Global Association for Integrative Nutrition Code of Professional Conduct

As a member of the **Global Association for Integrative Nutrition (GAIN)**, I understand that membership requires adherence to the highest standards of professional conduct, ethics, and practice.

By signing below, I affirm my understanding and agreement with the following principles:

Professional Standards

- I have read, understood, and agree to follow the **Scope of Practice** and **Code of Ethics** as set forth by GAIN.
- I will uphold client confidentiality and safeguard all personal and health-related information in accordance with applicable privacy laws.
- If a client presents a concern beyond my education, scope, or experience—including potential medical conditions—I will refer them to a qualified healthcare provider.
- I will operate within, and am solely responsible for understanding, the laws and regulations of the jurisdiction in which I practice.
- I will prioritize the well-being of my clients at all times.
- I will conduct myself with integrity, professionalism, and diligence.
- I will represent GAIN and its members with professionalism in all public and professional contexts.

Prohibited Conduct

- I will not advise clients to stop medications or leave their licensed healthcare providers.
- I will not claim that my services or products can diagnose, treat, cure, or prevent any disease or disorder.
- I will not provide services beyond my comfort level, or scope of practice unless legally permitted to do so.
- I will not use misleading or unauthorized professional titles.
- I will not copy, distribute, or misrepresent materials from GAIN or its affiliates without written permission.
- I will not falsely present myself as any regulated healthcare professional unless legally authorized to do so.

Membership Terms

- I understand that maintaining active GAIN membership is required to access benefits such as group liability insurance (for professional members).
- I understand that as a professional member (not applicable to student members) that I must attain 20 CE credits in each member year for 5 consecutive years, thereafter, it will reduce to 10 CE credits.
- I understand that I am required to carry a minimum of $1 million professional liability insurance coverage, and I must have it in place within the first 120 days of membership (professional members only).
- I understand that legal forms such as consent and disclaimers are provided as examples only and are not made for your business. They must be reviewed by legal counsel to ensure compliance with local law applicable to your area and business.
- I will notify GAIN if I become involved in any legal matter that could impact my standing.
- Upon membership termination, I will return all certificates and remove GAIN-related titles, numbers, and seals from all business materials.

Use of Drug & Supplement Interaction Tools

- I understand these tools are intended to assist with safer wellness recommendations and are not diagnostic tools.
- If potential interactions are identified, I will refer clients to their licensed healthcare provider.
- I will never advise a client to discontinue medications or treatments based on these findings.

Acknowledgment

I have read and understand the GAIN Code of Professional Conduct and acknowledge that failure to comply with these standards may result in disciplinary action, including suspension or revocation of membership. I accept that membership fees are non-refundable under such circumstances.

Name: _____
Signature: _____
Date: _____