

# THE STONE MEDICINE GUILD

## Registered Stone Medicine Practitioner Application

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The Stone Medicine Guild grants designations to stone medicine practitioners that have completed a set number of educational requirements and acknowledges those educational requirements by granting the use of a SMG designation.

All credentials submitted to the SMG for consideration towards a SMG designation must be for stone medicine classes for which PDA points or CE hour credits are granted by a licensed healthcare professional organization\* **OR** certificates from schools recognized by the SMG from which credit hours will be determined based on actual class lecture hours.

*PLEASE NOTE: Classes for which no CEs or certificates are given will require a signed form from the teacher of the class with date, name of class, and actual lecture hours given, in order to be considered.*

*\* For example, organization providing PDA pr CEs for healthcare professionals such as acupuncturists, licensed massage therapists, nurses, etc.*

### STONE MEDICINE PRACTITIONER CATEGORIES

Registered Stone Medicine Practitioner	–	Required
RSMP-I	Level 1	100 hours/credits
RSMP-II	Level 2	150 hours/credits
RSMP- III	Level 3	200 hours/credits

### PRACTITIONER SUBMISSIONS

If you are a stone medicine practitioner that would like to apply for a SMG designation, please complete and submit the following:

1. **RSMP Application** – All pages (initialed) are required, including this page.
2. **FOR EACH INDIVIDUAL CLASS** (*one of the following*):
  - **Copy of certificate** that includes your name, the date, the name of the class, the instructor of the class, and the number of PDA points, CE credits or equivalent lecture hours granted for course completion **OR**
  - **Additional Class Form** for classes without PDA/CE credits or certificates (including any supporting documentation)

Submissions are accepted by email only, and all documents must be submitted as legible pdf or scanned documents. *(We can no longer accept photos of forms or documents since they are often illegible and/or use an excessive amount of ink to print out for our records.)*

The SMG reserves the right to determine which classes are accepted towards SMG designations, and to deny submissions for SMG designations. *(Generally, classes given by professional organizations or schools recognized by the SMG will be accepted.)* The SMG may also withdraw the right of use of the SMG designations for any reason.

*While you are welcome to contact us to find out if a class will be accepted, please do not send partial applications for us to keep track of. It is your responsibility to hold all submissions and documents until you are applying for the next level. We appreciate your help with this as it becomes too complex to maintain these records.*

*We will send a document and certificate to you for each level for your records to help with future submissions.*

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## Registered Stone Medicine Practitioner Application

I, the below signed, am applying for the following **Stone Medicine Guild** designation(s) and by signing agree to the terms in this document:

**Registered Stone Medicine Practitioner** *(please check the box of the designation that you are applying for)*

- RSMP-I                      Level 1                      *(100 hours/ credits)*
- RSMP-II                      Level 2                      *(150 hours/ credits)*
- RSMP-III                      Level 3                      *(200 hours/ credits)*

**By making and signing this application, I understand:**

- That I am agreeing to making a truthful application for these designations and that I have included supporting PDA or CE or other certificates or Additional Class Forms for the necessary requirements, and that all certificates are for stone medicine classes only. \*
- That the SMG does not make any statements or declarations as to the knowledge, practices, or ethics of my practice of stone medicine, but simply states that I have met the designated educational requirements for these designations.
- That I may not use the SMG designations that I have applied for until I have received a designation certificate(s) from the SMG.
- That all submitted documents, and the information contained therein, as well as this application, will not be shared by the SMG with any other person or organization for any reason.
- That SMG designations, including name, city, state, country, and my website, will be published publicly on the SMG website, unless I request otherwise in writing.
- The SMG reserves the right to determine which classes are accepted towards SMG designations. *(Generally, classes given by professional organizations or schools recognized by the SMG will be accepted.)*
- That the SMG reserves the right to deny submissions for SMG designations and may also withdraw the right of use of the SMG titles for any reason.

**Please print your name clearly, exactly the way that you would like it to be printed on the certificate.**  
*(Professional titles that you may hold will only be added to the website, not to your certificates.)*

Name: \_\_\_\_\_ Titles to be included in the website listing \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name *(if applicable)*: \_\_\_\_\_

Website or Social Media *(if applicable)*: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send submissions to: [stonemedicineguild@gmail.com](mailto:stonemedicineguild@gmail.com)

- CERTIFICATIONS/FORMS** By checking this box I verify that all certifications and forms are included with this application.
- PHOTO for social media** (please include digital photo with application)
- APPLICATION FEE** I agree to pay the \$20.00 (USD) application fee for each submission that is accepted via:
  - PayPal - email: \_\_\_\_\_ **OR**  Venmo - profile name: \_\_\_\_\_

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Registered Stone Medicine Class Values			APPLICANT NAME:		
Class Year	Class Name	Teacher	Hours	Certificate <i>yes or no?</i>	Form <small>(for non-certificate classes)</small> <i>yes or no?</i>