

GAMPA Member Pledge Form

As a member of the Ghana Alternative Medical Practitioners Association (GAMPA), I hereby pledge to uphold the principles and standards outlined in the GAMPA Code of Ethics.

I commit to practicing complementary and alternative medicine with honesty, professionalism, and integrity, always placing the welfare of my clients above all else.

I understand that failure to comply with the ethical guidelines may result in disciplinary action by the GAMPA Governing Council.

Name of Member: _____

Membership Number: _____

Signature: _____

Date: _____