

New England Seacoast Holistic Health Association
2009 Membership Application

Welcome!

The New England Seacoast Holistic Health Association is an organization dedicated to providing education and community service to promote holistic health to the greater seacoast area. We welcome *your presence, your experience, and your participation*.

If you have any questions as you are completing the membership application please email info@NESHHA.org or you can contact Nicole S. Salotti directly at 603.433.7465.

Warm Regards,

NESHHA

Membership benefits include placement on the NESHHA web site, a listing in the directory*, voting rights, access to practitioner's forum, E-mail communications, access to leading programs to promote holistic health practices, and participation on committees and/or events.

Please remit payment by check or money order made out to **New England Seacoast Holistic Health Association (NESHHA)** or by cash at meetings. Checks and membership applications should be sent to:

Treasurer, Ron Stock, The Herbal Path, 839 Central Avenue, Dover, NH 03820

*Please Note: March 30, 2009 is the deadline to be included in the 2009 directory.

Name:			
Business Name:			
Business Address:			
City	State	Zip:	
Business Phone:		Fax:	
Email:		Website:	
Dues Amount: <i>(Please circle)</i>	Individual \$75.00	Corporate \$150.00	Student \$25.00

Additional contribution (tax deductible) \$

Total enclosed with membership form \$ _____

Signature _____

Date

This information is used to categorize, explain and organize our diverse practice. It allows us to educate the general public so they can avail themselves of these options. Column A is to identify your principal practice. Please select the one which you practice the most. Column B is to include the other elements of your healing practice.

A: Profession or Principal Modality (circle only <i>one</i>)	B: Categories of Specialty (circle <i>all</i> that apply):
<p>Body Care <i>i.e. Fitness, Pilates, Somatics, Skin Care, Yoga</i></p> <p>Healing Touch <i>i.e. Cranial Sacral, Reiki, Rolfing</i></p> <p>Intuitive Services</p> <p>Massage Therapy Establishments <i>i.e. Healing Center, Integrative Medical Center, Health Food Store, Restaurant</i></p> <p>Licensed Medical Professional <i>i.e. DC, MD, ND</i></p> <p>Services <i>i.e. Coaching, Health diagnostics, Health Education, Expo/Event planning, Personal development, Wellness Counseling</i></p> <p>Therapy</p> <p>Traditional Oriental Medicine <i>i.e. Acupuncture, Acupressure, Chinese Herbs</i></p> <p>Vibrational Healing <i>i.e. Aromatherapy, Flower Essences, Homeopathy, Sound Healing</i></p>	<p>Acupressure Acupuncture Aromatherapy Breathwork Biofeedback Chiropractic Doctor Chinese Herbal Medicine Colon Hydrotherapy Cranial Sacral Experiential Therapy Emotional Freedom Technique (EFT) Healing Through Writing Past Life Regression Psychotherapy Wei Chi Healing Other:</p> <p>Herbals Homeopathy Hypnotherapy Intuitives Psychics Mediums Medical Intuitives Trans-Channel Other:</p> <p>Iridology Massage Therapy Lymph drainage Myofascial Neuromuscular Shiatsu Tuina Zero Balancing Other:</p> <p>Medical Doctor Family Practice OB/GYN Other:</p> <p>Nutrition Naturopath Personal Training Polarity Qi Gong Reflexology Reiki Shamballa Usui Other:</p> <p>Rolfing Shaman Sound/Vibrational Healing Yoga</p>

Other suggestions:

New England Seacoast Holistic Health Association

CODE OF ETHICS

The New England Seacoast Holistic Health Association (NESHHA) is an organization of healthcare professionals united to promote, educate and support the performance and philosophy of holistic healthcare as an exemplary practice, which seeks optimal integration of body, mind, emotion and spirit.

Members of NESHHA have responsibilities first and foremost to patients/clients, as well as to other healthcare professionals, society, and to self. The specifications of a **Code of Ethics** enables NESHHA to clarify to members and to those served by NESHHA members, the nature of the ethical responsibilities held in common by the membership. This Code of Ethics establishes principles that define the ethical and professional behavior of the NESHHA members. All members of NESHHA are required to adhere to this Code of Ethics, which serves as a basis for addressing any complaints or concerns initiated against its members.

A. The Therapeutic Relationship

1. Treatments offered at all times will be in the best interest of the patient/client.
2. Members will treat all patients/clients with dignity and respect.
3. Patients/clients will have the opportunity to participate in the decisions regarding their care, including decisions about conventional, complementary and alternative modalities.
4. The practitioner must provide clear information about the treatment offered, including its potential risks, benefits, side effects and it's mechanism of action.
5. Patients/clients have the right to terminate their treatment at any time without prejudice.
6. Members do not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, sexual orientation, marital status or socioeconomic status.
7. Members will charge reasonable fees for their services and provide full and clear explanations of them to patients/clients before entering into a professional relationship.
8. Members do not accept payment for referrals.
9. Members are aware of their influential position with respect to patients/clients and avoid exploiting the trust and dependency of such persons.
10. Members will make every effort to avoid dual relationships with patients/clients that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, members will take appropriate professional precautions to ensure that the service provided is consistently and completely in the best interest of the patient/client.

B. Confidentiality

1. Members will respect their patients'/clients' right to privacy and avoid illegal and unwarranted disclosures of confidential information. Patients/clients have the right to total confidentiality, including their treatment records.
2. Information can be shared with other professionals from whom the patient/client has received treatment only upon receiving written consent of the patient/client.
3. Patients/clients must be informed (and have the chance to refuse) when supervisors, apprentices or other professionals will be involved in their care.

C. Professional Responsibility

1. As a condition of membership, NESHHA members will adhere to these principles, in addition to the principles of all other professional organization to which they belong.
2. Members render their services within the boundaries of their competence. When the needs of the patient/client cannot be met within those boundaries, the member will inform the patient of such limitations and offer referrals.
3. Members recognize the need for continuing education as well as competence and expertise within their field of practice and will strive to maintain proper standards.
4. When advertising, members ensure that their services, and results which can be expected from treatment, are accurately and fairly depicted, avoiding false, misleading or deceptive statements. Guarantees with regard to improvement or cure will not be made.
5. Practitioners will never render care to patients/clients in an impaired condition: physically, emotionally, mentally or under the influence of any illegal substance.
6. Members will be supportive of other members and their practice and/or modality at all times. Disputes will be handled through consultation with the Executive Board.

I enter freely into this organization and I agree to abide by this code. I understand that my Membership privilege may be revoked for any violation of this code.

Signature: _____ Date: _____

Membership Check List

In order to process your membership, **ALL** of the following list must be completed and mailed to NESHHA. Incomplete memberships will delay postings of new members to NESHHA "Members" and "Resource Guide" listings at www.NESHHA.org.

4. Is very important to our 501(c) status and to the IRS – please make sure you include credentials.

___ 1) Completed Membership information, page 1.

___ 2) Circled modality information, page 2.

___ 3) Signed and dated Code of Ethics form, page 3

___ 4) Included credentials: (please note this is required for all new and existing members)

- State License Number: _____ and Expiration Date :

Or

- Experience Summary

On a separate document please provide an overview that includes:

- o Practice description (please see www.NESHHA.org/resourcecenter for examples)
- o Training process (if applicable)

___ 5) Paid membership fee

\$75.00 (individual) or \$150 (Corporation) or \$25.00 (student)

Payable to: ***New England Seacoast Holistic Health Association or NESHHA***

We value your input and ideas. Please share your comments below. Thank you for your membership and support.

1. How would like to participate in our initiatives (please circle at least one):
 - a. Committee member (Events, Membership, Public Relations)
 - b. Board member (Executive, Advisory)
 - c. Staff NESHHA informational booth at events (i.e. Market Square Day, Apple Harvest Festival)
 - d. Other : *please offer your ideas*
2. How did you hear about us?
3. How can we improve NESHHA?
4. Your comments, please: