

Application for Recognition of Credit from Previous Education for the Foundational / Year One Program

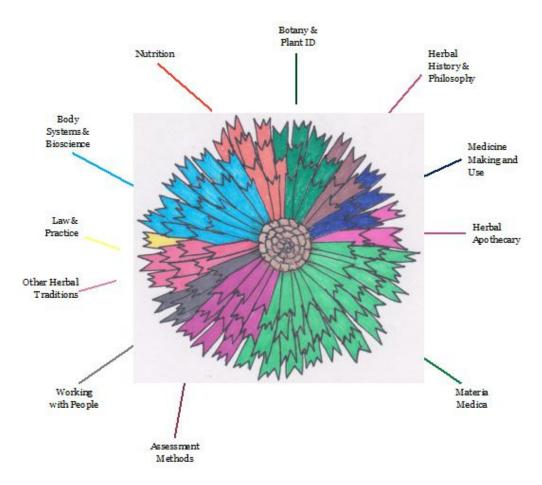
- This self-assessment form can be used as an addendum to the application by those students who are seeking ArborVitae recognition of previous education to be credited toward an ArborVitae certificate.
- If you have not yet submitted an application to ArborVitae, please submit one together with this form.
- ArborVitae will review these requests on a case-by-case basis and may require documentation of any prior education.
- Submit to ask@arborvitaeny.com

Name:			
Address:			
Phone : (home)	(cell)	(other)	
Email:	Pref	erred method for contact:	
Have you submitted an	application for the:		
First year Founda	tional program?		
Second-Third yea	r Clinical program? 🔃		

Year I Curriculum

The Foundational Program is a 320 hour program covering the following topics. The chart provides a rough break down of the relative emphasis on the various topics (with some inevitable amount of overlap between topics as the curriculum has an integrated approach).

Please review the following carefully and complete the following. Use additional space /append additional page(s) as needed. Please provide any additional documentation (such as certificates, diplomas, etc.) that you have.



First Year Curriculum	Classroom hours	Institution / Instructor	Date(s)
	studied		studied
Body Systems, Bioscience &			
Western Medicine			
*Specify below or appended which			
body / organ systems you have			
studied in depth.			
Anatomy, Physiology and Body			
systems			
Pathology			
Life cycles			
Pharmacology and herbal			
interactions			
Medical terminology			
Botany & Plant Identification			
Botanical science			
Doctrine of Signatures and			
Energetics			
Phytochemistry			
Field work			
Ethical and quality harvesting			
Nutrition			
Traditional approaches to nutrition			
Nutritional science			
Food as medicine			
Wild and foraged food			
Herbal History & Philosophy			
Lineage of North American			
herbalism			

Medicine Making & Use Infusions and decoctions Topical: salves, creams, powders Flower essences Other applications Specify: Herbal Apothecary Compounding basics Safety, toxicity, interactions, etc Dispensing Apothecary management Materia Medica (60+ plants) *note: submit separately a list of the herbs you feel you have studied in depth, which should for each herb include at a minimum the following components: Nomenclature Herbal actions Energetics Specific indications and use Safety Historical and botanical information Assessment Methods Traditional methods, including face, tongue, and pulse reading Circle the appropriate one(s) Tissue states and constitution		
Infusions and decoctions Topical: salves, creams, powders Flower essences Other applications Specify: Herbal Apothecary Compounding basics Safety, toxicity, interactions, etc Dispensing Apothecary management Materia Medica (60+ plants) *note: submit separately a list of the herbs you feel you have studied in depth, which should for each herb include at a minimum the following components: Nomenclature Herbal actions Energetics Specific indications and use Safety Historical and botanical information Assessment Methods Traditional methods, including face, tongue, and pulse reading Circle the appropriate one(s)		
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tongue, and pulse reading Circle the appropriate one(s)		
Circle the appropriate one(s)	, ,	

Working with People				
Initial approaches, referrals, and				
follow up				
Developing holistic and herbal				
protocols				
Ethics				
Other Herbal Traditions				
Traditional Chinese Medicine				
Ayurveda				
Other traditions throughout the				
world				
Specify:				
Law & Practice				
Legal issues regarding herbal				
practice				
DSHEA				
GMPs and the herbalist				
Email this form to ask@arborvitaenv.c	om. If for some reason vo	ou cannot email the completed form you	can mail it to:	
One Union Square West Suite 309, New York, NY 10003				
one officin bequare west butte joy, frew fork, fit 10005				

Please attach any additional information that would be helpful in assessing your previous education.

Date

Signature

I agree that all information provided here is truthful.