

American Naturopathic Board of Sports Physicians
Professional Membership Application

"Promoting the highest standards of excellence and clinical competence for Naturopathic Doctors specializing in sports medicine and physical fitness."

The ANBSP governs and administers the Diplomate certification. Various accredited Naturopathic Universities and colleges offer the curricula and training leading to qualification for taking the certification exams. The ANBSP governs the administration of the examinations and certifications. These certifications are designed for Naturopathic doctors who want to specialize in Naturopathic sports medicine.

All professionals who register as members will have access to our membership portal. Be able to apply as a volunteer supervisor at athletic events. With the ability to supervise students interested in sports medicine. And also agree to report to American Board of Naturopathic Sports Physicians (ANBSP) chosen supervisor at any event he or she wishes to participate in. The ANBSP board members, prior to each event, will decide on who the leading supervisor(s) will be.

If you choose to become a volunteer supervisor at events there is a separate application process. Once that has been completed and you are considered supervisor at events: ANBSP leaders/officers have the authority to revoke membership if code of conduct, ethics or mis-handling of athletes is performed or suspected. If code of conduct, ethics or anything thereof is threatened, during an event, ANBSP supervisors/officials can remove you from community event volunteer duties and ask you to leave the event immediately; as it is the safety of the athletes, their families, Supervisors and Naturopathic Medical Student volunteers we hold responsible.

Application Fee is \$100/Annually

Name (First, Middle, Last) _____

Date _____

Address _____

State _____ Zip Code _____

Credentials/License Number _____

Current Practice _____

Practice Location _____

Please circle:

Yes No I am a registered member of American Association of Naturopathic Physicians

Yes No I am a registered member of WA Association of Naturopathic Physicians

Yes No I understand that I am expected to teach and support students to learn at events.

Yes No I am certified in first aid.

Yes No I am certified in CPR and BLS for medical personnel.

Yes No I have completed the Safesport certification

I agree: (Please initial before each statement)

_____ To notify ANBSP of any changes to my credentialing status.

_____ To update my malpractice of events I plan to participate in.

_____ To continue to learn, teach and follow ANBSP's mission and goals.

In signing this application, I affirm that all information is complete and accurate. I certify that I am in good standing with any specialty boards I have membership in. All information provided in my application is true and accurate and no sanctions have been placed on my license(s) or credential(s) :

X _____ Date _____

Practitioner Signature