

**Health & Wellness Coach Certifying Examination
Eligibility Cover Sheet**

Personal Information			
Registration Name	<i>Last</i>	<i>First</i>	<i>M.I.</i>
<i>Please make sure your registration name matches exactly with the name listed on your government issued ID.</i>			
E-Mail			
Birth Date (MM/DD/YYYY):		Candidate ID (at exam registration):	
Employer:		Position:	
Eligibility Application Materials			
<p><i>Eligibility criteria for the Health & Wellness Coach Certifying Examination (HWCCE) are described online at http://www.ichwc.org/individuals/ and in the Bulletin of Information. You must submit documents to confirm your completion of education and experience requirements. Please check the boxes of the documents you are submitting with this cover sheet.</i></p>			
Document #1	<p><u>Education:</u> Which best describes your education:</p> <p>What is the highest level of education you have completed?</p> <p><input type="checkbox"/> Associate's</p> <p><input type="checkbox"/> Bachelor's</p> <p><input type="checkbox"/> Master's</p> <p><input type="checkbox"/> Doctorate</p> <p><input type="checkbox"/> Other (please describe): _____</p>		
	<p><u>Education/Experience:</u></p> <p>If you have an Associate's degree or higher in any field, the following document is required:</p> <p><input type="checkbox"/> Completed "HWC Education Declaration" form</p> <p>-or-</p> <p>In lieu of an Associate's degree or higher, the following is required:</p> <p><input type="checkbox"/> Completed "HWC Work Experience Document" that documents 4,000 hours of work experience in any field</p>		
Document(s) #2	<p>If you have completed an Approved Transition Program</p> <p>One Required Document:</p> <p><input type="checkbox"/> Certificate of Completion from an Approved Transition Program and if required, a Certificate of Completion of the "additional requirement" (noted with an asterisk at www.ichwc.org), or documentation of your completion from an approved transition program which will be provided to the ICHWC</p>	<p>If you have NOT completed an Approved Transition Program</p> <p>Two Required Documents:</p> <p><input type="checkbox"/> Documentation of 1,000 hours of health and wellness coaching experience (in lieu of completing an approved transition program) as documented and notarized on the "1000-Hours of HWC Experience Documentation Form"</p> <p><input type="checkbox"/> The completion and documentation of three private mentor coaching sessions as</p>	

	directly from the Approved Transition Program	documented in the “Mentor Session Form”
Document #3	<p><u>Coaching Experience:</u></p> <p><input type="checkbox"/> Submit your completed ICHWC Coaching Log. In the rare case where your employer prohibits you from completing a coded coaching log, provide a letter from your supervisor documenting completion of at least 50 health and wellness coaching sessions that meet the requirements specified in the HWC Coaching Log document.</p>	

Authorization Agreement			
<p>I hereby declare that the information above and the accompanying documentation are true to the best of my knowledge and belief.</p> <p>I understand and agree that additional documentation may be required related to information included in my application and eligibility cover sheet – including my academic, continuing education, licensing, and employment records – and that my failure to supply adequate information may result in a determination that I am ineligible for the HWC Certifying Examination. I hereby authorize the International Consortium for Health & Wellness Coaching (ICHWC) and/or the National Board of Medical Examiners (NBME) to request, access, obtain, and review my academic, continuing education, licensing, and employment records as they pertain to my application.</p> <p>I have read and understand all of the information provided in the current HWC Certifying Examination Bulletin of Information and agree to be bound by the terms and conditions therein.</p> <p>I agree to allow the release of my HWC Certifying Examination score to the sponsor of this exam (ICHWC), if applicable.</p> <p>I agree to have my name and contact information included on a National Board Certified Health & Wellness Coach Online Public Directory, for the use by the general public, unless I opt out below.</p>			
Applicant's Signature		Date	
<p>___ If I pass the HWC Certifying Examination, please include me in the National Board Certified Health & Wellness Coach Online Public Directory</p> <p>___ If I pass the HWC Certifying Examination, I opt-out of the National Board Certified Health & Wellness Coach Online Public Directory</p> <p>Be sure to e-mail all documents in an electronic format to eligibility@ichwc.org by the date provided in the Bulletin of Information.</p>			