

HEALTH PROFESSIONAL QUALIFICATION LIST

<u>PRE-QUALIFIED LIST</u>	<u>The following will be considered on a case by case basis</u>
<p>Certified Athletic Trainer (<i>4 min. year Degree</i>) Certified Mid-Wife Certified Respiratory Therapist Clinical Psychologist-Ph.D. Clinical Psychiatrist Doctor of Audiology Doctor of Chiropractic- General Doctor of Chiropractic- Specialty Doctor of Dental Surgery Doctor of Dental Medicine- General Doctor of Naturopathic Medicine- Prescribing <i>(Accredited 4 year doctorate program)</i> Doctor of Naturopathic Medicine <i>(Accredited 4 year doctorate program)</i> Doctor of Oriental Medicine Doctor of Osteopathic Medicine Doctor of Pediatric Medicine Doctor of Physical Therapy Doctor of Podiatric Medicine Licensed Acupuncturist Licensed Massage Therapist Medical Doctor Nurse Practitioner Occupational Therapist Ophthalmologist Optometrist Physician Assistant Physical Therapist Registered Dietitian Registered Respiratory Therapist</p>	<p>Approved Health Professional Business Owner- <i>In a health professional practice</i> Certified Clinical Nutrition Certified Nutrition Specialist Licensed Dietitian Licensed Nutrition Counselor Licensed Practical Nurse Medical Aesthetician- <i>in a medical setting with medical/physician supervision</i> Pharmacist- <i>working in a medical practice</i> Registered Nurse- Specialty Registered Nurse- Primary</p> <p><i>*Updates to the Approved Health Professional Qualification List may be made by the nutraMetrix Department.</i></p>

If your field is not included on this Health Professional Qualification List, or is noted “case by case,” we will need the following to complete our evaluation in order to approve Health Professional status with nutraMetrix:

1. A letter from the health professional or NC, via fax, email or mail stating:
 - The nature of their practice (group, solo, hospital based, etc)
 - The types of patients they see and types of services they provide- a website may be sufficient
 - Special training, degrees etc (***include: Name of university/college, course/clinical hours completed***) Please list if hours were received via online coursework or classroom
 - Photos of the practice- (consultation room, inside practice, and/or outside of practice)
2. Copies of supporting credentials: licensure, certificates, diplomas, business license, etc.
3. Fax documents to (336) 605-0041 or email to nutraMetrix@nutraMetrix.com.