



AQH® Application Full Disclosure - Signed Acknowledgements

- Below is the full content language of the four acknowledgements that require agreement at the end of the application.

#1: Acknowledgement that the information in this application and documents are correct.

- I acknowledge that the information submitted in this application and the documents enclosed are correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed or voided, not released, or invalidated by the National Headache Foundation.
 - **Applicant Signed:** I acknowledge and agree to the above statement.

#2: I have read all AQH® certification fees, terms, and policies and agree with all as stated.

- I acknowledge that I have read all AQH® certification fees, terms, and policies at <https://headaches.org/aqh> and agree with all as stated.
 - **Applicant Signed:** I acknowledge and agree to the above statement.

#3: I have read and accept the terms of the Non-Disclosure Agreement Policy.

Non-Disclosure Agreement Policy

- At the beginning of the examination, you will be required to affirm that you have read and accept the terms of the NHF Non-Disclosure Agreement (NDA).
- NOTE: You are required to accept the NDA within the first 5 minutes to start the examination. **If you do not accept, you will not be allowed to take the exam, and you will forfeit the \$500 examination fee.**
- "I will not disclose or provide to anyone orally, electronically, or in any format, information about the content of this examination. I understand that all documents and examination questions are, and shall remain, property of **the National Headache Foundation**. I also understand and agree that I can be disqualified from taking or completing the AQH® Examination, or from receiving examination scores, if the National Headache Foundation determines either through proctor observation or statistical analysis I have engaged in fraudulent, collaborative, disruptive, or other inappropriate behavior during the administration of this examination. If you do not accept the agreement within 5 minutes, you will not be allowed to take the test."
 - **Applicant Signed:** I acknowledge and agree to the above Non-Disclosure Agreement Policy.

#4: I am aware that this application is only for the Fall 2025 cohort.

- I am aware that this application is only for the Fall 2025 cohort, and that if approved, I will be registering for the November 2025 testing window.
 - **Applicant Signed:** I acknowledge and agree to the above statement.