



International Foundation for Nutrition and Health

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A Tax-Exempt Non-Profit Organization

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Dear Student,

Thank you for your interest in our 100 hour Certification in the clinical use of Whole Food Nutrition (CCWFN). This program is crafted to meet the needs of practitioners and their staff. The course is designed to help you be able to implement what you learn into your practice efficiently. The program's emphasis is on health and prevention, not pathology and disease. There are two different certifications in the program, one for practitioners and one for their staff members.

Practitioner Requirements: You must be a licensed Medical Doctor, Naturopath, Acupuncturist, Chiropractor, Nurse, Dietitian or Nutritionist. Practitioners must complete 68 hours of required course material, including the Foundation of Nutritional Therapies (FNT) Series, Module 1 & 2 tests and Nutritional Biochemistry all tests must be passed with at least an 85% grade point and 32 hours of elective courses.

Staff Requirements: You can apply for the program as a Patient Advocate, or Technician (CTWFN). You must include a letter from a licensed practitioner with your application, stating that they are sponsoring you for our program. This letter must be on the practitioner's letterhead, and requires no other obligation. This certification also requires the 68 hours of course material which includes the Foundation of Nutritional Therapies (FNT) series. This program only requires Module 1 & 2 tests that must be passed with at least an 80% grade point. The Office Assistant course and Disease is Optional course are also required plus 32 hours of elective courses. The emphases in these courses are more directed towards general food-based nutrition, lifestyle and diet for support in a practice.

Staff that would like to upgrade their Technician certification to a Clinician status must meet the following criteria *after* completing their Technician certification: Take Nutritional Biochemistry, passing all tests with an 85% average, and be able to document two years of practical experience in a clinical practice. If a staff member intends to go on to the Clinician certification, it is recommended that he or she notify their counselor from the beginning of their Technician certification. This way, any overlap in testing will be graded at a higher level, saving a lot of time and energy in the long run.

As stated in the brochure, this is a distant learning course with all course material in DVDs and CDs, along with a weekly teleconference that allows you a chance to ask questions about anything that is unclear. All exams are open book. We understand most students have a busy life, so students have two years to complete the course material. If you have more questions please feel free to call.

E-mail: ifnh@ifnh.org
Website: www.ifnh.org

Sincerely

John R Brady, MS
Director IFNH

Keeping The Spirit of Dr. Lee and the Lee Foundation Alive!

IFNH Certification Application

Name: _____
(Print exactly as you want your name to appear on your membership certificate; include your degree if desired)

Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of practice: _____ Retired

Phone: _____ Fax: _____

E-mail Address: _____ Website: _____

I give IFNH permission to send related material to my E-mail Please don't use my E-mail

What school(s) did you attend? _____

Type & Date of Degree(s): _____ How long have you been in practice? _____

How long have you been using nutrition in your practice? N/A _____

How many years experience do you have working in nutrition? N/A _____

Do you use natural remedies? N/A _____ Do you use Homeopathy? N/A _____

Have you used any of the following clinical tools in your practice?

- | | |
|--|--|
| <input type="checkbox"/> Symptom Survey Software | <input type="checkbox"/> Spectra Vision |
| <input type="checkbox"/> The Nutritional Exam | <input type="checkbox"/> Blood Analysis |
| <input type="checkbox"/> Acoustic Cardiograph | <input type="checkbox"/> In Office Lab (urine, blood, etc) |
| <input type="checkbox"/> Heart Rate Variability | <input type="checkbox"/> Hair Analysis |
| <input type="checkbox"/> Bio Meridian Testing | <input type="checkbox"/> Saliva Testing |
| <input type="checkbox"/> Page Measurements | <input type="checkbox"/> Digestive Assessments |

List any other clinical tools: _____

On a scale of 1-10, how comfortable are you using the Nutritional Exam? _____

Have you taken the Foundations of Nutritional Therapy Course (FNT)? _____ If yes, when? _____

Have you taken courses from any of the following people in the last 2 years?

- | | |
|---|--|
| <input type="checkbox"/> Jeremy E. Kaslow, MD, FACP | <input type="checkbox"/> Annette Schippel, DC |
| <input type="checkbox"/> Michael Dobbins, DC | <input type="checkbox"/> Holly Carling, OMD, LAc |
| <input type="checkbox"/> Jay R. Robbins, DC | <input type="checkbox"/> Robert W Baritz, DC |
| <input type="checkbox"/> Stuart White, DC | <input type="checkbox"/> Michael Gaeta, LAc, MS |
| <input type="checkbox"/> Ernest Caldwell, DC | <input type="checkbox"/> Michael Greer MD |
| <input type="checkbox"/> Bruce Bond, DC | <input type="checkbox"/> Lee Carroll, BS, BHSc |
| <input type="checkbox"/> David Hogsed, DOM, AP | <input type="checkbox"/> Ronda Nelson PhD |
| <input type="checkbox"/> Fred Ulan, DC | |

Class hours for outside credits must be verified before graduation.

Please call if you have any questions. (858) 488-8932

IFNH Certification Application

Circle the type of energy work you use in your practice: None–CRA–NET–AK–ART – NRT – other

Circle any certification in nutrition that you have already obtained: DACBN – CCN – CNC – NTT

Do you have any certifications that you use in your practice that were not listed? _____

When did you get certified? _____ How many hours were required for certification? _____

How many staff members are in your practice? _____ How many are used clinically? _____

What are their credentials? _____

How many staff members are involved in your clinical nutrition practice? _____

Would your staff be interested in becoming a Certified Technician in Whole Food Nutrition? _____

List the types of patient education programs you use _____

What points do you emphasize? _____

For additional educational programs: Circle the time structure(s) you would prefer:

(All Day - Saturday - Saturday & Sunday - 1 ½ hour - 2 ½ hour - Thursday - distant learning program)

For our distant learning program the lecture will be conducted via phone conference. You will receive the PowerPoint presentation and notes via email once the months session has concluded for review.

Application overview

The cost of the 100-hour CCWFN Certification Program is between \$2,350 to \$1,650 depending on the required reading materials you already have and the number of approved outside credit hours. A Professional or Technician Membership is included in this price structure. As an example, applicants can reduce the overall cost by receiving credit for up to a maximum of 30 hours of outside instruction from seminars given by the instructors listed on the application and approved by IFNH advisory board. The certification program is based on the Nutritional Exam and the Foundations of Nutritional Therapy program, which encompass certain basic philosophies and procedures. The FNT course is required curriculum. For those who have taken the FNT course in the past 15 years, a review program is available at a reduced fee.

PLEASE REVIEW MY CERTIFICATION AND PROFESSIONAL MEMBERSHIP APPLICATION

SIGNED _____ DATE _____

\$25.00 Application Fee

Check Amex

3-4 Digit Code: _____

Visa MasterCard _____

EXP: _____

**** Upon review of the necessary courses and costs, there are two methods of payment available.**

One Time (payment in full a \$100.00 discount will be applied to the total cost).

Monthly Payment Plan \$600 initial payment and 11 equal payments for the balance (An additional \$4 processing fee for each monthly payment will be included)

IFNH reserves the right to refuse membership to anyone who does not meet the criteria of the review board.

Tel (858) 488-8932 Fax: (858) 488-2566 or MAIL: IFNH 4198 Conner CT San Diego, CA 92117

CCWFN Certification Book List

Recommended and Required Reading 9-1-17

0101 *	Nutrition and Physical Degeneration	Weston A. Price, DDS	27.95
0300	Food and Behavior	Barbara Reed Stitt	9.95
0501 *	Pottenger's Cats	Francis Pottenger, MD.	9.95
0502 *	Back to the Basics of Human Health	Mary Frost, MA	14.95
0601	Lick the Sugar Habit	Nancy Appleton, Ph.D.	12.95
0611	Bechamp or Pasteur	D. Douglas Hume	23.95
0612	Toxemia Explained	John H. Tilden, M.D.	23.95
0710	Why Do I Need Whole Food Supplements	Lorrie Medford, CN	9.95
0905	Adrenal Fatigue	James L. Wilson, ND, DC, PhD	14.95
1002	Cardiovascular Deficiency vs. Nutritional Efficiency	Jeremy Kaslow, MD, FACP	24.95
1005 *	The Real Truth About Vitamins & Antioxidant's	Judith A. DeCava, MS, LNC CCWFN	16.95
1006 *	Good Foods Bad Foods	Judith A. DeCava, MS, LNC CCWFN	12.95
1503	Balancing Body Chemistry with Nutrition-Student	Robert Peshek, DDS	28.95
1504	Balancing Body Chemistry with Nutrition-Clinician	Robert Peshek, DDS	39.95
1530 *	Health vs. Disease	Melvin E. Page, DDS	16.95
1541 *	Therapeutic Food Manual	Royal Lee, DDS	39.95
1542 *	Product Bulletins	Royal Lee, DDS	36.95
1543	Conversations in Nutrition	Royal Lee, DDS	19.95
1544	Protomorphology	Royal Lee, DDS & William A. Hanson	39.95
1545 *	Applied Protomorphology	Royal Lee, DDS	28.95
1546 *	Vitamin News	Royal Lee, DDS	39.95
1601 *	Clinical Reference Guide		22.95
2601 *	An Endocrine Handbook	Henry D. Harrower, MD	27.95
2602	Practical Endocrinology	Henry D. Harrower, MD	85.95
2701 *	Mastering Nutrition with the Symptom Survey	I.F.N.H. (included with course 5600)	35.95
2801 *	Mastering Nutrition with Blood Chemistry Quick Reference Guide	I.F.N.H.	29.95
LEE FOUNDATION PAMPHLETS			
3000 *	An Introduction to Protomorphology	Royal Lee, DDS	6.95
3022	Food and Life, Excerpts from The American Agricultural Department 1939	Royal Lee, DDS	6.95
3027	A Fresh Look At Milk	Francis Pottenger, MD	6.95
5510 *	Leo Roy, MD & The Pioneers of Nutrition (Video)	IFNH presents	100.00

The above books are recommended reading for a better understanding of the subjects taught in our certification program. Some of the books are strictly for reference in the use of whole food nutrition, where others help underscore the issues of lifestyle and diet. For complete descriptions of all the books listed above, please refer to our web site at www.ifnh.org, under Educational Materials.

The books listed with an asterisk (*) are required reading. These 15 books and a video for a total \$469.25 retail. A discount of 20% will be applied if ordered upon your enrollment, bringing your book total to \$375.40.

Please note: Mastering Nutrition with the Symptom Survey (#2701) is included in DVD Course #5600. If you have any question on any particular book and how it applies to the program please do not hesitate to call us at (858) 488-8932.

Pricing and availability subject to change without notice

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Keeping The Spirit of Dr. Lee and the Lee Foundation Alive

IFNH Certification Application

Worksheet For Documentation of Outside Credits

This information is not required to be completed before your acceptance into the program, all students are required to use this form to verify their outside credit hours before graduating.

The purpose of this form is to help you provide us with detailed information so that we may accurately appraise your outside credit hours. If you are not sure of the qualifications of your outside credit information please don't hesitate calling IFNH (858)488-8932 before you fill out this form.

Transferable Credits

For those of you who are applying for outside credits, all nutritional classes must have been taken within the last two years. IFNH will waive up to 30 hours of the 100 hours required for previous documented class work that meets the standards of the certification board. Class credit hours are based on how they support the philosophy and research of the nutritional pioneers in creating a Whole Food Nutrition practice. This means that credit hours are at the board's discretion of how it applies to the material taught within the CCWFN course. Once notified a course will be accepted for consideration, the final acceptance of any class will require the following before graduation:

~Please make a copy of this form for each class you want to submit for outside credits ~

Class Title _____ Date Attended _____

Instructor(s) _____ Location of Class _____

Number of Hours (not including breaks) _____ Topic _____

Objective of Class _____

Outside reading or prerequisites required _____

Description of what you learned in the class _____

Requirements:

- A copy of 4-5 pages of class notes that reflect the course *or*
- Proof of attendance (canceled check, certificate of completion or transcript)

To help us better serve you; please answer the following questions about the class:

How would you grade the class? _____

How would you grade the instructor? _____

What do you feel would improve the class? _____