

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 \$150 • General Member: \$75 • Benefactor Member: \$150-\$5,000

Dues will be refunded if application is NOT approved.

SPECIAL OFFER As we strive to strengthen both our State and National organizations, CAAM is temporarily reducing the Practitioner Fee from \$150 to **\$50 for active practitioner members** of The National Ayurvedic Medical Association (NAMA). It is our hope that this will encourage Practitioners to become active members of BOTH organizations and strengthen our united voices on both the state and national levels.

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