

# NATIONAL ASSOCIATION FOR HEALTH PROFESSIONALS (NAHP)

## Volunteer Application

The National Association for Health Professionals, Inc. (NAHP) is currently seeking qualified volunteers to serve as members of the Certification Council. The NAHP Certification Council is an independent and autonomous unit of the NAHP which promotes the highest standards of professional healthcare practice through the development, implementation, coordination, and evaluation of all aspects of the certification and certification renewal processes. The Certification Council is solely responsible for essential decisions related to the development, administration, and ongoing maintenance of the Nationally Registered Certified Medical Assistant (NRCMA), Nationally Registered Certified Phlebotomy Technician (NRCPT), Nationally Registered Certified EKG Technician (NRCEKG), Nationally Registered Certified Administrative Health Assistant (NRCAHA), Nationally Registered Certified Coding Specialist (NRCCS), Nationally Registered Certified Patient Care Technician (NRCPCT), Nationally Registered Certified Surgical Technician (NRCST), Nationally Registered Certified Pharmacy Technician (NRCPhT), and the Nationally Registered Dental Assistant (NRDA) certification programs.

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### Personal Contact Information

Prefix:

First  
Name:

Middle Initial:

Last Name:

Street Address:

City:

State/Province:

Zip:

Country:

Email:

Phone:

Fax:

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### Business Contact Information

Business Name:

Business Address:

City:

State/Province:

Zip:

Country:

Email

Phone:

Fax:

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### Education Information

Degree:

Date Received:

College or  
Institution:

.....  
Degree:

Date Received:

College or  
Institution:

.....  
Degree:

Date Received:

College or  
Institution:

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### Professional Credentials/Designations

Designation:

Year Awarded:

Granting  
Organization:

.....  
Designation

Year Awarded:

Granting  
Organization:

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Designation:

Year Awarded:

Granting  
Organization:

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## Volunteer Service

Please indicate any relevant terms of service for other professional associations or organizations.

Position:

Term:

Association:

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Position:

Term:

Association:

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## Qualifications

Please briefly describe your specific and/or unique qualifications which shall contribute to the purpose and mission of the NAHP.

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## Attestation

I attest that I have never been convicted of, pled guilty or no contest to, a felony.

I declare that all the information I have provided on all pages of this NAHP Volunteer Application is true and accurate.

Signature:

Date:

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## Submission of the NAHP Volunteer Application

Interested parties must submit the NAHP Volunteer Application with a current copy of their vitae/  
resume one of three ways:

US Mail:  
NAHP  
PO Box 459  
Gardner, Kansas 66030

Email: [monica@nahpusa.com](mailto:monica@nahpusa.com)

Fax: (913) 856-6125