

CAAM Application for Membership

PLEASE PRINT OUT AND SUBMIT TO ADDRESS BELOW

QUALIFICATIONS FOR PRACTITIONER MEMBERSHIP:

(There are three ways in which one can qualify.)

ACADEMIC REQUIREMENTS

- Proof of graduation from a CAAM approved school consisting of a minimum of 500 hours of Ayurvedic training that includes: Ayurvedic Philosophy, Anatomy, Physiology, Psychology, Pathology, Diagnosis, Diet, Herbalism, PK Theory, Yoga Therapy and Case Management. (At least 300 of these hours must have been in a Classroom)
- A Supervised Clinical Internship with a minimum of 10 Initial Consultations and 20 Follow Up Visits, and be currently in Ayurvedic practice.
- Maintain good professional and ethical standards.
- Good standing with CAAM.

OR GRANDFATHER REQUIREMENTS

- List Ayurvedic Education and provide documentation.
- Currently in Ayurvedic practice (Describe current practice: setting, hours per week, specialty and any other relevant information.)
- Managed a minimum of 50 cases.
- Submit case files of 5 clients for review (names deleted for confidentiality.)
- Submit 3 letters of recommendation from teachers, clients and /or colleagues.
- Maintain good professional and ethical standards.
- Good standing with CAAM.

OR SPECIAL CONSIDERATION REQUIREMENTS

You may request Special Consideration when experience and/or education do not meet either the Academic Requirements or the Grandfather Requirements. This could include education from an individual teacher not affiliated with a specific school or institution and one on one mentoring with a qualified teacher. (Documentation Required)

Type of membership (circle one): Practitioner, General Member, or Benefactor Member

Name _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____

Email: _____

Home Address: _____ Office Address: _____

City/State/Zip: _____ City/State/Zip: _____

Date and Place of birth: _____

How did you hear about CAAM? _____

High School Education and Year: _____

Undergraduate college, degree and year: _____

Graduate college, degree and year: _____

Post Graduate college, degree and year: _____

Healing Arts training/degree or certificate awarded, dates of study: _____

Ayurvedic Medicine Education, school and year, degree(s) awarded: _____

Professional licenses held in California, date of expiration: _____

Have you ever had a professional license revoked, refused, restricted or suspended? YES NO

If YES, please attach a full explanation.

Professional References

Name: _____ Name: _____

Address: _____ Address: _____

Phone: (____) _____ Phone: (____) _____

Please describe your current Ayurvedic and/or other healing art practice:

Self Employed: Employee: Name of employer: _____

Please give a brief description of the types of services you provide Ayurvedic clients (include Panchakarma services used) _____

Are you a member of any other professional organizations? YES NO

If YES, please list: _____

For practitioners only: Hours per week practicing Ayurveda (direct client care) _____

of Ayurvedic clients seen weekly _____ Hours per week practicing other healing arts: _____

of non Ayurvedic clients seen per week _____

Applicant's Statement: I have answered the preceding questions completely and to the best of my knowledge. If approved for membership, I shall abide by the rules and regulations of the California Association of Ayurvedic Medicine.

Signature: _____ Date: _____

Annual Dues: Practitioner \$95 • General/Student Member: \$50 • Benefactor Member: \$150-\$5,000

Dues will be refunded if application is NOT approved.

Please mail completed application and appropriate dues to:
CAAM • PO BOX 3881 • Redondo Beach, CA • 90277-1721
Questions: Dr. Mark Vinick (310) 375-HEAL (375-4325)
email: drmark@drmarkvinick.com