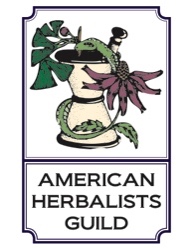
**RECOMMENDATION FOR PROFESSIONAL MEMBERSHIP**

**The American Herbalists Guild**

**PO Box 3076**

**Asheville, NC, 28802-3076**

**617-520-4372**

office@americanherbalistsguild.com

TO THE APPLICANT:

Send one copy of this form to each person who will be writing a letter for recommendation on your behalf.

INSTRUCTIONS TO THE RECOMMENDER:

The AHG was founded in 1989 as a non-profit, educational organization to represent the goals and needs of herbalists specializing in the medicinal use of plants. Our primary goal is to promote a high level of professionalism and education in the study and practice of therapeutic herbalism. To obtain Professional Member status in the AHG, applicants have their credentials evaluated through a rigorous Admissions Review Process. Applicants must meet the AHG minimum professional requirements for training and clinical experience, complete a formal application, submit a personal and professional biography, and provide three comprehensive case histories from their own client base in addition to the five case assessments requested by the Review Committee. Applicants must also provide three letters of reference. The criteria state that these letters should be from: (a) a professional member of the AHG; (b) other clinical herbalists, or (c) other licensed health professionals with acceptable herbal qualifications. Letters from clients, family, students, and friends are not acceptable.

You have been asked to submit a letter of recommendation on behalf of a candidate for professional membership in the AHG. We are primarily interested in learning what you know about this candidate’s professional and personal qualifications as a clinical herbalist.

Please answer the following questions in black ink and attach this form to your letter of recommendation. Letters of recommendation should be returned directly to the AHG office. This form and your letter will be kept confidential and will only be viewed by the AHG office and the members of the AHG Admissions Review Committee.

**American Herbalists Guild**

# Letter of Recommendation Form

**Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Recommender’s Name and Credentials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BACKGROUND INFORMATION:

Please describe your educational background, including any professional schools from which you have graduated: *(A current* *CV can be sent in lieu of answering this question.)*

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Briefly describe your professional experience with botanical medicines. *(A current* *CV can be sent in lieu of answering this question.)*

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How long have you known this candidate and in what context? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you feel this person is qualified to be a professional member of the American Herbalists Guild? Please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please attach your letter of recommendation to this completed page and send to:

**American Herbalists Guild**

**PO Box 3076**

**Asheville, NC, 28802-3076**

**Or email to:** office@americanherbalistsguild.com