

Medicine Crafts Collective

An Elijah Broke The Gate Apothecary Division Initiative

Scope of Practice Acknowledgment

Level 1: Home Herbalist Foundations - Ancestral Apothecary Series

As a graduate of the Medicine Crafts Collective Level 1: Home Herbalist Foundations program, I understand and acknowledge the following regarding the scope of my training and practice.

Section 1: Training Scope

- I have completed 8 contact hours of instruction in foundational herbal medicine-making, including salve preparation, botanical oil blending, tincture basics, and essential oil safety.
- My training covers introductory materia medica for select herbs, basic herbal pharmacy techniques, and the historical and cultural context of plant-based wellness practices.
- This program is designed for personal enrichment and home use applications.

Section 2: Practice Boundaries

- I understand that completion of this program does not qualify me as a clinical herbalist, certified herbalist, or medical professional.
- I will not diagnose, treat, or prescribe herbal remedies for medical conditions.
- I will not represent myself as a licensed or certified healthcare provider based on this training alone.
- If I choose to share herbal products with others, I will clearly communicate that my preparations are for wellness purposes and are not intended to treat, cure, or prevent any disease.

Section 3: Commitment to Continued Learning

- I recognize that herbal medicine is a deep and evolving field that requires ongoing education and humility.
- I commit to seeking additional training and mentorship as I develop my practice.
- I understand that the Medicine Crafts Collective offers Intermediate and Advanced levels for continued education.
- I will reference peer-reviewed research and evidence-based resources when sharing information about herbal medicine.

Section 4: Ethical Practice

- I will honor the ancestral and cultural traditions that inform this work.
- I will practice with integrity, transparency, and respect for the communities these traditions come from.
- I will prioritize safety in all herbal preparations and educate myself on contraindications and herb-drug interactions.
- I will refer individuals to qualified healthcare professionals when their needs exceed my training.

Section 5: Acknowledgment

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By signing below, I acknowledge that I have read, understand, and agree to abide by the scope of practice outlined in this document. I understand that this acknowledgment is a requirement for receiving my Certificate of Completion.

Student Information

Student Printed Name: _____

Student Signature: _____

Date: _____

Certificate Number: MCC-L1-_____

Witnessed By

JC Jackson, Program Director: _____

Date: _____