



THE INSTITUTE FOR
FUNCTIONAL
MEDICINE®

**THE INSTITUTE FOR FUNCTIONAL
MEDICINE CERTIFICATION
PROGRAM™**

**INFORMATION, APPLICATION, and
INSTRUCTIONS**

**www.functionalmedicine.org
(800) 228-0622 OR (253) 858-4724**

INSTITUTE FOR FUNCTIONAL MEDICINE CERTIFICATION PROGRAM (IFMCP)

GENERAL INFORMATION

We are pleased that you have expressed interest in The Institute for Functional Medicine's *Functional Medicine Certification Program*[™] (IFMCP). The overall goal of the IFMCP is to deepen and broaden the expertise and knowledge base of clinicians in the principles and practice of functional medicine. The main objectives of the program for participants are:

- To use patient-centered diagnosis and apply the concepts of antecedents, triggers, and mediators in assessment and workup;
- To become adept in the use of the Functional Medicine Matrix Model and systems thinking;
- To achieve proficiency and expertise in the workup of patients who present with complex chronic disease;
- To develop skill and competence in the treatment of patients with complex chronic disease using diet, lifestyle, nutrient, phytonutrient, mind/body, and pharmaceutical modalities; and
- To develop skill and competence in evaluating and planning primary and secondary preventive interventions using diet, lifestyle, nutrient, phytonutrient, mind/body, and pharmaceutical modalities

The FMC Program includes:

- Focus on a patient-centered, systems biology approach
- Evaluation of principal underlying antecedents, triggers, and mediators in the patient workup
- In-depth application of important dietary, nutraceutical, mind/body, and pharmacological therapies
- Detailed clinical applications of core functional laboratory testing
- Deepening of important practitioner communication skills focused on developing a therapeutic partnership relationship with clients
- Lecture and case-based learning
- Onsite and online educational activities
- Comprehensive assessment of the fundamental physiological systems that organize the key clinical imbalances and are affected by the mental-emotional-spiritual core:
 - Assimilation
 - Defense and repair
 - Energy
 - Biotransformation and elimination
 - Communication
 - Transport
 - Structural integrity

APPLICANT ELIGIBILITY REQUIREMENTS

- Graduation from an accredited medical, osteopathic, chiropractic, physician assistant, nursing, naturopathic medicine, dietetics, acupuncture, pharmacy, dentistry, or nutrition program in the United States, Canada, or equivalent programs from other countries.
- Hold a current license to practice by the appropriate authority in the applicant's location and be in active clinical practice. Because of differing regulations, Naturopathic Physicians or Nutritional Therapists from Great Britain, should send documentation of registration and a current copy of your medical malpractice insurance policy.

Practitioners who do not meet the above eligibility requirements may petition IFM for entry into the program and will be evaluated on a case-by-case basis depending on program degree, educational background, regulatory status, and clinical experience. ***A complete application must be submitted before IFM can provide any feedback on the individual's eligibility.***

REQUIREMENTS TO BECOME AN IFM-CERTIFIED FUNCTIONAL MEDICINE PRACTITIONER

Required

- Completion of Applying Functional Medicine in Clinical Practice™ (AFMCP) course
- Completion of all six individual Functional Medicine Advanced Practice Modules™ (APMs)
- Successful completion of written examination following completion of AFMCP and APMs
- Passing grade on two case reports submitted using an IFM-provided template and received by IFM by the end of the Review Course

For dates/locations of AFMCP and the APMs, please visit our website: www.functionalmedicine.org.

Recommended

- Completion of IFMCP Review Course
- Attendance at AFMCP and APMs Webinars

(While not required for certification, Webinars will cover material that may be tested on the written examination.)

Successful completion of the above requirements within 7 years from an approved application entitles the candidate to the Certified Functional Medicine Practitioner™ (CFMP) designation.

Requirements to maintain certification

- Document 10 annual continuing medical education hours sponsored by IFM or otherwise acceptable to IFM
- Pass a written examination every sixth year following certification
- Submit 2 written case studies every sixth year

FUNCTIONAL MEDICINE CERTIFICATION PROGRAM FEES

Non-refundable Application Fee: \$100

Written Exam Fee: \$800

Case Based Evaluation of Clinical Competency: \$800

APPLICATION PROCESS

Required application materials to be completed and sent to The Institute for Functional Medicine:

- Completed application form
- Copy of current/active medical or other practitioner license. Because of differing regulations, Naturopathic Physicians or Nutritional Therapists from Great Britain, should send documentation of registration and a current copy of your medical malpractice insurance policy.
- Copy of degree/diploma
- Copy of CV showing the applicant is active in clinical practice
- Nonrefundable application fee of \$100

Once IFM has received all required application materials, the applicant's file will be evaluated by IFM staff to ensure the criteria listed above under Candidate Eligibility Requirements are met. Following approval, the applicant will be notified via email of acceptance into the program.

Please note that each candidate who has completed all the IFMCP requirements except the written examination and the case reports will be required to complete an "Application to Take the IFMCP Written Examination." That application will contain a reaffirmation of the candidate's eligibility, the consequences for providing false information, a confidentiality agreement regarding the contents of the test, and a waiver of liability. The signature of the applicant shall be notarized. The application must be submitted one month in advance of the examination the candidate intends to take.

APPEALS PROCESS

If IFM determines that the eligibility requirements have not been met, the applicant will be notified that he/she has not been accepted into the program. To appeal a denial of eligibility for participation in the IFMCP:

- Applicant must submit a letter requesting reconsideration within 30 days of the date on the letter (or email) notifying the applicant of an adverse decision on eligibility. The request must state why the applicant believes that he/she does meet the eligibility requirements, or why an exception should be made in his/her case. The applicant is free to submit any additional materials in support of the request for reconsideration (e.g., letters of reference, graduate/postgraduate transcripts, CME certificates, etc.).
- The request for reconsideration of eligibility, along with the materials in the applicant's application file, will be reviewed by IFM's Executive Management Team (EMT). The EMT may request additional information from the applicant, including a personal interview (usually by phone conference), before making a decision. All decisions by the EMT are final.

Once IFM has received all of the above materials, please allow 3 weeks for your application to be processed. You will be notified via email of the status of your application.

Please collect and mail/email all application materials in one packet to:

The Institute for Functional Medicine
Medical Education Department
4411 Pt. Fosdick Dr. NW, Suite 305
Gig Harbor, WA 98335
fmcp@fxmed.com

If you have any questions about this application, please call 800-228-0622 or email
fmcp@fxmed.com

Note: Please read Exhibit A (attached) carefully before submitting your application form.

EXHIBIT A TERMS AND CONDITIONS

The individual signing and submitting the application of which these Terms and Conditions are a part (the "Applicant") agrees as follows:

1. Use of IFM's Service Marks. The Applicant acknowledges and agrees that "IFM Certified Functional Medicine Practitioner™," "IFM's Certification in Functional Medicine™," and any variations thereof are trademarks of The Institute for Functional Medicine® ("IFM") and may not be used by the Applicant unless and until the Applicant has been awarded a Certificate indicating that the Applicant has successfully completed IFM's Functional Medicine Certification Program® (the "Program") and is an "IFM Certified Functional Medicine Practitioner™." If the Applicant has been awarded such a Certificate, the Applicant may display the Certificate in the Applicant's practice location and may inform patients that the Applicant is an "IFM Certified Functional Medicine Practitioner™" or has been granted "IFM's Certification in Functional Medicine™." The Applicant may not use any variations of such terms without IFM's prior, written consent, nor may the Applicant use any such terms in a manner that states or implies that IFM endorses, guarantees, or provides any warranties regarding the Applicant or any services provided by the Applicant. The Applicant may not reproduce or use IFM's logo for any purpose. The Applicant acknowledges that IFM does not endorse, guarantee, or provide any warranties regarding the Applicant or any services provided by the Applicant, and the Certificate indicates only that the Applicant has completed IFM's approved course of study and has satisfied IFM's other requirements for certification. Any written references by the Applicant to IFM or any of its trademarks shall include the "™" symbol following each such trademark and shall include the following disclaimer: "The terms 'IFM Certified Functional Medicine Practitioner™' and 'IFM's Certification in Functional Medicine™' are trademarks of The Institute for Functional Medicine® and are used with permission. The Institute for Functional Medicine does not endorse, guarantee, or provide any warranties regarding the services provided by any functional medicine practitioner. Further information regarding IFM and its Functional Medicine Certification Program® is available at www.functionalmedicine.org."

2. Indemnification. The Applicant agrees to indemnify and hold harmless IFM and its officers, directors, employees, faculty, parents, affiliates, agents, subsidiaries, successors-in-interest, consultants, information providers, licensors, and suppliers (the "IFM Parties") from and against any and all claims, actions, losses, liabilities, damages, costs and expenses (including without limitation attorneys' fees) caused by or arising from any alleged or actual acts or omissions of the Applicant or the applicant's employees, contractors, representatives, agents or affiliates. The indemnification provided hereunder shall specifically include, but not be limited to, (a) any claim made against any of the IFM Parties arising from or with respect to the Applicant's use of the "IFM Certified Functional Medicine Practitioner" designation or any

similar phrases and (b) any claim made against any of the IFM Parties by any patient of the Applicant (unless such claim is completely unrelated to the Applicant).

3. Waiver, Release, and Limitation of Liability. The Applicant hereby releases and forever waives any and all claims he or she may have against any of the IFM Parties for losses or damages the Applicant may sustain in connection with the Applicant's application for or participation in the Program, IFM's granting or not granting a Certificate to the Applicant, and Applicant's use of, or inability to use, the Certificate. TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW AND NOTWITHSTANDING ANYTHING TO THE CONTRARY CONTAINED HEREIN, IN NO EVENT SHALL ANY OF THE IFM PARTIES OR ANY THIRD PARTIES BE LIABLE FOR ANY INDIRECT, CONSEQUENTIAL, SPECIAL, PUNITIVE, OR INCIDENTAL DAMAGES, DAMAGES FOR PERSONAL INJURY, SICKNESS, DEATH, BUSINESS INTERRUPTION, OR LOSS OF BUSINESS INFORMATION) OR DAMAGES FOR LOSS OF PROFITS OR REVENUES THAT MAY RESULT FROM OR IN CONNECTION WITH THE APPLICANT'S APPLICATION FOR OR PARTICIPATION IN THE PROGRAM, IFM'S GRANTING OR NOT GRANTING A CERTIFICATE TO THE APPLICANT, AND APPLICANT'S USE OF, OR INABILITY TO USE, THE CERTIFICATE, EVEN IF ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, OR EVEN IF SUCH POSSIBILITY WAS REASONABLY FORESEEABLE, WHETHER BASED ON WARRANTY, CONTRACT, TORT OR ANY OTHER LEGAL THEORY. IN NO EVENT SHALL IFM'S AGGREGATE LIABILITY TO THE APPLICANT EXCEED THE FEES ACTUALLY PAID BY THE APPLICANT TO IFM WITH REGARD TO THE APPLICANT'S PARTICIPATION IN THE PROGRAM. No claims, regardless of form, arising out of, or in any way connected with the Program, the Applicant's participation therein and/or the Certificate may be brought by the Applicant more than one year after the cause of action has accrued or the Applicant's participation in the Program has been completed or terminated, whichever is earlier.



THE INSTITUTE FOR
**FUNCTIONAL
 MEDICINE®**

FUNCTIONAL MEDICINE CERTIFICATION PROGRAM APPLICATION FORM

CONTACT INFORMATION

Last Name: _____ First _____ Degree _____

Street Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Home Phone: _____ Work Phone: _____ Fax: _____

E-mail address (required): _____

ACADEMIC HISTORY

Applicants must have graduated from an accredited medical, osteopathic, chiropractic, physician assistant, nursing, naturopathic, dietetics, acupuncture, pharmacy, or nutritional program in the United States, Canada, or equivalent programs in other countries. Other providers may petition IFM for application into the program and will be evaluated on a case-by-case basis depending on program degree, educational background, regulatory status, and clinical experience. Please list all health professions education:

| Name of School | Location | From Mo / Yr | To Mo / Yr | Name of Degree Earned | Date Degree Conferred |
|----------------|----------|-----------------|---------------|--------------------------|-----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

If you are Board Certified, please complete the following information:

_____ Re-certified? _____
 Board Year Year(s)

CLINICAL PRACTICE HISTORY

Licensed in which state(s): _____ Number of years in practice: _____

Medical (or Other) Specialty: _____

Have you ever had your license revoked or been found by any court, administrative or disciplinary proceeding to have committed negligence or malpractice?

_____ No _____ Yes If yes, please explain:

APPLICATION FEE

Non-Refundable Processing Fee: US \$100.00 (Due with Application)

PAYMENT INFORMATION

Please indicate method of payment for the application fee:

- Check enclosed with application (*Payable to IFM*)
- Visa Master Card AmEx

Card Number: _____ Exp Date: _____ Security Code: _____

Cardholder Name (print): _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Signature: _____

I, the undersigned, hereby authorize The Institute for Functional Medicine to accept my application and fees and to review the application materials enclosed or submitted separately. By signing and submitting this application, I certify that the information contained in this application is true, complete, and correct to the best of my knowledge. I further understand that if any information is later determined to be false, IFM reserves the right to revoke any certification that has been granted on the basis thereof. I have read and understand the policies and procedures described in the information section of the Application Form and agree to be bound by the terms and conditions of Exhibit A.

Signature of Applicant

Date

© 2010, 2011 The Institute for Functional Medicine

The Institute for Functional Medicine (IFM), Applying Functional Medicine in Clinical Practice, and AFMCP are marks owned by Jeffrey and Susan Bland, used under exclusive license.