

ASSOCIATION OF  
HOLISTIC PRACTITIONERS



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Lifetime Membership \$126.

or

Annual Membership Fee: \$63. (CDN) Renewal Fee: \$48. (CDN)

Cheques made payable to AHP.c/o The Oracle Bookstore 121-4338, Whistler BC V0N 1B4 Or call 1-604-905-0084 with VISA or MasterCard

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*Contact Information*

**To join the Association of Holistic Practitioners, please provide the following contact information:**

Name \_\_\_\_\_ Organization: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Web site \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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*Category (you may select more than one category)*

Holistic Healer/Health & Wellness

Education & Personal Growth

Intuitive Consultant (Spiritual Counsellor, Psychic Reader)

From the above categories, please list your areas of expertise, the modalities that you practice in order of relevance including courses or training programs you teach:

\_\_\_\_\_  
\_\_\_\_\_

What are your qualifications? (formal and/or experiential education) \_\_\_\_\_

\_\_\_\_\_

Do you belong to any other relevant Associations or Organizations? (Please list) \_\_\_\_\_

\_\_\_\_\_

How long have you been practising as a Holistic Practitioner? \_\_\_\_\_

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*Information for the Website and Print media*

In one sentence, describe what you offer the public. (What you do.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In one sentence, describe the greatest benefit your services offer to the public. (What they get.) \_\_\_\_\_

\_\_\_\_\_

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*Members Listing (public will see this information)*

This is contact information to be made available to the public. Complete only those lines that you wish to appear. That is, if you prefer to list only the organization and not your personal name, then don't fill in 'name' on this portion of the form.) *It is important to use the name (your personal name or your business) you would like to be available to search engines.*

Name \_\_\_\_\_ Organization: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Web site \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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*Additional Services*

Please set up a Web Page for my services at an additional fee of \$63.00CDN.

The URL address will be [www.holisticassociation.org/yourname](http://www.holisticassociation.org/yourname).

(Email a photo and/or logo as well as up to 500 words describing your offerings and services see a sample on-line)

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*Agreements*

We, as holistic practitioners, therapists and intuitives, have the responsibility to guide our actions to serve the best interests of the client. As members of our professions we realize this responsibility is upheld by maintaining the highest degree of personal and professional integrity. As members of our profession, we make the commitment to provide personalized care and knowledgeable services and information, in a clean, comfortable atmosphere, thereby ensuring the safety and well-being of the client.

**Code of Ethics:**

- Place the clients needs first and foremost with the intention of providing an opportunity for independent healing and/or personal empowerment and harm to none.
- Demonstrate respect by honouring a client's process, being present, listening, asking only pertinent questions.
- Maintain a high standard of professional conduct.
- Maintain confidentiality of information concerning clients, and refrain from discussing client care details.
- Provide a safe, comfortable, private and clean environment.
- Perform only those services, information or treatment for which the practitioner, therapist or intuitive is fully qualified and able to do so, and refer to appropriate specialists when work is not within the scope of practice or a referral is in the clients best interest.
- Be honest in all endeavours.
- Charge a fair and published price for services.
- Post credentials and policies.
- Undergo occasional peer-review or client evaluation.
- Stay current with information and techniques or furthering of education.
- Promise to be aware of, and abide by all national and local laws.

**I agree to the Association of Holistic Practitioners Code of Ethics**

**YES NO (please circle)**

## **TERMS and RESPONSIBILITY**

### **For Clients and Users of this Web Site**

- All information, services, suggestions or advice given to you by Members of the Association of Holistic Practitioners does in no way take the place of, or represent any type of medical, legal or financial advice given to you by another qualified professional. Ultimately, all decisions regarding your self, life, health and finances are yours.
- The Association of Holistic Practitioners, or any of its affiliates will not accept responsibility for any actions, or statements made, based on advice or information obtained during a session with any of its members.

### **For Association Members**

- As a Member of the Association of Holistic Practitioners, you are aware of the above information and pledge a personal and professional responsibility to adhere to the Associations Code of Ethics.
- The Association is a network of Holistic Practitioners and who operate independently of the Association and the Association of Holistic Practitioners does not take responsibility for individuals who break that Code.

## **PRIVACY POLICY**

The Association of Holistic Practitioners upholds a strict ethics policy in terms of confidentiality. Any and all information provided through this website is kept private and strictly confidential. Your personal information, including email address, will never be shared with any third party.

**I agree to the Association of Holistic Practitioners Terms and Responsibility**                      **YES NO (please circle)**

Signature and date: \_\_\_\_\_