Application for Program Admittance MEDICINAL HERBALIST CERTIFICATION SERIES

It is necessary to apply well in advance for this program. DATE_____

THIS APPLICATION IS FOR THE HERBAL MEDICINE SERIES BEGINNING WINTER 2024

CONTACT INFORMATION THIS IS FOR PROGRAM YEAR _____

Registrant Name _____ EMAIL : _____

Telephone number(s) _____ mobile , indicate whether you text _____

RESIDENTIAL Mailing Address, including: CITY AND STATE, and full zip code.

_____-_____ ZIP_____

E MAIL ADDRESS _____ DATE OF BIRTH _____