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.

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?
☐ Symptom Survey Software ☐ Spectra Vision
☐ The Nutritional Exam ☐ Blood Analysis
☐ Acoustic Cardiograph ☐ In Office Lab (urine, blood, etc)
☐ Heart Rate Variability ☐ Hair Analysis
☐ Bio Meridian Testing ☐ Saliva Testing
☐ Page Measurements ☐ 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?
☐ Jeremy E. Kaslow, MD, FACP ☐ Annette Schippel, DC
☐ Michael Dobbins, DC ☐ Holly Carling, OMD, LAc
☐ Jay R. Robbins, DC ☐ Robert W Baritz, DC
☐ Stuart White, DC ☐ Michael Gaeta, LAc, MS
☐ Ernest Caldwell, DC ☐ Michael Greer MD
☐ Bruce Bond, DC ☐ Lee Carroll, BS, BHSc
☐ David Hogsed, DOM, AP ☐ Ronda Nelson PhD
☐ Fred Ulan, DC

Class hours for outside credits must be verified before graduation.
Please call if you have any questions. (858) 488-8932
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 the 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**

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Author/Editor</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>0101</td>
<td>Nutrition and Physical Degeneration</td>
<td>Weston A. Price, DDS</td>
<td>27.95</td>
</tr>
<tr>
<td>0300</td>
<td>Food and Behavior</td>
<td>Barbara Reed Stitt</td>
<td>9.95</td>
</tr>
<tr>
<td>0501</td>
<td>Pottenger’s Cats</td>
<td>Francis Pottenger, MD</td>
<td>9.95</td>
</tr>
<tr>
<td>0502</td>
<td>Back to the Basics of Human Health</td>
<td>Mary Frost, MA</td>
<td>14.95</td>
</tr>
<tr>
<td>0601</td>
<td>Lick the Sugar Habit</td>
<td>Nancy Appleton, Ph.D.</td>
<td>12.95</td>
</tr>
<tr>
<td>0611</td>
<td>Bechamp or Pasteur</td>
<td>D. Douglas Hume</td>
<td>23.95</td>
</tr>
<tr>
<td>0612</td>
<td>Toxemia Explained</td>
<td>John H. Tilden, M.D.</td>
<td>23.95</td>
</tr>
<tr>
<td>0710</td>
<td>Why Do I Need Whole Food Supplements</td>
<td>Lorrie Medford, CN</td>
<td>9.95</td>
</tr>
<tr>
<td>0905</td>
<td>Adrenal Fatigue</td>
<td>James L. Wilson, ND, DC, PhD</td>
<td>14.95</td>
</tr>
<tr>
<td>1002</td>
<td>Cardiovascular Deficiency vs. Nutritional Efficiency</td>
<td>Jeremy Kaslow, MD, FACP</td>
<td>24.95</td>
</tr>
<tr>
<td>1005</td>
<td>The Real Truth About Vitamins &amp; Antioxidant's</td>
<td>Judith A. DeCava, MS, LNC CCWFN</td>
<td>16.95</td>
</tr>
<tr>
<td>1006</td>
<td>Good Foods Bad Foods</td>
<td>Judith A. DeCava, MS, LNC CCWFN</td>
<td>12.95</td>
</tr>
<tr>
<td>1503</td>
<td>Balancing Body Chemistry with Nutrition-Student</td>
<td>Robert Peshek, DDS</td>
<td>28.95</td>
</tr>
<tr>
<td>1504</td>
<td>Balancing Body Chemistry with Nutrition-Clinician</td>
<td>Robert Peshek, DDS</td>
<td>39.95</td>
</tr>
<tr>
<td>1530</td>
<td>Health vs. Disease</td>
<td>Melvin E. Page, DDS</td>
<td>16.95</td>
</tr>
<tr>
<td>1541</td>
<td>Therapeutic Food Manual</td>
<td>Royal Lee, DDS</td>
<td>39.95</td>
</tr>
<tr>
<td>1542</td>
<td>Product Bulletins</td>
<td>Royal Lee, DDS</td>
<td>36.95</td>
</tr>
<tr>
<td>1543</td>
<td>Conversations in Nutrition</td>
<td>Royal Lee, DDS</td>
<td>19.95</td>
</tr>
<tr>
<td>1544</td>
<td>Protomorphology</td>
<td>Royal Lee, DDS &amp; William A. Hanson</td>
<td>39.95</td>
</tr>
<tr>
<td>1545</td>
<td>Applied Protomorphology</td>
<td>Royal Lee, DDS</td>
<td>28.95</td>
</tr>
<tr>
<td>1546</td>
<td>Vitamin News</td>
<td>Royal Lee, DDS</td>
<td>39.95</td>
</tr>
<tr>
<td>1601</td>
<td>Clinical Reference Guide</td>
<td></td>
<td>22.95</td>
</tr>
<tr>
<td>2601</td>
<td>An Endocrine Handbook</td>
<td>Henry D. Harrower, MD</td>
<td>27.95</td>
</tr>
<tr>
<td>2602</td>
<td>Practical Endocrinology</td>
<td>Henry D. Harrower, MD</td>
<td>85.95</td>
</tr>
<tr>
<td>2701</td>
<td>Mastering Nutrition with the Symptom Survey</td>
<td>I.F.N.H. (included with course 5600)</td>
<td>35.95</td>
</tr>
<tr>
<td>2801</td>
<td>Mastering Nutrition with Blood Chemistry</td>
<td>I.F.N.H.</td>
<td>29.95</td>
</tr>
</tbody>
</table>

**Lee Foundation Pamphlets**

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Author/Editor</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>3000</td>
<td>An Introduction to Protomorphology</td>
<td>Royal Lee, DDS</td>
<td>6.95</td>
</tr>
<tr>
<td>3022</td>
<td>Food and Life, Excerpts from The American Agricultural Department 1939</td>
<td>Royal Lee, DDS</td>
<td>6.95</td>
</tr>
<tr>
<td>3027</td>
<td>A Fresh Look At Milk</td>
<td>Francis Pottenger, MD</td>
<td>6.95</td>
</tr>
<tr>
<td>5510</td>
<td>Leo Roy, MD &amp; The Pioneers of Nutrition (Video)</td>
<td>IFNH presents</td>
<td>100.00</td>
</tr>
</tbody>
</table>

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](http://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

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

*Keeping The Spirit of Dr. Lee and the Lee Foundation Alive*
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? ________________________________________________