

LAST UPDATED 15 November 2016

APL/APEL CERTIFICATION COMPLETION FORM

Full Name: _____

BANT Membership Number: _____

I have successfully completed the APL/APEL process and enclose the evidence to support my claim.

For Associate Membership A1, A2 and B

In support of my application (all 3 certificates must be included)

- I enclose a copy of my certificate for passing **Functional Testing Module 1**
- I enclose a copy of my certificate for passing **Functional Testing Module 2**
- I enclose a copy of my certificate for passing **The Principles of Functional Medicine**

AND

For Associate Membership A2 and B only

(NOT APPLICABLE for Associate Membership A1)

In support of my application (ONE of these certificates must be included)

- I enclose a copy of my **BANT CASE STUDIES CERTIFICATE** (*as obtained from the successful complete of the 2 case studies required as part of the APL/APEL process from ASSOCIATE MEMBERSHIP (A2)*)

OR

- I enclose a copy of my **BANT CERTIFICATE OF ENTRANCE** (*as obtained through the successful completion of the EXTERNAL FULL PORTFIOLO (EFP) ROUTE from ASSOCIATE MEMBERSHIP (B)*)

Upon approval of the attached documentation, I understand that you will issue my **BANT APL/APEL CERTIFICATE** so that I can apply for FULL MEMBERSHIP of BANT.

Signed: _____

Dated: _____

Please return this application form, signed and dated to:

**British Association for Applied Nutrition and Nutritional Therapy (BANT),
27 Old Gloucester Street, London WC1N 3XX**