

American Herbalists Guild

# Handbook of Mentoring Guidelines

for Student Practitioners and Mentors



*The Handbook of Mentoring Guidelines* was prepared under the direction of Patricia Kyritsi Howell, with contributions from Leslie Alexander, Bevin Clare, Victoria Fortner, Mimi Hernandez, Susan Marynowski, Anne Merrill, Nicholas Schnell, Michael Tierra, and Christin Whittington.

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Disclaimer: The American Herbalists Guild provides *The Handbook of Mentoring Guidelines* as a service to its members and other professionals in the field of herbal medicine. Please note that the AHG, Governing Council and Officers assume no responsibility for any results that result from the use of this document.

This publication is a revision and expansion of a previous document, *American Herbalists Guild Mentorship Program*, written by Aviva Romm in 2000.

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## **Part I**

### **The Role of Mentoring in Herbal Practice**

Mentorship, much like a traditional apprenticeship or journeyman experience, is one of society's oldest forms of experiential education. In many cultures, herbal training occurs almost exclusively in a setting where experienced herbalists work closely with others to share their accumulated wisdom. The structure of these relationships varies widely, but all have in common the desire to share information while offering support, guidance and critical feedback.

There is a growing need for clinical training for herbal students, but because only a handful of clinical herbal training programs are currently available, the AHG encourages mentorship as a way for herb students and beginning herbal practitioners to become confident, skilled clinical herbalists. Often those who have completed extensive training in herbal medicine (which may or may not have included a clinical component) are actively seeking the support and guidance of an experienced clinical herbalist to act as a mentor.

This handbook is designed to give support to both student practitioners working to develop their clinical skills and mentors looking for guidance about how to structure their work with students.

It is our hope that this handbook will be a much-needed bridge between formal training in herbal studies and the creation of a successful clinical practice. However, it is especially suited for those who intend to apply for professional membership in the American Herbalists Guild. We also offer this information to student practitioners everywhere who aspire to a high level of professionalism and competence.

These guidelines are a work-in-progress, rooted in many years of discussion, suggestions and feedback from AHG members. We anticipate that it will continue to grow and change, and we welcome your input and suggestions for improvement. Please feel free to send your comments about this handbook to the AHG office.

### **Mentorship and the Road to Professional Membership in the AHG**

These mentorship guidelines provide tools for those preparing to apply for Professional Membership in the AHG. The Standard Application Process for Professional Membership requires that applicants have “four years of combined academic training (through independent or formal education) and clinical experience.”

Clinical experience is defined as “A minimum of two years of clinical training (through independent practice, formal mentorship, or clinical supervision, or combination thereof) and clinical experience totaling at least 400 hours, with at least 100 different clients in a two-year period.”

While the clinical experience needed to apply for professional membership in AHG does not require you to work with a mentor, most herbalists find that a supportive mentor is invaluable in the early stages of establishing a clinical practice. And having a supervised clinical mentorship is one way to provide documentation and materials that clearly demonstrates your clinical experience in support of your professional application.

For the purposes of the Professional Membership Application, credit for clinical training is limited to four hours per client. This includes the initial intake appointment, case research, recommendations, any mentor sessions and client follow up.

The frequency of contact between you and your mentor, as well as the duration of the mentorship relationship, will depend upon your caseload and the speed at which you are able to build your practice. All or part of the 400 hours of clinical experience required in the AHG application may be accomplished by completing a mentorship as described in this handbook.

When you submit your AHG application, you must indicate the number of hours of clinical training you have received and from whom. You must also provide three case histories along with a comprehensive summary of each case with all assessments, treatments and outcomes. Using the guidelines provided here, you may begin the process of documenting your clinical practice so that you are ready to complete the application. A copy of the Criteria for Professional Membership is available on page 63.

By working with a mentor as you establish your clinical practice, and as a source of ongoing peer supervision, you will be on solid footing as a practitioner. The early days of any clinical practice can be challenging, and your mentor, along with your community of herbal peers, will help you navigate this stage in your growth as an herbal practitioner.

## **The Student Practitioner – Mentor Relationship**

The student practitioner – mentor relationship can be a wonderful source of satisfaction for both parties, and together they can work toward instilling confidence and clinical skills in the budding practitioner. And in many cases, a mentorship relationship may develop into a life-long collegial relationship or friendship.

However, like any relationship, it will take work to make it succeed. Both people must be open to ongoing discussions about expectations and goals, along with a strong commitment to clear communication, including constructive criticism and encouragement.

Student practitioners may see clinical training as simply the literal hands-on work of seeing clients. But working with clients requires complex, multidimensional skills that might not be readily apparent and which go beyond training in herbal usage and systems of diagnosis. A skilled clinical practitioner must have a solid foundation in practical herbalism skills as well as an understanding of the process of setting and achieving therapeutic goals, and the ability to act in a professional manner. They must also be prepared to be confronted with many issues related to their own personal strengths and weaknesses. And they may expect to be challenged with ethical and psychological questions. These are all areas where a good mentor can be invaluable in providing guidance and support.

Mentors must be prepared to help students to grow in these areas through a combination of direct skills sharing, setting an example as teachers and practitioners, and directing students toward opportunities for ongoing growth and education, both personally and professionally.

Because our beliefs about health, illness, and healing invariably affect our clinical approach, these beliefs should be openly expressed and examined when negotiating the mentoring relationship. These attitudes are reflected in communication styles, professional demeanor and the ways we establish relationships with our clients. Mentors should be prepared to clearly present their own beliefs and biases, actively help students identify their core values and attitudes, and encourage them to adapt and change their beliefs as they grow and develop as herbal practitioners.

Professionalism is another aspect of clinical care. Mentors should demonstrate and encourage student practitioners to evaluate how they present themselves to their clients as well as to the wider community in which they live and practice. These considerations range from physical appearance and the clinical setting to the development of credibility in their community—including establishing

and maintaining professional liaisons with other health care practitioners to develop a referral network.

Communication skills are as important to clinical care as herbal skills. Your recommendations, for example, are only as effective as your client's understanding of them, and your client's ability to carry out any recommendations is only as good as the manner in which you present them. Other important tools you will need when gathering your client's personal health information include effective listening skills and empathy. Mentors can help students learn and fine-tune these skills as a key step toward being effective practitioners.

The clinical techniques used in physical assessment will vary greatly, depending upon the healing traditions used by the mentor (i.e., pulse and tongue diagnosis, blood pressure, lab work, etc.) but these techniques should also be part of the ongoing skills developed in a mentorship.

Effective clinical care requires every herbal practitioner to stay current with new developments in health and medicine. In fact, continued study and ongoing education are life-long pursuits for anyone committed to high standards of clinical care. The well of knowledge from which all herbalists draw must be continually replenished if the discipline of herbal medicine is to remain dynamic and vital. Mentors are encouraged to share their writing and teaching skills, and offer suggestions about how students may continue to incorporate self-study and formal education into their growth as clinicians.

As part of the mentorship relationship, the mentor should provide guidelines for the day-to-day aspects of running a successful clinical practice. Mentors should be prepared to discuss and advise students about practical matters including, but not limited to:

- initial client contacts
- health history intake
- physical assessment
- lifestyle recommendations
- dietary and herbal recommendations
- how to provide educational consultations
- making effective recommendations
- keeping an herbal dispensary/apothecary
- payment policies
- making referrals
- continuity of care
- discontinuing care
- completing care
- responding to adverse reactions
- difficult patients
- formulating
- dosage
- legal issues
- office management

## **Part II**

### **Guidelines for Student Practitioners**

#### **Why Work with a Mentor?**

The primary benefit of a mentoring relationship is to you, the student practitioner. The feedback, advice and encouragement you may receive from a mentor who is a professional clinical practitioner can significantly enhance your skills as an herbalist. Any two people who have a viable way to communicate and desire to work together can establish a mentoring relationship. With the widespread availability of email, Skype and phone communications, mentors and student practitioners may work together no matter where they live. You may decide to approach potential mentors anywhere in the country, thus gaining from expanded herbal training while continuing to live and work in your own community. We also believe that a healthy network of mentoring relationships will result in even more practicing herbalists with thriving practices in more places, thus making high-quality herbal medicine available to more communities around the country.

#### **Are You Ready to Begin Your Mentorship?**

Before you begin to set up your supervised clinical training you should have a firm understanding of the foundations of herbalism. This should include either formal academic studies in herbal medicine through an established training program, or a significant amount of time in self-study. Your studies should meet the requirements of the AHG education guidelines. These requirements include a working knowledge of at least 150 plants and their uses, a theoretical foundation for developing treatment protocols, and an understanding of practice management and ethics, and basic sciences. (See the Criteria for Professional Membership, page 67.)

We would also suggest that you spend some time observing and, if possible, assisting in a clinical practice. Ideally, this would be with an herbal practitioner, if one is available, or in the clinic of a licensed health practitioner such as a physician, nurse practitioner, naturopath, acupuncturist, midwife, dietician, chiropractor, etc. We recommend at least ten to twenty hours of observation to give you a good idea of how a clinical practice operates.

It may also be a good idea to collect several letters of recommendation from your herbal teachers or associates who can attest to your commitment and readiness to embark on your career as an herbalist.

You will also need to create a number of forms and documents for your practice. You will use these to document your casework as well as your mentoring progress, get informed consent from your clients to share their case (anonymously, of course) with your mentor, etc. The last section of the Mentorship Guidelines includes a variety of forms and templates that you are invited to modify and personalize for use in your practice. See page 20.

The more you can do to complete these basic steps before you approach your potential mentor, the better you will demonstrate that you are serious about developing your clinical skills. Keep in mind that the mentorship relationship should focus on clinical issues, not basic herbal knowledge.

Most people willing to take on student practitioners as mentees will have their own individual prerequisites. You should be prepared to talk honestly about your expectations before you begin

working with any potential mentor. You will find more suggestions about how to do this in the following pages.

## **Finding a Mentor**

There are many ways to find a mentor. The best place to start is to approach one of your herb teachers—someone you already know and have studied with who can build on the foundation of your formal training. If this is not an option, you may choose to approach someone you have never met but who may be a good fit for you. Another resource is the AHG website where you will find a list of professional members who have agreed to work with students. To view the list, go to [www.americanherbalistsguild.com](http://www.americanherbalistsguild.com) and click on “Mentorship.”

Obviously, the best mentor is someone you respect and who has an approach to herbal practice that is congruent with your training and beliefs. For example, if you have studied Ayurvedic herbalism you would definitely need a mentor who has extensive experience in this healing paradigm.

It is not uncommon to approach several people before you find someone who has the time and energy to work with you. Don't be discouraged if this process takes a while! If you follow the guidelines for preparing to start a clinical practice (outlined later) and have a clear idea of what you are looking for from a mentor, you will increase your odds of finding a potential mentor to work with you.

In general, mentors must have at least seven years' experience as a clinical herbalist and are expected (but not required) to have been an AHG professional member in good standing for at least three years. Clinical herbalists who are no longer in practice but meet the above criteria may serve as mentors if they have been in clinical practice within the past ten years.

Clinical herbalists who are not professional members of AHG are also potential mentors as long as they meet all the other requirements noted above. Non-AHG practitioners with demonstrated competence as clinical herbalists who may also be considered include members of the National Institute of Medical Herbalists (UK), the National Herbalists Association of Australia, the Canadian Herbalists Association of British Columbia, or a comparable organization.

## **Mentoring Fees**

Obviously a mentoring relationship requires a fair amount of work for both the mentor and student practitioner. For this reason, some kind of exchange is suggested to keep your relationship in balance. Some mentors request an hourly fee for their services, others are willing to trade for goods and services, and still others may be willing to give of their time and expertise without payment of any kind. According to several student members who have paid mentors a fee for their time, rates range between \$30-50 per hour. Other types of exchanges vary widely.

Whatever your financial resources, we suggest that when you approach a potential mentor you have a proposal ready about what you can offer them in return for their time and energy.

## **Multiple Mentors**

It may be beneficial to gain clinical insights and experience from more than one mentor. As far as AHG is concerned, it is fine to work with more than one mentor to meet the clinical requirements for professional membership. We do suggest that you contract with only one mentor at a time to benefit most from each one. Remember that you must complete and maintain records of

the mentoring contact hours spent with each mentor if you plan to use these hours to document your clinical experience. Each mentor should also be asked to provide you with a letter of recommendation and a Mentor Final Report (see template on page 60.)

## **The Rights and Responsibilities of Students**

Here are some guidelines to help you draft a mentorship contract outlining your agreement with your mentor. You may want to incorporate some of these items into your contract. A basic contract template is also available; see Mentorship Contract on page 23.)

### **You have the right to:**

- Expect your mentor to be ready for each session by being prompt, prepared and attentive.
- Receive honest and constructive evaluations from your mentor, along with a fair appraisal of your skill level at regular intervals throughout the mentorship; and to have the opportunity to respond to grievances and concerns you may receive from your mentor, should any arise.
- Discontinue the mentorship should it not meet your needs or expectations, or should you find you are unable to fulfill your responsibilities as outlined in your mentorship agreement.
- Receive a fair and honest recommendation from your mentor upon successful completion of your mentorship agreement.
- Expect full confidentiality from your mentor about your work together, with the only exception being any information requested by the AHG Admissions Committee, should you decide to apply for professional membership.

### **You should be prepared to:**

- Be honest when conveying information about your professional training and skill level to your mentor.
- Be willing to listen to your mentor's feedback, guidance, and evaluations of your progress.
- Keep accurate, thorough and up-to-date records of the mentorship and all clinical sessions.
- Provide full disclosure to potential clients and the general public regarding your student practitioner status. This includes providing clients with disclosure/informed consent forms at your first meeting.
- Meticulously protect the identity of all clients by establishing and using a coding system for case files.
- Keep all discussions with your mentor about clients and client interactions confidential.
- Respect your mentor's boundaries with regard to time and energy.
- Be timely in making any agreed-upon payments of any kind to the mentor.
- Abide by the AHG Code of Ethics.

## Part III

### Guidelines for Mentors

Mentoring—the process of watching someone who feels called to this work begin to claim their skills as an herbal practitioner—can be an immensely rewarding experience. Many established herbalists know their success is due in part to the encouragement and inspiration provided by their teachers and mentors. What better way to guarantee that herbalism continues to grow and expand as a viable form of healthcare than by mentoring an herb student?

A good mentor should be candid about the challenges and rewards of clinical practice, and ready to provide encouragement as needed along the way. It is important that you feel good about your own clinical practice and are able to share your enthusiasm.

Because a student practitioner is engaged in the process of starting a career in herbalism after having invested years of study, it is your duty to be ready to contribute to the framework and structure for a successful mentorship relationship. While much of what occurs in the course of mentoring is conversation and discussion about the clinical work, you must also have good organizational skills and the time and energy needed to keep up with all the tasks associated with being a mentor.

We each have our own way of communicating, and learning to do this effectively as a mentor may be something you'll need to work on. Probably the most important skill is just being a good listener. You want to provide an environment where students feel comfortable expressing their ideas and opinions. Don't be too quick to provide solutions to problems they are grappling with. Often asking the right questions will help them find their own answers.

Use positive reinforcement, be gentle in your feedback and comments, and help them (and you) remember that you are both engaged in a learning process, no matter how long you have been practicing—that is why we call it an herbal “practice!”

Be honest about what you do and don't know. Ultimately, the only thing you have to offer is your authenticity. It is a relief for students to see that you don't know everything. Even more important, let them know that you don't feel you *must* know everything. The mentoring process is a journey of discovery for both of you. Sometimes the best answer is, “I don't know, but let's find out.”

Active mentors who are professional members of the AHG receive .25 CEU credits per hour spent in properly documented student-mentor contact time.

### Providing Feedback

As a good mentor, you must be comfortable providing constructive criticism and honest evaluations throughout the mentoring process. You want to be caring, considerate and honest, and provide positive feedback and encouragement. But it is also your responsibility to help your mentees improve or expand their skills as needed. This requires an honest, and sometimes difficult, evaluation of strengths and weaknesses. Your ability to do this in an encouraging way is critical.

When negotiating a mentoring contract, be sure to include a schedule for regular evaluation sessions. Both of you can use these sessions as a safe place to honestly assess the process to be sure that your relationship is on task and meeting the goals of the mentorship. We've provided templates for both mentor evaluations of student practitioners, and student practitioner evaluations of mentors; see page 54.

The following are suggestions for providing effective feedback:

- Be specific in your comments. Avoid generalizations, judgments, and vague statements.
- Be descriptive in your comments.
- Comment on specific behaviors, not on the student's personality, using "I" statements rather than "you" statements.
- Make certain that your student understands what you have said by asking them to repeat back what they heard you say. Repeat this process as needed until you are sure they understood your comments.
- Provide constructive criticism that includes concrete suggestions for improvement and further study. Remember what it is like to be in the early days of beginning an herbal practice.
- People appreciate honest, clear feedback about their performance. Holding back won't help them grow.
- Give the student time to respond to your comments.
- Be sure you also schedule time for your student to provide you with feedback and suggestions about how you can improve your mentoring skills.
- Be receptive to feedback and constructive criticism about your performance.
- Suggest that students do a self-assessment from time to time and use this as a way to start a discussion about their progress.
- Choose a relaxed time for evaluations. Be sure that both of you will have the time needed to share and comment as needed.

## **Rights and Responsibilities of Mentors**

### **As a mentor, you have the right to:**

- Choose to work only with students who best seem to match your practice style, healing philosophy and expectations.
- Define your role as mentor, including establishing appropriate professional boundaries in the relationship and setting fees or compensation agreements in return for mentoring.
- Establish educational and practical experience prerequisites for any students you choose to work with.
- Expect students to engage in ongoing education both independently and at your suggestion.
- Clearly define expectations and requirements for successful completion of the mentorship and include them in the contract before the mentorship begins.
- Provide fair and honest written feedback and assessment of the student's skills on a regular basis throughout the mentoring process.
- Terminate the mentoring agreement if you are unable to devote time to uphold your end of the mentoring agreement or if at any time you feel that the student is not meeting his or her responsibilities as outlined in your contract.

### **As a mentor, you should be prepared to:**

- Be available for supervision, teaching, consultation and feedback as outlined in the mentoring contract.
- Teach clinical skills based on your own practical experience.
- Identify areas in which the student needs more experience or instruction, and direct the student to resources for obtaining information or training as needed.
- Provide honest feedback and regular evaluations in writing of the student's clinical skills and knowledge, while at the same time being open to feedback, constructive criticism and suggestions for improving your mentoring skills.
- Help the student define and name their scope of practice.
- Create a positive learning environment that includes mutual respect, encouragement, positive reinforcement and constructive criticism, while demonstrating clear communication skills.
- Notify the student promptly should any obstacles arise which might prevent you from meeting your responsibilities or completing the mentorship. If feasible, assist the student in finding a new mentor to complete contract agreements.
- Support the student in becoming an AHG professional member and help them understand and meet the clinical requirements needed for application, providing them with a letter of recommendation upon request.
- Keep records of all mentoring contact hours for each student.
- Abide by the AHG Code of Ethics.

## Part IV

### Guidelines for Creating Mentorship Documents

You may use the forms and templates (Word documents) included in this handbook without restriction. We suggest that you use them as a starting point to create custom documents as you set up your mentorship, document your clinical practice and organize materials needed when you apply for professional membership in the AHG. We welcome any suggestions for revisions and improvements of these forms. Please share your feedback with the AHG office.

Here is a Mentorship Checklist to help you keep track of the forms you will need for your mentorship. For easier editing, a Word document version of each form and template is also available on the AHG website ([www.americanherbalistsguild.com](http://www.americanherbalistsguild.com))

#### MENTORSHIP DOCUMENT CHECKLIST

Form or Report	Status or Date	Done	Notes or Comments
<b>MENTORSHIP</b>			
Mentorship Application			
Mentorship Contract			
Mentorship Contact Hours Log (for both student and mentor)			
Liability Release			
<b>CLINICAL PRACTICE</b>			
Disclosure/Informed Consent			
Health History Intake			
Food Diary			
Meds & Supplements List			
Client Data File			
Client Contact Hour Log			
Case History Review Template			
<b>MENTORSHIP REPORTS AND EVALUATIONS</b>			
Student Self-Evaluation			
Mentor Evaluation of Student			
Student Evaluation of Mentor			
Letter of Recommendation			
Final Report and Sign-Off Form			

Following you will find descriptions of and suggestions for using the forms and templates provided.

## Mentorship

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### The Mentorship Application

This application is to be used by student practitioners when contacting prospective mentors. This information, along with a description of your herbal education and clinical experience to date, will help prospective mentors consider your request to be mentored. Before submitting this information to prospective mentors, we suggest that you contact them by phone or email to see if they are accepting mentees. If so, follow up with this application and a copy of your resume or CV.

### The Mentorship Contract

The Mentorship Contract defines the responsibilities, goals, and expectations of both the student practitioner and mentor over the specific time period delineated for the mentorship. It is recommended that you work together to personalize the contract so that it meets your individual needs and expectations.

While a contract may seem like an unnecessary formality, especially if there is already an established relationship between the student and mentor, it is strongly recommended. The mere act of putting expectations, goals and future outcomes on paper will prevent future miscommunication and misunderstandings. Both the student practitioner and mentor should carefully review and consider each facet of the contract. No two mentorship agreements are the same. These guidelines are provided as a framework for crafting an agreement that fits each situation. It is possible that over time contracts may also be re-negotiated. Consider including specific dates for reviewing the contract and revising it if needed.

In general, a basic contract should include:

- Contract date
- Names of mentor and student practitioner
- Expected length of time of contract (with specific start and end dates)
- Expected number of contact hours (each week, month, etc.)
- Student practitioner's learning objectives
- Clearly delineated responsibilities of the student practitioner
- Clearly delineated responsibilities of the mentor
- Expected payments and payment schedule (if any)
- Established schedule for evaluations of both parties
- Student practitioner and mentor signatures

A Mentorship Contract template may be found on page 23.

Both the mentor and student practitioner are expected to abide by the AHG Code of Ethics (see page 66.) Specifically, you are both expected to respect and protect the confidentiality of the practitioner/client relationship by only reviewing cases of clients who have signed an Disclosure/Informed Consent form (see page 26 for sample forms.)

The only exception to the American Herbalists Guild Code of Ethics as it applies to student practitioners who are being mentored is that any client grievances with regard to student practitioner conduct or performance should be directed to the mentor, not the AHG. However, violations of the AHG Code of Ethics by the mentor should be brought to the attention of the Executive Director of the AHG if the mentor is a professional member of the Guild.

### **Mentorship Contact Hours Log**

Both the student practitioner and mentor should keep a record of contact hours throughout the mentorship process. This information will be used to document clinical supervision when applying for the professional membership in the American Herbalists Guild. See page 24.

### **Liability Release**

The Liability Release is to be signed by the student practitioner. Both the student and mentor should retain copies as long as the Mentorship Contract remains in effect. See page 25.

## **Clinical Practice**

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### **Disclosure/Informed Consent**

The Disclosure/Informed Consent form describes the student practitioner's scope of expertise, personal philosophy and training as an herbalist and requests the client's permission to review their case anonymously with the mentor. The form also provides clear information about how client anonymity is maintained and notifies them that they may be contacted by the AHG to verify that they have consulted with the practitioner. A copy of this form must be on file for every case student practitioners submit for review with their mentor. See page 26.

### **Health History Intake**

All practitioners use some type of intake form to collect health history information from clients. Intakes forms are varied and most practitioners customize a basic template to suit their particular

needs. For example, an herbalist using Traditional Chinese Medicine as a basis for assessment would want to record observations about the tongue and pulse. We've provided several basic examples of intake forms to help you get started on page 30.

When preparing to present individual cases for mentor review, use the Case History Review Template to organize pertinent information. Be sure that the client is identified only by their client code on the Case History Review. See page 52.

### **Food Diary**

This is an easy to use chart that clients can use to record five days of food and beverage intake. See page 46.

### **Medications and Supplements List**

Ask clients to complete this chart to indicate all pharmaceuticals, over-the-counter medications, supplements, nutritional drinks, and herbal supplements used in the past six months. See page 50.

### **Client Data File**

Use this template to record the names of clients and the codes assigned to them. This form and information it contains should not be shared with anyone, including mentors. It is for practitioner reference only as a record of anonymous codes created for each case **before** submitting them to the mentor for review. See the Client Data File template on page 50. To record client contact hours, use the Client Contact Hour Log, page 51.

### **Client Contact Hour Log**

Use this log to record the date, client code, number of client contact hours and any other information from meetings with clients. See page 51.

### **Case History Review Template**

Use this template to streamline intake information for mentor review. This may be modified to fit the healing paradigm of each practitioner as needed. Be certain the client's name, contact information and any other identifying information are **not** included here. See page 52.

## **Mentorship Reports and Evaluations**

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It is assumed that both the student practitioner and mentor are open to constructive criticism, suggestions for improvement and of course, encouragement and praise. Use these forms as starting point for frank discussions about the mentorship process.

### **Student Practitioner Self-Evaluation**

Herbal practice is much more than just knowing enough about herbs to make recommendations. Every practitioner soon discovers that clinical practice is a deeply personal process that requires a willingness to continually examine your personal beliefs, refine your definition of health and healing, and expand your ability to listen and communicate.

This form is meant to provide guidelines for reflecting on progress and assessing objectives. Completing this form at regular intervals throughout the mentorship and sharing self-evaluations with a mentor is a valuable way to evaluate your progress and determine new learning goals. You may want to incorporate a schedule of regular evaluation sessions as part of the Mentorship Contract. See page 54.

### **Mentor Evaluation of Student Practitioner**

One of the most valuable aspects of the mentorship process is the mentor's ability to provide clear, specific and constructive evaluations of the student practitioner's progress. This form is designed to supply guidelines for providing student practitioners with critical assessments of their performance. Evaluations should be more than just feedback about the client intake, case reviews and treatment protocols. They should provide a well-defined measure of the student practitioner's progress toward the goals outlined in the Mentorship Contract, as well as specific suggestions for continued learning and ways to improve clinical skills. Mentor Evaluations of Student Practitioners should be scheduled to occur regularly throughout the mentorship as part of the Mentorship Contract. See page 56.

### **Student Evaluation of Mentor**

Mentors provide a valuable service to the herbal community and contribute to the continued growth of herbalism when they agree to mentor student practitioners as they develop their herbal practices. The purpose of this evaluation is to give clear, specific and constructive feedback that may help mentors fine tune their mentorship skills. Student evaluations should be scheduled to occur regularly throughout the mentorship as part of the Mentorship Contract. See page 59.

### **Mentorship Final Report**

When a mentorship is concluded, whether that is because the student practitioner has completed the required amount of clinical hours and feels ready to apply for professional membership in the AHG, or if the mentorship is one of several undertaken by the student practitioner, this form may be used to document the work completed. When signed by both the mentor and practitioner it indicates that the all of the goals outlined in the Mentorship Contract have been completed. See page 60.

### **Letter of Recommendation**

At the conclusion of the mentorship the practitioner should request a letter of recommendation from the mentor. When requesting the letter it is a good idea to offer some reminders about your mentorship and to encourage them to include specific accomplishments in their letter. Three letters of recommendation are required as part of the application process to become a professional member of the American Herbalists Guild. See page 62.

## **Part V**

### **Mentorship Document Forms and Templates**

You may use the following forms and templates without restriction. We suggest that you use them as a starting point to create custom documents as you set up your mentorship, document your clinical practice and organize materials needed when you apply for professional membership in the AHG. We welcome any suggestions for revisions and improvements of these forms. Please share your feedback with the AHG office. Download Word doc versions from the AHG website at [www.americanherbalistsguild.com](http://www.americanherbalistsguild.com).

## Student Practitioner Mentorship Application

*This application is to be used by students when contacting prospective mentors. This information, along with a description of your herbal education and clinical experience to date, will help prospective mentors consider your request to be mentored. Before submitting this information to prospective mentors, we suggest that you contact them by phone or email to see if they are accepting mentees. If so, follow up with your resume/CV and this application.*

Application Date:

Student Practitioner Name:		
Address:		
City:	State:	Zip Code:
Phone:		
E-mail:	Website:	

Current occupation:

Describe your studies/training as an herbalist to date. Include a list of herb courses, workshops, lectures, and classes you've attended, as well as any schools or correspondence programs; or you may attach your resume or CV.

How would you describe your current level of herbal experience? Choose the title that best describes you. Feel free to add comments for accuracy.

- Beginning/Intermediate Student (less than two years of herbal education or experience)
- Advanced Student (more than two years of herbal education or experience)
- Beginning Practitioner (more than two years of herbal education and a year or less of clinical experience)
- Practitioner (more than two years of herbal education and a year or more of clinical experience)
- Other (please describe)

Have you published any articles or other works related to herbal medicine? If yes, attach a copy or provide a list of where they were published, publication dates and titles.

If your work as an herbalist has included teaching or lecturing, provide a list of places where you have presented your work. Include the names of conferences, symposia or individual events with dates and topics presented.

What is your personal philosophy with regard to your approach to the practice of herbal medicine?

What is your personal definition of health and healing?

List ten books about herbalism and herbal medicine that you consider essential references in your work as an herbalist.

Why do you want to be a clinical herbalist?

Are you currently seeing any clients? If so, provide a brief description of how your practice is organized. Be sure to include information about where you see clients, your apothecary, the average number of people you are seeing per week/month, and how long you have been practicing in this setting.

Do you intend to set up a full time practice as a clinical herbalist? If not, please explain.

Do you plan to apply for professional membership in the American Herbalists Guild? Do you have a date in mind for when you plan to apply?

Why do you feel that mentoring is appropriate for you at this time?

What are the professional goals you hope to achieve through this mentorship?

What are the personal goals you hope to achieve through this mentorship?

Describe the reasons you are seeking a mentorship with this particular mentor.

Describe the structure of the mentorship you have in mind. Be sure to include what you are looking for with regard to frequency of contact with your mentor (weekly meetings? once a month? as needed?), what kind of feedback and support you would like, and what length of mentorship are you seeking.

Do you have any previous experience working with a mentor? If so, give a brief description.

A successful mentorship typically involves an exchange of time and some form of compensation for the mentor. How do you propose to compensate your mentor for sharing their time and experience with you? Please be very specific.

If you have any personal interests, hobbies, etc. that you would like to share with your potential mentor, include them here.

## Mentorship Contract Template

*Use this template to draw up an agreement that outlines the terms of your mentorship agreement.*

Date:

This mentorship contract is an agreement between

MENTOR and STUDENT PRACTITIONER

To begin on DATE and end on DATE

The terms of this mentorship agreement are:

Mentor responsibilities under this contract include:

Student responsibilities under this contract include:

Any on-site clinical supervision or training is to be conducted as described here:

Compensation to the mentor for mentorship responsibilities as described:

Mentor and Student agree to:

- Keep accurate, current records of all communication
- Schedule a session for the purposes of evaluation and constructive feedback every \_\_\_ months
- Keep all conversations and information strictly confidential
- Notify each other in a timely manner if appointments need to be cancelled or rescheduled
- Abide by the American Herbalists Guild Code of Ethics
- Notify each other in writing if they decide to terminate the mentorship
- Add any additional agreements

Both parties agree upon this contract as indicated by the signatures below.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Mentor Signature \_\_\_\_\_ Date \_\_\_\_\_



## Mentorship Liability Release Form

*This form is to be signed by the student practitioner with copies to be retained by both student and mentor as long as the mentoring contract remains in effect.*

I, STUDENT PRACTITIONER NAME assume all responsibility for all decisions and actions taken in my practice of herbal medicine while being mentored by MENTOR NAME.

I accept complete responsibility for all recommendations I make to my clients. Should any of the cases I have discussed with my mentor involve either myself or the mentor in legal deliberations as a result of my actions, I willingly assume all responsibility for any legal expenses directly related to my involvement as a mentored student.

The terms of this Liability Release remain in effect as long as the Mentorship Contract dated \_\_\_\_\_ remains in effect.

---

STUDENT SIGNATURE

---

Date

PRACTITIONER NAME AND CONTACT INFORMATION

**DISCLOSURE/INFORMED CONSENT FORM  
TEMPLATE #1**

1. I understand that PRACTITIONER is participating in a mentorship program to enhance her/his clinical herbalist skills toward professional registration with the American Herbalists Guild. I am aware that PRACTITIONER'S training and education includes *give examples of your training as an herbalist or other relevant education.*
2. I understand that the services provided by PRACTITIONER are restricted to consultation and education and are intended to provide me with information to promote wellbeing. I understand that the information I receive from PRACTITIONER is not intended to diagnose, treat, or cure any disease or condition.
3. I understand that it is my constitutional right to decide how I wish to care for my health. PRACTITIONER has not suggested that I cease any current medical care or therapies. I have sought PRACTITIONER'S advice and I recognize that I am free to act upon her/his recommendations as I see fit, and, as such, release her/him of all responsibility for my actions and any consequences thereof, both now and in the future.
4. I am here on this and subsequent visits solely on my own behalf and not as an agent of federal, state, or local government agencies for purposes of investigation or entrapment.
5. I understand that payment is due at the time that consultation services are rendered.

Client Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**INFORMED CONSENT**

As a part of her/his training, PRACTITIONER will review consultation cases with her/his mentor, who is a professional member of the American Herbalists Guild. Each case history will be presented anonymously to the mentor and all information identifying the client (such as name and address) will remain completely confidential.

In order to prove that she/he has met requirements for clinical hours, PRACTITIONER will keep a separate list of client names and contact information, along with dates when she/he met with each client for consultation or follow-up appointments. This record will be submitted to the American Herbalists Guild (AHG) as part of her/his professional application. There will be no information concerning the nature or details of the wellness consultation included in this record. Some clients may be contacted by the AHG to verify that the consultation did indeed take place. During this contact, the AHG representative will not ask any questions about the nature of the consultation.

By my signature below, I indicate my willingness for PRACTITIONER to:

1. Share my case information (without my name and contact information) with her/his mentor.
2. Share my name, contact information, and date(s) of consultations (without any case details) with the American Herbalists Guild Admissions Committee if requested.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PRACTITIONER NAME AND CONTACT INFORMATION

**DISCLOSURE/INFORMED CONSENT FORM  
TEMPLATE #2**

I hereby attest to the following:

1. I fully understand that PRACTITIONER NAME is not a licensed medical doctor, does not diagnose or treat disease, and that I am not here for medical, diagnostic or treatment procedures.
2. The services performed by PRACTITIONER NAME, whether in person or by mail or phone, are at all times restricted to consultation on the subject of wellness and health assessment. These services are solely intended to provide me with resources to use to promote my own health and well-being. Her services do not involve diagnosing, treatment, or prescription of remedies for the treatment of disease.
3. I fully understand that it is my constitutional right to decide how I wish to care for my health. PRACTITIONER NAME has not suggested that I cease current medical care I am receiving, be it drug therapy, x-ray treatments, chemotherapy, surgery, or any other medical procedures that my medical doctor or any other health practitioner deems necessary for my health. If I choose not to follow the recommendations made by my medical doctor or other practitioners, I understand that such a decision is my responsibility and will not hold any other persons responsible for any consequences of such a decision.
4. I am here, on this any subsequent visit, solely on my own behalf and not as an agent for federal, state or local government agencies on a mission of entrapment or investigation.
5. I understand that all information discussed will be kept strictly confidential.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_

**INFORMED CONSENT**

As a part of her/his training, PRACTITIONER NAME will review consultation cases with her/his mentor, who is a professional clinical herbalist. Each case history will be presented anonymously to the mentor and all identifying information (such as client name and address) will remain completely confidential.

In order to prove that she/he has met requirements for clinical experience, PRACTITIONER NAME will keep a separate list of client names and contact information, along with dates when she/he met with each client for consultation or follow-up appointments. This record will be submitted to the American Herbalists Guild (AHG) as part of her/his professional application. There will be no information concerning the nature or details of the wellness consultation included in this record. I understand that in order to verify that this consultation did take place, a representative of the Admissions Committee of the AHG may contact me. Should this verification be required, the AHG representative will not have any information about the consultation nor will they ask any questions about the nature of the consultation.

By my signature below, I indicate my willingness for PRACTITIONER NAME to:

3. Share my case information (without my name or any contact information) with her/his mentor.
4. Share my name, contact information, and date(s) of consultations (without any details about the nature of the consultation) with the American Herbalists Guild.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

PRACTITIONER NAME AND CONTACT INFORMATION

**DISCLOSURE/INFORMED CONSENT FORM  
TEMPLATE #3**

I am a LIST PROFESSIONAL TRAINING AND CREDENTIALS. My training includes LIST SPECIFIC CLINICAL SKILLS SUCH AS NUTRITIONAL COUNSELING, PULSE DIAGNOSIS, ETC.

Currently, herbalism is not considered a recognized health care modality in YOUR STATE. As such, there is no state or national licensing for herbal practitioners. At this time, there is only national certification and registration. I am a graduate HERBAL OR OTHER TRAINING PROGRAM. My training is in the following areas of herbalism: INCLUDE ANY THAT APPLY [*such as science-based herbalism, traditional Chinese herbalism, Ayurvedic herbalism (India), Eclectic herbalism (early American), European phytotherapy, and some traditional Native American herbalism.*]

My basic approach is to combine alternative healing methods with the latest scientific findings and clinical practices. Because each client is unique, I will use various methods in my work with you. My basic healing philosophy is to offer you the support needed to restore your ability to experience balance and harmony in your health. The focus of my assessment of your health is to focus on identifying patterns of strength and weakness. Using this information, depending on your wishes, I will make recommendations that may include nutrition, herbs, supplements, counseling and lifestyle. My recommendation may also include suggestions for creating physical, emotional, mental and/or spiritual balance.

I am NOT a medical doctor nor do I practice standard Western medical assessment, diagnosis or treatment. I do not claim to cure disease, nor do I offer advice about the use of any type of pharmaceuticals or medications at any time. I have no objections to my clients being seen or evaluated by their own medical doctor. If you have any questions or concerns about your health, I highly recommend you discuss them with your physician. I am available to work as part of your health care team by contacting any physicians and other health care providers you are currently seeing to discuss your care. I encourage you to share and discuss my recommendations with any other health care professionals.

Further, I maintain a herbal/nutritional apothecary in my clinic. I sell many herbal products, nutritional supplements and food products for a profit. I dispense them as a convenience and to ensure patients are receiving specific, individualized herbal formulas. I order only high quality, pure herbs from around the world (India, China, rainforest, etc.) Many of my herbal formulas include wild herbs I have personally harvested and made into medicinal preparations by hand. I often use these preparations to create custom herbal formulas for individual clients. I also do some paid professional lectures and sales rep work for COMPANY NAME. Clients are not obligated to buy any products from my clinic and I encourage clients to purchase supplements wherever it is most convenient for them. The recommended nutritional/herbal supplements I suggest are not a replacement for the medications prescribed by your Medical Doctor.

I am available to discuss any questions or concerns you may have. Please indicate that you have read and understand the information on this form by providing your signature below.

Name (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

## INFORMED CONSENT

As a part of her/his training, PRACTITIONER NAME will review consultation cases with her/his mentor, who is a professional clinical herbalist. Each case history will be presented anonymously to the mentor and all identifying information (such as client name and address) will remain completely confidential.

In order to prove that she/he has met requirements for clinical experience, PRACTITIONER NAME will keep a separate list of client names and contact information, along with dates when she/he met with each client for consultation or follow-up appointments. This record will be submitted to the American Herbalists Guild (AHG) as part of her/his professional application. There will be no information concerning the nature or details of the wellness consultation included in this record. I understand that in order to verify that this consultation did take place, a representative of the Admissions Committee of the AHG may contact me. Should this verification be required, the AHG representative will not have any information about the consultation nor will they ask any questions about the nature of the consultation.

By my signature below, I indicate my willingness for PRACTITIONER NAME to:

- Share my case information (without my name or any contact information) with her/his mentor.
- Share my name, contact information, and date(s) of consultations (without any details about the nature of the consultation) with the American Herbalists Guild.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

# Health History Intake Form

## TEMPLATE #1

*This is a confidential record of your medical history. Information shared here will not be released to any person unless you have authorized us to do so. Please complete the questionnaire as thoroughly as possible. Thank you.*

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Date of birth \_\_\_\_\_ Age \_\_\_\_\_  
Address:  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_  
Occupation \_\_\_\_\_

*NOTE: this is a confidential record of your medical history and will be kept in this office. Information herein will not be released to any person unless you have authorized us to do so. Please complete the questionnaire as thoroughly as possible. Thank you.*

What are the major concerns that have brought you to this office today? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did this begin? \_\_\_\_\_

Has anything recently changed or become worse? \_\_\_\_\_  
\_\_\_\_\_

Have you had a diagnosis? If so, what was it, how was it arrived at, and by whom? \_\_\_\_\_

Are you currently receiving care from any other health professional?  
(Name) \_\_\_\_\_

What condition(s)? \_\_\_\_\_

Are you currently taking **any** medications, prescription or otherwise? YES \_\_\_\_\_ NO \_\_\_\_\_

Please list them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any infectious diseases that you know of? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list them: \_\_\_\_\_

Are you pregnant? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, how many months? \_\_\_\_\_

Do you have any known allergies or sensitivities? If so, please list them:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any reason why you could not take remedies made in alcohol?

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Have you ever been hospitalized or had any surgeries? If so, please note date and reason:

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### FAMILY MEDICAL HISTORY

Please complete this section only for family members with particular health problems.

	Age	Medical Problems (if any)	(If deceased, provide date and cause of death)
Father			
Mother			
Brothers/ Sisters			
Children			
Other close biological relatives			

### PERSONAL HEALTH HABITS

Height _____	Current weight _____	Weight 1 year ago _____
Do you smoke? _____	How many years? _____	Amount daily _____
Do you drink alcohol? _____	What? _____	Frequency? _____
Do you use recreational drugs? _____	What? _____	Frequency? _____
Do you drink coffee? _____	How much? _____	Tea? _____ How much? _____
Do you exercise regularly? _____	Frequency? _____	
Type? _____		Duration? _____

**HEALTH CONCERNS** Check off any experienced in the last three months.

### SKIN & HAIR

- Rashes
- Itching
- Dandruff
- Change in skin texture
- Poor Healing sores
- Eczema
- Hair Loss
- Other: \_\_\_\_\_
- Hives
- Pimples
- Moles

## HEAD, EYES, EARS, NOSE, & THROAT

- Poor vision
- Earaches
- Ringing in ears
- Cold sores
- Facial pain
- Sinus congestion
- Ear infections
- Spots in front of eyes
- Cataracts
- Blurred vision
- Sore throat
- Grinding teeth
- Clicking jaw
- Mucous in throat
- Dizziness
- Other:
- Glaucoma
- Poor hearing
- Canker sores
- Nose bleeds
- Eye pain
- Swollen glands
- Frequent colds

## CARDIOVASCULAR

- High blood pressure
- Irregular heart beat
- Cold hands or feet
- Low blood pressure
- Fainting
- Other:
- Chest pain
- Palpitations

**RESPIRATORY**

- Cough
- Coughing blood
- Bronchitis
- Pneumonia
- Asthma
- Pain on breathing
- Shortness of breath without exertion
- Difficulty breathing when lying down
- Production of phlegm     YES     NO    If yes, what color? \_\_\_\_\_
- Other:

**GASTROINTESTINAL**

- Nausea
  - Constipation
  - Abdominal pain
  - Blood in stools
  - Hemorrhoids
  - Food cravings
  - Difficulty swallowing
  - Vomiting
  - Black stools
  - Indigestion
  - Mucous in stools
  - Gas
  - Poor appetite
  - Other:
  - Diarrhea
  - Bad breath
  - Heartburn
  - Rectal pain
  - Bloating
  - Food allergies
- # of bowel movements daily \_\_\_\_\_     Loose     Normal     Hard?

**URINARY**

- Painful urination
- Urinary urgency
- Incontinence
- Frequent urination
- Kidney stones
- Inability to hold urine
- Blood in urine
- Irregular flow
- Decreased flow
- Difficulty starting/stopping slow
- Other: \_\_\_\_\_

**MUSCULOSKELTEAL**

- Neck pain
- Back pain
- Muscle pain
- Muscle weakness
- Stiffness
- Reduced range motion
- Other: \_\_\_\_\_

Do you see a chiropractor or massage therapist? (name) \_\_\_\_\_

**REPRODUCTIVE**

Age at first menses: \_\_\_\_\_

Length of cycle: \_\_\_\_\_

Duration of bleeding: \_\_\_\_\_

- Heavy bleeding
- Pain with intercourse
- Unusual bleeding
- Cramps
- Discharges
- Irregular cycles
- Breast lumps
- Clots

PMS? If yes, what symptoms? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date and result of last pap smear \_\_\_\_\_

**REPRODUCTIVE (continued)**

# of pregnancies \_\_\_\_\_

Premature births \_\_\_\_\_

# of births \_\_\_\_\_

Abortions \_\_\_\_\_

# of Miscarriages \_\_\_\_\_

Onset of menopause \_\_\_\_\_

Type of birth control used \_\_\_\_\_

Any other gynecological problems? \_\_\_\_\_

**NEUROPSYCHOLOGICAL**

- Poor sleep
- Depression
- Seizures
- Headaches
- Lack of coordination
- Other:
- Poor memory
- Irritability
- High stress levels
- Difficulty concentrating
- Loss of balance
- Numbness
- Anxiety
- Migraine
- "Spacey"/foggy feeling

Hours of sleep per 24 hours: \_\_\_\_\_

**GENERAL**

- Fatigue
- Night sweats
- Slow metabolism
- Other:
- Fevers
- Excessive thirst
- Intolerance to heat/cold
- Chills
- Sudden energy drops

## Health History Intake Form

### TEMPLATE #2

*Please complete this health history questionnaire. All information will be kept strictly confidential unless you have specific agreed to allow me to use your case anonymously as part of my clinical supervision.*

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

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Primary health goal: \_\_\_\_\_

Secondary health goal: \_\_\_\_\_

#### **Past Medical History**

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Birth History:

Where were you born?

Where are you in the birth order of your family (if known)?

Were there any complications when you were born?

Were either of your parents dealing with illness before or at the time of your birth? Please explain.

Have you ever been diagnosed with any of the conditions listed here? If so, who made the diagnosis? When? Describe any treatments.

Cancer    Diabetes    High Blood Pressure    Hepatitis    Thyroid disease    Seizures    Other?

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Surgeries (including cosmetic & dental)? Provide date for each. \_\_\_\_\_

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Hospitalizations? Provide date and reason for each. \_\_\_\_\_

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Allergic to drugs/chemicals/foods? How were they diagnosed and/or treated? \_\_\_\_\_

---

Major trauma (concussion, accidents, physical or emotional trauma)? Provide date for each. \_\_\_\_\_

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List of all medications you have used in the past 6 months. Be sure to include prescription drugs, over-the-counter medications you have purchased yourself, herbs, vitamins and supplements. Indicate the reason you took each, who recommended them, dosage and how long you used each one.

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### Family Medical History

Has anyone in your immediate, biological family (parents, grandparents, siblings or children) ever been diagnosed with any of these conditions?

- Cancer/Type \_\_\_\_\_  Diabetes  Heart disease  High Blood Pressure
- Thyroid Disease  Mental Health Issues  Seizures  Alcoholism  Hepatitis
- Other (please list) \_\_\_\_\_

### Lifestyle

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Whom do you live with? \_\_\_\_\_ Relationship status? \_\_\_\_\_

**Occupation:** \_\_\_\_\_ How long have you had this occupation? \_\_\_\_\_

Describe your job/work. \_\_\_\_\_

How many hours per day? \_\_\_\_\_ Start & finish time? \_\_\_\_\_ Hours worked per week? \_\_\_\_\_

How many days off per week? \_\_\_\_\_

How many days vacation per year? \_\_\_\_\_

What is your work setting? \_\_\_\_\_

Does your work involve travel? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

Commute time to and from work: \_\_\_\_\_

What are physical demands of your work (standing, sitting, computer use, etc.) \_\_\_\_\_

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Do you enjoy your work? \_\_\_\_\_

**Exercise type and frequency:**

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How long have you been involved in this type of exercise? \_\_\_\_\_

**Sleep Habits**

Hours of sleep per night	Insomnia
Usual bedtime	Trouble falling asleep
Usual time you wake up	Trouble staying asleep
Different sleep schedule on weekends/days off	Dreams
Work at night	Use sleep medications. How often?
Disturbed sleep for any reason	Sleep apnea

**General Habits**

Cigarettes: Do you currently smoke? How many cigarettes per day? If you smoked in the past, how many years did you smoke? When did you quit?

Coffee: How many cups per day? \_\_\_\_\_

Tea: What kind? \_\_\_\_\_ How much per day? \_\_\_\_\_

Soda: What kind? \_\_\_\_\_ How many sodas per day? \_\_\_\_\_

Alcohol: How much alcohol do you drink each day? \_\_\_\_\_ Each week? \_\_\_\_\_ Each month? \_\_\_\_\_

What kind of alcoholic beverages do you enjoy? \_\_\_\_\_

Has your drinking ever caused problems in your life such as family issues, job loss, legal problems?

Recreational drugs: Are you currently using any kind of recreational drug? \_\_\_\_\_  
What kind and how often? \_\_\_\_\_ Have you used them in the past? \_\_\_\_\_

Have you ever been treated for drug or alcohol addiction? \_\_\_\_\_  
Are you currently in any type of recovery program? \_\_\_\_\_

Do you take prescription medications for depression, anxiety or other psychological symptoms?

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Do you crave sugar? What kind of sweets do you enjoy? \_\_\_\_\_

Do you crave salt? What kind of salty foods do you enjoy? \_\_\_\_\_

Television: How much TV do you watch each day? \_\_\_\_\_ Each week? \_\_\_\_\_

Computer: What amount of time do you spend on a computer each day? \_\_\_\_\_ Each week? \_\_\_\_\_

Video games: What amount of time do you spend playing video games each day? \_\_\_\_\_ Each week? \_\_\_\_\_

### **Diet**

On a separate piece of paper, please provide a five-day food diary noting everything you eat or drink along with a rough estimate of the quantity of food eaten and time of day.

How long has this been your normal diet? \_\_\_\_\_ If it has changed recently, what was it before?

How soon after you wake up do you eat or drink?

How long have been at your current weight? \_\_\_\_\_ Any significant weight gain/loss in the past five years?

Have you ever been treated for an eating disorder? \_\_\_\_\_

Good appetite?  Poor appetite?

Do you crave specific foods? \_\_\_\_\_ Which ones? \_\_\_\_\_

How much water do you drink each day? \_\_\_\_\_ Do you keep track of your water intake? \_\_\_\_\_

What is your primary source of drinking water? \_\_\_\_\_

## Health History

Please check any health issue that you have had in the past or are currently experiencing, along with a description of any treatments used for each symptom checked.

### Skin

	Rashes (where?)		Acne
	Ulcerations		Excessively oily skin
	Hives		Excessively dry skin
	Itching		Hair loss
	Eczema		Dandruff
	Psoriasis		Other

Treatments:

### EENT

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	Glasses or contacts		Frequent ear infections
	Glaucoma		Hearing loss
	Cataracts		Hay fever
	Night blindness		Migraine or other chronic headaches
	Hearing aids		TMJ
	Ringling in ears		Chronic dental problems (cavity/root canal/etc)
	Sinus problems (chronic congestion/infections)		Mouth ulcers/Oral herpes
	Excessive/insufficient saliva		Gum disease

Treatments:

## Cardiovascular

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	High or low blood pressure		Arrhythmia (irregular heart rate)
	Elevated cholesterol or triglyceride levels		Swelling in hands or feet
	Poor circulation		Chest pain
	Heart disease		Numbness (where?)
	Heart palpitations		Pacemaker

Treatments:

## Respiratory

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	Chronic cough		Bronchitis (frequency/treatment)
	Frequent colds/respiratory infections		Pneumonia (frequency/treatment)
	Asthma (onset/treatment)		Number of colds per year
	Difficulty breathing		Number of sinus infections per year
	Breathless with exertion		Lung disease (describe)
	Emphysema		

Treatments:

## Urinary Tract

---

	Bladder infections (current or in the past)		Wake up in the night to urinate
	Cystitis		Blood in urine
	Kidney infections		Kidney stones
	Incontinence		Family history of kidney disease
	Frequent urination		Other

Treatments:

**Gastrointestinal**

	Nausea		Gastric reflux
	Gas		Heartburn
	Belching		Irritable Bowel Syndrome
	Indigestion		Diverticulitis
	Bad breath (halitosis)		Crone's disease
	Bloating after meals		Gastric bypass or similar procedures
	Chronic or frequent constipation or diarrhea		Hemorrhoids
	Number of bowel movements per day		Blood in stool
	Undigested food in stool		Pain or discomfort with bowel movements

Treatments:

**Men: Reproductive Health**

	Prostate inflammation or swelling		Pain or difficulty urinating
	Prostate cancer		Venereal disease
	Infertility issues		Frequent marijuana user
	Benign prostate hypertrophy		Impotence or erectile problems

If you are over 50 years of age: Do you have annual PSA screening?

Last screening:

Treatments:

**Women: General Reproductive Health**

	Age of first menses		Breakthrough bleeding
	Cycle of menstrual period/days		Fibroids/type?
	Length of period		Ovarian cysts/PCOD
	<b>PMS symptoms (please check all that apply)</b>		Pelvic inflammatory disease
	Edema (swelling of hands or feet)		Sexually transmitted disease/type?
	Food cravings		Herpes
	Mood swings		Vaginal warts
	Insomnia		Cervical dysplasia
	Headaches		Irregular PAP test/when?
	Cramping		Uterine cancer
	Bloating		Ovarian cancer
	Breast tenderness		Breast lumps/cysts
	Heavy menstrual flow/Blood clots		Breast augmentation
	Irregular menstrual cycle		Breast cancer
	Skipped periods		Breast pain
	Pain at ovulation (mid cycle pain)		Other

Treatments:

**Pregnancy**

	Have you ever been pregnant?		Currently using birth control
	Number of live births		Type of birth control used:
	Number of miscarriages		Are you or could you be pregnant now?
	Number of abortions		Infertility issues
	Health issues during pregnancy?		Other

Date of last PAP:

Date of last mammogram:

Treatments:

**Peri-menopausal/Menopausal symptoms (please check all that apply)**

	Are you currently having regular menstrual periods?		Headaches
	Hot flashes		Heavy menstrual bleeding/flooding
	Night sweats		Incontinence/frequent urination
	Insomnia/sleep problems		Memory problems/Poor concentration
	Weight gain		Mood swings
	Lack of libido		Depression
	Vaginal dryness		Fatigue
	Currently using hormone replacement therapy		Currently using bio-identical hormones

Date of last menstrual period:

Treatments:

### Musculoskeletal

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	Chronic neck or back pain		Back surgery
	Neck or shoulder tightness		Osteoarthritis
	Low back pain		Rheumatoid arthritis
	Osteoporosis		Frequent sprains/torn ligaments
	Osteopenia		Other

Treatments:

### Neuropsychological

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	Depression		Frequently feel overwhelmed
	Anxiety attacks		Experiencing high stress levels
	Poor memory		Ever considered or attempted suicide
	Difficulty concentrating		Treated for depression or other psychological issues
	Lose your temper easily		Treated for alcohol or drug addiction

Treatments:

How would you rate your stress level right now?

Is there anything else affecting your health right now that you would like me to know about?

# FOOD DIARY

Don't alter your normal eating habits. Simply write down everything you take in for five (5) days, including food, snacks, beverages, and water. State the approximate time you eat/drink each and amounts. Records any cravings, mood shifts, or digestive changes you notice after eating/drinking.

DAY	DATE	BREAKFAST	SNACK	LUNCH	SNACK	DINNER	SNACK	CRAVINGS, MOOD, DIGESTION
<b>1</b>		TIME	TIME	TIME	TIME	TIME	TIME	TIME
<b>2</b>		TIME	TIME	TIME	TIME	TIME	TIME	TIME

3		TIME						
4		TIME						
5		TIME						

## MEDICATIONS & SUPPLEMENTS

Please list all of the pharmaceutical drugs, over-the-counter medications, supplements, nutritional drinks, and herbal supplements you have used *in the past six (6) months*. Use additional pages or bring these items with you to the consultation if you prefer.

	Currently take?		Dose, Form, Frequency*	What condition do you take this for?	Are you happy with the effects? Do you experience any side effects?
	YES	NO			
<b>Prescription Medications</b>					
<b>Over-the-Counter Medications</b> (e.g., antacids, laxatives, aspirin, Tylenol, Advil, Motrin, Aleve, cough drops, cough syrups, etc.)					

**Vitamin/Mineral Supplements or Nutritional Drinks** (e.g., energy drinks, protein shakes, etc.)


**Herbal Supplements** (please list all herbs included if a formula)


\*DOSE is how many milligrams or units; FORM is capsule, tablet, powder, liquid, etc.; FREQUENCY is how many times per day you take it.

PRACTITIONER NAME

**Client Data File Template**

*Use this template to record the names of your clients and the codes you have assigned them. This form and the information it contains should not be shared with anyone. It is for your reference only as you create anonymous codes for each case before submitting them to your mentor for review. To record client contact hours as you accrue the clinical hours needed to apply for professional membership in the AHG, use the Client Contact Hour Log.*

Client Name:  
Client Code:  
Address:  
Phone:  
E-mail:  
Date of first consultation:  
Total number of consultations:

Client Name:  
Client Code:  
Address:  
Phone:  
E-mail:  
Date of first consultation:  
Total number of consultations:

Client Name:  
Client Code:  
Address:  
Phone:  
E-mail:  
Date of first consultation:  
Total number of consultations:

Client Name:  
Client Code:  
Address:  
Phone:  
E-mail:  
Date of first consultation:  
Total number of consultations:

Client Name:  
Client Code:  
Address:  
Phone:  
E-mail:  
Date of first consultation:  
Total number of consultations:



PRACTITIONER NAME

**Case Review Form**

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Clinician:

Case Number:

Date:

**Client Information**

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Gender:

Age:

Height:

Weight:

Occupation:

Reason for visit:

Primary Health Goal:

Secondary Health Goal (if any):

**Medical History**

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Drug History: Current Drugs, Herbs and Supplements:

Known Allergies to Drugs, Herbs, Foods, Etc.:

Past Surgeries/Hospitalizations:

Family Health History:

Women, Reproductive health/history:

Men, Reproductive health/history:

Personal History Overview:

Lifestyle Overview:

Diet Overview:

Elimination Habits:

Alcohol/Drug/Cigarette Use History:

Physical Activity/Exercise Overview:

Rest, Play & Creativity Overview:

Stress Factors Summary:

## **Observational Assessment**

---

Constitution/Character:

Pulse:

Tongue:

Face/complexion:

Voice:

Skin:

Hair:

Teeth:

Other Physical Observations:

## **Case Summary**

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Case Analysis:

Protocol Strategy:

Primary Herbal Recommendations:

Other Recommendations:

Notes on Possible Future Recommendations:

Referrals to Other Practitioners:

Self-Observations:

## Student Self-Evaluation Form

*Herbal practice is much more than just knowing enough about herbs to make recommendations. Every practitioner soon discovers that clinical practice is deeply personal process that requires a willingness to continually examine your personal beliefs, refine your definition of health and healing, and expand your ability to listen and communicate.*

*This form is meant to provide guidelines for reflecting on your progress and assessing your objectives from time to time. We suggest that completing this form at regular intervals throughout your mentorship and sharing your evaluations with your mentor is a valuable way to gauge your progress and set new learning goals. You may want to include regular evaluation sessions for yourself, and for your mentor, throughout your mentorship experience and include this schedule in the Mentorship Contract.*

Student Name:

If you were to summarize your experiences as a practitioner in the past few months (in just a few sentences), how would you describe them?

Has your definition of healing changed as a result of your clinical experiences? How? What would you describe as your current philosophy of healing?

Which of your clinical experiences have been particularly rewarding or exciting for you?

As a result of your clinical experience to date, have you made any changes in the way you conduct your practice? If so, please describe what you have changed, and why.

Have you made any changes in the physical setting for your practice? If so, please describe what you have changed, and why.

Have you found yourself dealing with clients that you realize make you uncomfortable or that you find you don't like? If so, how have you handled these situations? How might you improve your ability to handle these situations when they occur in the future?

Are you aware of any other physical, emotional or spiritual issues/situations that have come up in your practice that have been challenging? Please describe them and include any thoughts you may have about how to address these challenges.

Is herbal practice meeting your expectations in terms of demands on your knowledge, your ability to work with people in a healing setting, and as career path? Reflect on what has changed in your expectations, if anything.

What has been most challenging to you personally?

What has been most challenging to you in terms of your knowledge of herbs, diagnosis and treatment?

Have you identified any information or skills you need to study order to improve your abilities as a practitioner?

Have any of your professional goals changed in the course of the past few months of clinical experience? If so, please outline your professional goals going forward.

Have any of your personal goals changed in the course of the past few months of clinical experience? If so, please outline your personal goals going forward.

Are there areas where you are feeling the need for more support or guidance in the mentorship process? If so, please describe.

## Mentor Evaluation of Student Practitioner

*One of the most valuable aspects of the mentorship process is the mentor's clear, specific and constructive evaluation of a student's progress. This form is designed to provide guidelines for providing student practitioners with critical assessments of their performance in mentorship process. Evaluations should be more than just feedback about the client intake, case reports and treatment protocol. They should provide a well-defined measure of student progress towards the goals outlined in the Mentorship Contract, as well as specific suggestions for continued learning and ways to improve clinical skills. Mentor Evaluations of Student Practitioners should be scheduled to occur regularly throughout the mentorship as part of the Mentorship Contract.*

This evaluation form uses a rating system ranging from 1 to 5.

Number 1 is the lowest score and indicates the serious need for improvement. Number 5 is the highest score and indicates a high level of demonstrated proficiency and skill. Mentors are strongly encouraged to include comments and specific suggestions in addition to the numerical rating.

Student: \_\_\_\_\_

Mentor: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluation period: \_\_\_\_\_ to \_\_\_\_\_

Student meets the goals and schedules outlined in the Student-Mentor Contract. \_\_\_\_\_

Student is prepared for appointments with mentor. \_\_\_\_\_

Student responds to communication from mentor in a timely manner. \_\_\_\_\_

Student demonstrates continued willingness to learn. \_\_\_\_\_

Student is self-motivated and seeks opportunities to improve her/his clinical skills. \_\_\_\_\_

Student has a clear and appropriate sense of her/his clinical skills and is able to identify situations that may be beyond her/his level of clinical experience. \_\_\_\_\_

Student is proficient at creating a complete health history when meeting with clients. \_\_\_\_\_

Student shows effective communication skills when interacting with mentor. \_\_\_\_\_

Student demonstrates proficiency in providing a report of physical assessment of clients. \_\_\_\_\_

Student demonstrates the ability to recognize when it is appropriate to refer to other practitioners for further evaluation or medical care. \_\_\_\_\_

Student has developed/is developing a diverse referral network. \_\_\_\_\_

Student keeps detailed, current files on all clients. \_\_\_\_\_

Student demonstrates the ability to outline easy-to-understand and appropriate lifestyle recommendations to her/his clients. \_\_\_\_\_

Student demonstrates the ability to create easy-to-understand and appropriate dietary recommendations. \_\_\_\_\_

Student demonstrates the ability to create easy-to-understand and appropriate herbal recommendations. \_\_\_\_\_

Student demonstrates the ability to provide appropriate resources for clients as needed to implement recommendations. \_\_\_\_\_

Student follows up with clients in a timely manner to verify that they have understood all recommendations. \_\_\_\_\_

Student demonstrates a clear understanding of assessment and herbal formulation skills in the context of a clearly defined healing paradigm. \_\_\_\_\_

Student can clearly articulate her/his rationale for assessments and recommendations for each client. \_\_\_\_\_

Student provides and documents follow-up care for clients. \_\_\_\_\_

Student demonstrates over-all professionalism in working with clients. \_\_\_\_\_

Any additional comments or suggestions:

Mentor Signature \_\_\_\_\_ Date \_\_\_\_\_

## Further Questions for Mentors

*These questions may help mentors articulate some of the less obvious issues that may arise in the course of a mentorship. By reflecting on them you may recognize some areas of the mentorship that might be improved in order to meet the stated goals of the mentorship and so that both parties are satisfied with the overall process.*

Have you experienced any problems communicating with this student? If yes, have you been able to discuss them with your student and come up with a strategy for better communication? If you have not addressed this issue, what is your plan for addressing this?

Are you satisfied with the way this student performs tasks you request such as reading or research, improved business practices, better documentation, etc.? If not, what is your plan for addressing this?

When you offer feedback or suggestions for improvement, how does this student respond? Your ability to give clear, non-judgmental feedback is one of the most important skills you bring to a mentorship. If you are less than happy with this process, consider setting a time for a frank discussion about how to improve your interactions.

Hopefully your student has demonstrated lots of positive growth and improved clinical skills during the mentorship process. Have you consistently offered praise and recognition for these achievements? If not, now is the time to remedy this situation by giving your student some positive feedback, and by resolving to do so in a timely manner going forward.

Do you have any suggestions for changing the terms of your mentorship agreement to better reflect your needs and those of your student? This is a good time to articulate them and initiate a discussion about potential changes that might improve the mentorship process for both of you.

## Student Evaluation of Mentor

*Mentors provide a valuable service to the herbal community and contribute to the continued growth of herbalism when they agree to mentor student practitioners as they develop their herbal practices. The purpose of this evaluation is to give clear, specific and constructive feedback that can help mentors fine-tune their mentorship skills. It is assumed that both the student and the mentor are open to constructive criticism, suggestions for improvement and, of course, encouragement and praise. Student Evaluations of Mentors should be scheduled to occur regularly throughout the mentorship as part of the Mentorship Contract.*

Mentor: \_\_\_\_\_ Student: \_\_\_\_\_

Date: \_\_\_\_\_ Evaluation period: \_\_\_\_\_ to \_\_\_\_\_

**This evaluation form uses a rating system ranging from 1 to 5.** Number 1 is the lowest score and indicates the serious need for improvement. Number 5 is the highest score and indicates a high level of demonstrated proficiency and skill. Students are strongly encouraged to include comments and specific suggestions in addition to the numerical rating.

Mentor is prepared for appointments with student. \_\_\_\_\_

Mentor makes and keeps appointments as outlined in the Mentorship Contract. \_\_\_\_\_

Mentor responds to questions and comments from the student in a timely manner. \_\_\_\_\_

Mentor has clearly defined boundaries with regard to availability and time commitments. \_\_\_\_\_

Mentor provides the student with suggestions for educational resources (*websites, books, publications, etc.*) as needed. \_\_\_\_\_

Mentor demonstrates a clear grasp of the student's goals as a clinical practitioner. \_\_\_\_\_

Mentor understands and supports the student's healing paradigm and/or traditions. \_\_\_\_\_

Mentor provides consistent support for the mentorship goals of the student. \_\_\_\_\_

Mentor is open to suggestions for improving her/his mentorship skills when offered. \_\_\_\_\_

Mentor is a good listener. \_\_\_\_\_

Mentor shares her/his clinical experiences when appropriate. \_\_\_\_\_

Mentor provides honest assessment of skills that the student needs to improve or strengthen. \_\_\_\_\_

Mentor offers clear, easy-to-follow suggestions for improving and developing clinical skills. \_\_\_\_\_

Mentor offers appropriate praise and encouragement. \_\_\_\_\_

Mentor demonstrates a professional manner in all interactions with the student. \_\_\_\_\_

Mentor maintains confidentiality in all mentorship interactions with the student. \_\_\_\_\_

Any additional comments or suggestions:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Mentorship Final Report

*When a mentorship is concluded, whether that is because the student practitioner has completed the required amount of clinical hours and feels ready to apply for professional membership in the AHG, or if the mentorship is one of several undertaken by the student practitioner, this form may be used to document the work completed. When signed by both the mentor and the practitioner it indicates that all the goals outlined in the Mentorship Contract have been completed.*

Date: \_\_\_\_\_

Student Practitioner: \_\_\_\_\_

Mentor: \_\_\_\_\_

Total number of mentorship contact hours: \_\_\_\_\_ Total number of client contact hours: \_\_\_\_\_

Other studies or clinical experience completed as part of this mentorship: \_\_\_\_\_

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Mentor agrees to the following statements about the student practitioner's clinical skills:

*(Delete, add or modify the following statements to create an accurate record of the mentor's assessment.)*

Student practitioner has demonstrated:

- excellent listening skills in the process of the mentorship and with clients.
- strong communication skills with both the mentor and clients.
- a good working knowledge of her/his *materia medica*.
- a thorough grasp of physical assessment skills.
- a solid ability to apply the principles of herbal formulation in clinical practice.
- the ability to clearly explain herbal protocols and other recommendations to clients.
- good organizational skills in maintaining clear and careful records of client contacts.
- professionalism in all matters related to the mentorship process and her/his clinical practice.
- a clear sense of her/his professional limitations and has established a referral network.
- a working knowledge of organization skills needed to maintain and run an herbal apothecary.
- a working knowledge of herb-drug interactions.
- an awareness any legal constraints regarding the practice of herbal medicine in her/his home state.
- initiative in continuing her/his education as an herbal practitioner.
- the skills needed to embark on an independent practice.

Mentor regards the student practitioner as a professional colleague and someone they might refer clients to in the future.

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mentor Signature: \_\_\_\_\_

Student Practitioner Signature: \_\_\_\_\_

## Letter of Recommendation Checklist

*At the conclusion of your mentorship you'll request a letter of recommendation from your mentor. When you request a letter from your mentor it is a good idea to offer them some reminders about your mentorship and to encourage them to include specific accomplishments in their letter. Three letters of recommendation are required as part of the application process to become a professional membership of the American Herbalists Guild.*

Student practitioner name:

Mentorship start and end dates:

Total number of contact hours between mentor and student:

Total number of cases presented for review during this mentorship:

Any comments or observations the mentor has about the student's professional qualifications including, but not limited to, her/his professional demeanor when interacting with the mentor and clients, ability to create and execute effective treatment plans, an extensive knowledge of the materia medica, overall communication skills, ability to set and achieve professional goals, etc.

Your mentor's explicit professional recommendation that you have all the necessary qualifications to practice as a professional clinical herbalist and that they would welcome you as colleague and professional member of the American Herbalists Guild.

And any other comments about your personal style or unique contributions to the practice of herbalism that the mentor particularly appreciates and would like to share with the mentorship committee.

## Part VI

### Criteria for Professional Membership AHG Code of Ethics

#### Criteria for Professional Membership in the American Herbalists Guild

The American Herbalists Guild, an association of herbal practitioners, offers the option of peer-reviewed professional membership to practicing herbalists who have successfully met the criteria described below.

Applicants must demonstrate competence in several areas regarded as essential for clinical competency, and submit a Professional Membership Application, along with the documents described below. The Admissions Committee reviews this information, and if approved, professional membership is granted with all benefits and privileges.

#### THE APPLICATION PROCESS

AHG acknowledges and celebrates the amazing diversity of herbalists and the herbal community. For this reason, we offer three ways to apply for professional membership.

**1) The Standard Application Process:** Most applicants are required to follow this process for documenting their training and experience. See below for detailed information.

**2) The Traditional Healers Application Process:** Native American, Chinese, Ayurvedic, Unani-Tibb, Tibetan, Western Folk and other traditional healers who feel that the standard application requirements do not adequately convey the extent of their training, knowledge and experience are invited to contact the AHG office to request an interview with the Director of Admissions to find a suitable alternative to the standard application process.

**3) The Expedited Professional Process:** Available to herbalists and health professionals who have met a standard of training in botanical medicine that equivalent to or greater than that required for professional membership in the AHG, including but not limited to:

- Members of the National Institutes for Medical Herbalists (MNIMH).
- Anyone certified in Chinese herbal medicine by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).
- Herbalists certified or licensed as herbalists in other countries such as New Zealand and Australia.
- Graduates of four-year naturopathic programs who have specialized in botanical medicine. Note that this specialization must be clearly demonstrated.

Applicants that qualify for the Expedited Professional category are required to submit the following items in lieu of the Standard Application:

- A letter of intent that states why the applicant is interested in professional membership and provides detailed information about their qualifications.

- A current curriculum vitae or resume.
- A detailed list of all botanical medicine classes, workshops, seminars, clinics, apprenticeships or internships attended or completed.
- Proof of certification or licensure (or equivalent).
- Two case histories drawn from the applicant's clinical practice that clearly demonstrate the use of botanical therapies. Each case should be no longer than three pages typed.
- A letter of recommendation from an instructor that provided the applicants primary botanical training.

This material is sent electronically to the Director of Admissions via the AHG office at [ahgoffice@earthlink.net](mailto:ahgoffice@earthlink.net), and if approved, the applicant is accepted as a professional member. If not accepted under the expedited process, the applicant is still eligible to submit the full professional membership application. If you are unsure whether you are eligible for the expedited process, call the AHG office and we will help you sort out which application process is most appropriate for you.

## STANDARD APPLICATION GUIDELINES

### Competency Requirements:

These requirements must be completed before applying for professional membership.

**1. Academic and Clinical Experience:** A minimum of four years of combined academic training (whether through independent or formal education) and clinical experience. This should include a minimum of:

- Two years of comprehensive academic training in botanical medicine, through independent or formal education.
- Two years of clinical experience obtained through independent practice, formal mentorship, supervised clinical training as part of an academic program, or a combination thereof, totaling at least 400 hours. To qualify, clinical experience must include seeing at least 100 individual clients during a two-year period.

**2. Materia Medica:** A working knowledge of at least 150 plants. This should include an understanding of their traditional and historical uses, therapeutic actions, dosing, forms of administration, contraindications, possible herb-drug interactions, and basic phytochemical therapeutics.

**3. Therapeutics:** A theoretical foundation for developing herbal treatment protocols, including a demonstrated ability to conduct a comprehensive case intake and assessment upon which to build the protocol.

**4. Practice Management and Ethics:** Clear understanding of personal limitations and their scope of practice, the ability to consult with other health professionals and make referrals as needed.

**5. Basic Sciences:** Relevant and practical understanding of human anatomy, physiology and pathophysiology, and basic plant chemistry obtained through independent or formal education.

**6. Continuing Education:** A demonstrated commitment to ongoing botanical medicine education.

**Materials to be submitted with your application:**

- 1) **Your curriculum vitae or resume.** This document should contain the following information:
  - **Education:** A list of all herbal education programs you have attended, completion dates and the names of your primary instructors.
  - **Clinical Experience:** Documentation for 400 hours of clinical experience. Indicate the number of hours of clinical experience gained from independent practice, formal mentorship or supervised clinical training. Include the names of all instructors and mentors who can verify your clinical training. If your clinical experience was the result of independent practice, be prepared to supply additional documentation if requested.
  - **Diploma, License and Certification Documents:** List all and attach legible photocopies of relevant professional training documents.
  - **Professional Affiliations:** Any professional organizations, societies or associations you belong to.
  - **Publications:** All published works that demonstrate your knowledge or experience with herbs, herbalism or clinical practice.
  - **Teaching Experience:** All classes and lectures presented on the topic of herbs, herbalism or clinical practice.
  - **Career Experience:** All professional work experience in the field of herbalism.
- 2) **Letters of Recommendation:** Include three letters of recommendation. Acceptable sources of these letters are: AHG Professional members; other qualified clinical herbalists; clinical training mentors or instructors; other licensed health professional with acceptable herbal qualifications. Letters from clients, family, other students and friends are not acceptable.
- 3) **Case Histories:** Submit three case histories taken from your clinical experience or training. Case histories should be in the form of a concise, comprehensive summary that includes your assessments, recommendations, detailed treatments protocols, and outcomes. Do not submit case intake forms. Be certain that all names and personal information have been deleted from the materials you submit. To see a template for formatting case histories, please refer to the AHG Mentorship Handbook, available as free download from the AHG website.

Please do not send any additional materials. Include only the materials requested above. Copies of books or articles, diplomas or certificates from any program not related to the study of herbal medicine, or any materials not listed here, will not be included when your application is submitted to the Admissions Committee, nor will they be returned to you.

## **Requesting the Professional Member Application**

1. Once you are ready to apply, contact the AHG office for an application. Since the application process operates on a quarterly schedule, when an application is requested candidates are placed on the recipient list for the next application cycle. Every three months we send out the application to a new group of candidates; at the same time we are receiving completed applications from the previous group. As a result, candidates are given three months to complete and return their materials to the AHG office.
2. There is a \$10.00 fee for the application. When you receive your application, you will be given a due date for returning it, usually 90 days from the date you made your request.
3. Complete the application. Read the application carefully to be sure you have included all requested information. Incomplete applications will be returned.
4. Keep a copy of the application and all materials submitted for your own records.
5. Mail your application and all required materials to the AHG office (see address below) along with a non-refundable application fee. Application fee for AHG members is \$75.00 and \$125.00 for non-members.
6. Should a candidate submit a completed application within this time frame but lack one or more letters of recommendation, we will hold the application for up to three months to allow extra time to obtain these.
7. You should hear from the Admissions Committee within three months of application deadline.
8. Once your membership is approved, you will be asked to submit your annual professional membership dues. Once your dues are received you will be a professional member of the American Herbalists Guild and able to use the designation “Registered Herbalist (American Herbalist Guild)” or “RH (AHG)” after your name for professional purposes.

### **AHG Office Contact Information:**

Phone: 617.520.4372

Email: [ahgoffice@earthlink.net](mailto:ahgoffice@earthlink.net)

Website: [www.americanherbalistsguild.com](http://www.americanherbalistsguild.com)

Mailing Address: American Herbalists Guild, PO Box 230741, Boston, MA 02123

# American Herbalists Guild Code of Ethics

## **Informed Consent/Full Disclosure**

AHG members will provide their clients and potential clients with truthful and non-misleading information about their experience, training, services, pricing structure and practices, as well as disclosure of financial interests if they can present a conflict in practice; and will inform their clients that redress of grievances is available through the American Herbalists Guild or through the appropriate agency where the member is operating under a state license.

## **Confidentiality**

Personal information gathered in the herbalist/client relationship shall be held in strict confidence by the AHG member unless specifically allowed by the client.

## **Professional Courtesy**

AHG members shall present options about and experiences with other practitioners and healing modalities in an ethical and honorable manner.

## **Professional Networking**

Clients shall be encouraged to exercise their right to see other practitioners and obtain their botanicals from the source of their choosing.

## **Practitioner as Educator**

AHG members shall assume the role of educators, doing their best to empower clients in mobilizing their own innate healing abilities and promoting the responsibility of clients to heal themselves.

## **Peer Review**

AHG members shall welcome a peer review of their publications, lectures, and/or clinical protocols. Peer review is a primary means of enhancing each member's level of knowledge and expertise and should be encouraged.

## **Referrals**

AHG members shall recognize their own limitations when they feel a condition is beyond their scope of expertise and practice as an herbalist, or when it is clear that a client is not responding positively to therapy.

## **Avoiding Needless Therapy**

Recommendations shall be based solely on the specific needs of the client, avoiding excessive or potentially needless supplementation.

## **Environmental Commitment**

AHG members should acknowledge that individual health is not separate from environmental health and

should counsel clients to embrace the same Earth-centered awareness.

### **Humanitarian Service**

AHG members should be open and willing to attend to those in need of help without making monetary compensation the primary consideration.

### **Quality Botanicals**

AHG members should endeavor to ensure that the botanicals they use are formulated and manufactured in a way that will deliver the desired therapeutic results, striving to obtain organically grown and ethically harvested botanicals whenever possible.

### **Sexual Harassment**

AHG members should not use their position as teachers or consultants to seek sexual encounters with students or clients.