

Please print and complete all requested information on this form and email or fax to Whole Food Practice.



14717 Tangle Hill Road
Herriman, UT 84096
Office: (801) 432-8869
Fax: (801) 601-8593
Email: support@wholefoodpractice.com
Director: Melissa Taylor

ACN Application

Section A

Name (last):	Legal First Name:	Middle Initial:	Preferred First Name:	
Cell Phone:	Office Phone:	Home Phone:	Email:	
Mailing Address:	City:	State:	Zip:	
Health Care License: Yes No (if no please refer to Section B)	License #:	State License(s) Held:	License Credential:	If Other, please indicate credential:

Applicable Credentials Include: None, APRN, ASMW, CCN, CNC, CNM, CNTP, DAC, DC, DDS, DMD, DO, DOM, DPM, DPT, DVM, FNP, LAC, LMT, MAC, MD, ND, NMD, OMD, PA, PHD, PT, RD, RN, RPH, Other _____

Section B

If NO license, then the following questions will be required:

Are you currently practicing nutrition? Yes No	Are you a student? Yes No Area of study?	What is the highest level of formal education you have achieved?	If college degree attained, what was the area of study?
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Are you working with a licensed healthcare practitioner? Yes No
If yes, name of sponsoring practitioner: _____ Direct phone #: _____

Do you have any non-licensed training or certifications in natural medicine or nutrition? Yes No If yes, please list training/certifications: _____

Section C

What areas of nutrition most interest you? (circle all that apply)

Food Preparation, Farming and Gardening, Herbs, Lifestyle Changes, Custom Diets (Bullet-Proof to Vegan), Genetic Profiling, Functional Nutritional Medicine (labs), Supplementation, Emotional Eating, Cleansing and Purification, Women’s Health, Children’s Health, Senior Health, Sports Nutrition, Other: _____

Program Options (please select one):

Tuition and Books	Tuition Only (reserved for enrollees that have required materials)
<input type="checkbox"/> Paid in Full (\$1650) <input type="checkbox"/> Payment Plan (\$1725 - \$575 down upon signing and two additional payments of \$575)	<input type="checkbox"/> Paid in Full (\$1475) <input type="checkbox"/> Payment Plan (\$1550 - \$500 down upon signing and two additional payments of \$525)

Important Note: Once an applicant has been approved and processed, no refunds will be offered or negotiated. The suggested time-frame for completion is 2 years, although fast-track enrollees may finish in as little as one year. If more time is needed, please contact our staff.

Signature: _____ Date: _____

For Administrative Use Only:

Amount Paid _____ ☐ Cash ☐ Check ☐ CC _____ - MC D V AMEX Charge Date _____

If recurring payment, have enrollee select from the following withdrawal dates - 5th 15th 25th

WFP Emp: ___ QB ___ Daylite ___ CC ___ SS ___ FB ___ eSchool ___ Welcome Email: ___ / ___ / ___ Mailed Resources: ___ / ___ / ___