terms you use. For example - a certificate of completion is NOT a certification.

**MEMBER LISTING** – Here is where you provide the six lines of descriptive text you wish used in your AHHA Practitioner Member listing. This text will be seen by the general public. Yes, some of it may be a partial repetition of what you entered above. Keep brief. *The space for this section of your listing is limited to about 490 characters (approx. 65 words).*

(1) **Type of Practitioner** – The paragraph will begin with identifying the primary TYPE of healthcare professional that you are. Keep it simple, such as Hypnotherapist, Medical Doctor, or Wellness Coach. Yes, you may do many things, but here we need to state what is the main title you go by. Please note that we do **not** use "doctor" in identifying TYPE of healthcare professional unless you are a physician-level trained professional - MD, DO, DC, ND (physician-level only), DOM. We **do** include your major degrees in the Key Training portion of the listing text, so any Doctor of xxxxx degrees can be included there.

(2) **Healing Modalities offered** – Here you list what you offer your patients/clients. In most cases you will be listing the therapies/ modes of care that you prefer to focus on in your healthcare practice. You can include a bit of philosophy, if that helps a prospective patient/client better understand why you are exactly what he/she needs. Keep in mind that online this segment of text is keyword searchable, so be sure to include words that you think someone might use in such a search. Please note that only a physician-level trained professional with appropriate local licensure can use terms in describing what he/she is offering that indicate authority to diagnose and treat serious illnesses. Examples include *medical, medicine, healing, treat, and treatment*.

If you have more than one office, you can mention “Second office in xxxxxxx.”

(3) **Key Training** – The balance of this descriptive text paragraph will include the most important/impressive of your professional training. We include the name of the degree, certification, or training and the name of the related-institution. Year is not included here. Yes, you have listed ALL of your training above under Qualifying Criteria. However, here we want you to pick which ones are most important to you, and in what order do you want to present them to the general public. We will include as many as space will allow.

### **DOUBLE-CHECK EVERYTHING HAS BEEN INCLUDED**

To be sure your application can be processed immediately and your listing can be posted online today, please double-check to be sure you have filled in all fields and followed these guidelines. Especially check that you have included in the Qualifying Criteria section the full training data related to any initials after your name AND everything referenced in the Member Listing section.

If you need any further clarifications, contact the AHHA office at mail@ahha.org or (714) 779-6152.

***We look forward to welcoming you as a new AHHA Practitioner Member.***