

# Application for ARC™ Registration Examination in Aromatherapy



Please read the directions in the Handbook for Candidates carefully before completing this Application.

**MARKING INSTRUCTIONS:** This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided.

A	B	C	D	E	F	1	2	3	4	5	6
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## Candidate Information

Please enter your Name exactly as it appears on your current Government-Issued Photo I.D.

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr.	First Name																					Middle Initial		
Last Name																						Suffix (Jr., Sr., etc.)		
Home Address - Number and Street																						Apartment Number		
City															State/Province			Zip/Postal Code						
Country																								
Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)																								
Daytime Phone																								

## Eligibility and Background Information

## Testing Period

☐ Spring ☐ Fall

Darken only one choice for each question unless otherwise directed.

### A. PERCENT OF WORKING TIME CURRENTLY SPENT IN AROMATHERAPY:

- ☐ Less than 25% ☐ 51 to 75%  
☐ 26 to 50% ☐ More than 75%

### B. PRACTICAL EXPERIENCE IN AROMATHERAPY:

- ☐ Less than one year ☐ 2 years ☐ 6 to 10 years  
☐ One year ☐ 3 to 5 years ☐ More than 10 years

### C. PRACTICE SETTING: (Darken all that apply.)

- ☐ Self-employed ☐ Industry  
☐ Hospital/Clinic ☐ Government  
☐ Research Institute ☐ Association  
☐ Education ☐ Other  
☐ Retailers/Wholesalers

### D. AROMATHERAPY TRAINING: (Darken all that apply.)

- ☐ 200 hours of level 2 program (REQUIRED)  
☐ Workshops or seminars ☐ Advanced continuing education  
☐ On-the-job training ☐ Other

### E. HIGHEST ACADEMIC LEVEL ATTAINED:

- ☐ High School Graduate ☐ Bachelor's Degree  
☐ Some College ☐ Master's Degree  
☐ Associate Degree ☐ Doctoral Degree  
☐ Diploma in Nursing ☐ Other

### F. PROFESSIONAL BACKGROUND: (Darken all that apply.)

- ☐ Massage Therapist ☐ Pharmacist  
☐ Registered Nurse ☐ Physician  
☐ Esthetician ☐ Chiropractor  
☐ Naturopathic Medicine ☐ Acupuncturist  
☐ Practical/Vocational Nurse ☐ Complementary Medicine  
☐ Veterinarian ☐ Other

### G. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

- ☐ No ☐ Yes

If yes, indicate month, year, and name under which the examination was taken.

Date (month/year): \_\_\_\_\_

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

(Complete Page 2)



# Application for ARC™ Registration Examination in Aromatherapy



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## Eligibility and Background Information

### H. HAVE YOU EVER BEEN CERTIFIED (CURRENTLY OR LAPSED) AS A CERTIFIED AROMATHERAPIST BY ARC™ ?

- ☐ Never certified  
☐ Currently certified; applying for recertification

Indicate Most Recent Certificate Number (Enter Numbers Only)

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(R)

Month/Year current certification lapses: \_\_\_\_/\_\_\_\_

- ☐ Previously certified but certification lapsed; applying for recertification

Month/Year certification lapsed: \_\_\_\_/\_\_\_\_

### I. ARE YOU A MEMBER OF NAHA?

- ☐ No ☐ Yes

### J. ARE YOU A MEMBER OF ALLIANCE OF INTERNATIONAL AROMATHERAPISTS (AIA)?

- ☐ No ☐ Yes

### K. WHAT LANGUAGE DO YOU REQUIRE TO TAKE THE TEST IN?

- ☐ English (Computerized)  
☐ Japanese (Paper and Pencil)  
☐ Korean (Paper and Pencil)

## Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

#### Race:

- ☐ African American ☐ Native American  
☐ Asian ☐ White  
☐ Hispanic ☐ Other

#### Age Range:

- ☐ Under 25 ☐ 40 to 49  
☐ 25 to 29 ☐ 50 to 59  
☐ 30 to 39 ☐ 60+

#### Gender:

- ☐ Male  
☐ Female

## Candidate Signature

### COMPLETE ENTIRE APPLICATION BEFORE SIGNING BELOW.

I have read the Handbook for Candidates and understand that I am responsible for knowing its contents. I certify that the information given in this application is in accordance with Handbook instructions and is accurate, correct, and complete. I also agree to adhere to the ARC™ Disciplinary Policy.

CANDIDATE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### CREDIT CARD PAYMENT

If you want to charge your application fee on your credit card provide all of the following information.

Name (as it appears on your card): \_\_\_\_\_

Address (as it appears on your statement): \_\_\_\_\_

Charge my credit card for the total fee of: \$ \_\_\_\_\_

Expiration date (month/year): \_\_\_\_/\_\_\_\_

Card type: ☐ Visa ☐ MasterCard ☐ American Express

Card Number: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### FOR OFFICE USE ONLY

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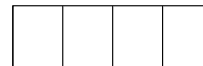
Date

Fee: \_\_\_\_\_

☐ CC ☐ Check

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## ARC™ Registration Examination in Aromatherapy

### CANDIDATE CONSENT FORM

I, \_\_\_\_\_ (print name), certify that all the information contained in my Application for the ARC™ Registration Examination in Aromatherapy is true and accurate to the best of my knowledge and I seek admission to take the Examination only for the purpose of seeking registration as a Registered Aromatherapist, and for no other purpose.

I have read and agree to abide by ARC™'s policies and procedures, including but not limited to the Disciplinary Policy, Policy on Use of Registration Marks, and the Statement of Policy on Unsafe Professional Practices. I will read and keep up-to-date with these rules. I agree that I bear the burden of demonstrating and maintaining compliance during the application review period and for the duration of registration (if granted). I agree that ARC™ may take action regarding my application, examination, or registration in accordance with its Disciplinary Policy, and that the penalties for violation of an ARC™ rule include (but are not limited to) denial, revocation, or limitation of my registration.

I agree to promptly notify Aromatherapy Registration Council ("ARC™") of any change in my name, address, telephone number, or e-mail address. I also agree to notify ARC™ (1) if a governmental agency or other professional organization initiates an action against me or (2) if I am convicted of a crime related to aromatherapy or public health.

I authorize ARC™ (including its officers, directors, committee members, panel members, employees, and agents) to

1. review my Examination Application;
2. determine that I am or am not eligible for registration; and
3. share any information about my Examination Application, Examination, registration status, and disciplinary history (if any), with state and federal agencies, employers, and others.

Except for claims based on ARC™'s gross negligence or lack of good faith, I also agree to indemnify ARC™ (and its officers, directors, committee members, panel members, employees, and agents), hold it harmless from, and reimburse it for any and all legal costs and other expenses which ARC™ may incur because of any violation by me of ARC™'s rules or because of an action taken by ARC™ related to my Examination Application, Examination, and/or registration as permitted by ARC™'s rules. I agree to fully cooperate as requested by ARC™ in any review of my Examination Application, Examination, and/or registration.

I agree to follow ARC™'s testing center rules, including but not limited to the following:

1. ARC™ may refuse to admit me to the testing site if I do not have proper photo ID or an admission ticket, or if administration has begun;
2. The examiners at my test site may take any reasonable actions necessary to properly administer the test and keep the testing site secure;
3. The examiners may relocate me before or during the Registration Examination if necessary;
4. I will not communicate with other examinees in any way;
5. I will not take any Registration Examination materials from the test site;
6. I will not copy any Registration Examination materials; and
7. I will not give Registration Examination questions or answers to others.

I understand that ARC™ will only review the Registration Examination materials in order to determine an accurate score; I agree that ARC™ is not required to make any other kind of review and I waive all further claims of examination review.

If I pass the Examination, I agree that ARC™ may:

1. share my name and the fact that I have become certified as a Registered Aromatherapist to newspapers and other publications;
2. share my name and address in a listing of Registered Aromatherapists to individuals and/or organizations interested in aromatherapy; and
3. post my name, employment information, and e-mail address in an online database.

If I become and wish to remain certified as a Registered Aromatherapist, I understand and agree that I must comply with all ARC™ rules at all times and retake and pass the Examination at least one time every five (5) years, or meet the continuing education requirements as set forth by ARC™.

I have read and understand this Consent Form and agree to abide by its terms.

Signed:

\_\_\_\_\_  
Signature

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

Should I be granted registration as a Registered Aromatherapist, I agree that ARC™ may share my name, employment information, and address as part of ARC™'s mailing list.

\_\_\_\_\_  
Signature

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

All applicants must answer the following:

YES	NO	Have you ever been convicted of, pled guilty to, or pled nolo contendere to a felony or misdemeanor related to aromatherapy or public health?
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If yes, you must send a letter of explanation by mail or fax to ARC™. The ARC™ must review this information before your Application will be processed.

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