



**INSTRUCTIONS
FOR COMPLETING
THE APPLICATION FOR STATE LICENSE
AS A NATUROPATHIC DOCTOR
ND-100a (Rev 10/11)**

Submit completed application and a check for application fee of \$400.00 (non-refundable) to the Naturopathic Medicine Committee at the address listed-above. Fax transmissions will not be accepted.

All applicants are advised that any or all information furnished herein is subject to investigation; further, that this application and all papers and documents pertinent thereto are the property of the State of California and will not be returned; further, that **ANY FALSE, DISHONEST OR MISLEADING STATEMENTS IN THIS APPLICATION OR THE ATTACHMENTS ARE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OR SUSPENSION OF THE REGISTRATION OR LICENSE FOR WHICH APPLICATION IS BEING MADE.**

APPLICATION: Complete all sections. The application must be signed and dated.

In the **blank space at the top of the first page**, please enter the following:

- a. E-mail address: this will expedite communication
 - b. If you are a military spouse, please print: "MILITARY SPOUSE"
 - c. If you are active military, please print: "ACTIVE MILITARY"
1. List your full name (last, first, and middle).
 2. List other names you use or have used, including maiden name.
 3. List your date of birth (month, date, and year).
 4. List your place of birth (city, state, and country).
 5. List your social security number. Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.
 6. Indicate your gender (male or female).

7. List your complete mailing address, city, state, country, and zip code.
8. List your business telephone number with area code.
9. List your home telephone number with area code.
10. Indicate whether or not you have applied for a California Naturopathic Doctor's License prior to this application. If so, list date submitted to the Committee and status of that application, if known.
11. **Qualifying Degree.** Indicate the name of the qualifying degree you received specific to Naturopathic Medicine. The Naturopathic Medical School in which you received a degree/diploma must be one approved by the Committee. For a list of these approved schools, refer to Publication ND-106 - Listing of Approved Naturopathic Medical Schools.
12. **Date of Graduation/Degree.** Indicate the graduation date or date your degree/diploma was issued from the approved naturopathic medical school. For a list of these approved schools, refer to ND-106 - Listing of Approved Naturopathic Medical Schools.
13. **Naturopathic School.** List all the naturopathic medical schools/colleges/universities attended, location (city, state, country), dates of attendance, credits or degree earned. If additional space is needed, attach a supplement to the application. The Naturopathic Medical School(s) must be one approved by Committee. For a list of these approved schools, refer to Publication ND-106 - Listing of Approved Naturopathic Medical Schools.

DOCUMENTATION NEEDED:

- **Copy of your degree/diploma** ONLY if official school transcripts DO NOT indicate degree as Doctor of Naturopathic Medicine.
 - **Official School Transcripts** embossed with the registrar's seal from each approved Naturopathic Medical School attended with at least one of these approved schools indicating that you received a degree/diploma in Naturopathic Medicine. You must request the school(s) to send the requested transcripts directly to the Committee at: California Department of Consumer Affairs, Naturopathic Medicine Committee, 1300 National Drive, Suite 150, Sacramento, CA 95834-1991.
14. **Pharmacology Training.** Indicate whether or not you intend to furnish or order drugs (controlled substance schedules III-IV) as a licensed Naturopathic Doctor. If yes, you must provide written evidence that you have completed at least 48 hours of instruction in pharmacology acceptable to the Committee that included the pharmacokinetic and pharmacodynamic principles and properties of the drugs to be ordered or furnished under the provisions of Section 3640.5 of the Business and Professions Code. If you are approved by the Committee for licensure as a Naturopathic Doctor and completed the required instruction, you will be issued a furnishing number. You may not order or furnish drugs until a furnishing number has been issued to you by the Committee.

DOCUMENTATION NEEDED for Pharmacology Training:

Written evidence (e.g., school transcripts, certificate of completion) showing you have completed at least 48 hours of instruction in pharmacology that included the pharmacokinetic and pharmacodynamic principles and properties of the drugs to be ordered or furnished under the provisions of Section 3640.5 of the Business and Professions Code. Instruction must have been offered by one of the following:

- (A) An approved Naturopathic Medical School;
- (B) An institution of higher learning that offers a baccalaureate or higher degree in medicine, nursing, or public health; or
- (C) An educational institution or provider with standards and course content that are equivalent to the instruction provided by (A) or (B), as determined by the Committee.

15. **NPLEX.** Indicate whether or not you have passed the Naturopathic Physicians Licensing Examinations (NPLEX) Part I and Part II. If yes, indicate the dates and location of the examination(s), and you must provide the following documentation:

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DOCUMENTATION NEEDED for NPLEX:

NABNE transcripts of both Part I and Part II Scores - You must request that a transcript of **all** scores be sent to the Committee by submitting a written request to NABNE stating your name (including other names that may have been used previously), social security number, and that your transcript results for both Part I and Part II are to be sent directly to: California Department of Consumer Affairs, Naturopathic Medicine Committee, 1300 National Drive, Suite 150, Sacramento, CA 95834-1991.

The official transcripts should include scores from every time you took any of the examinations. Submit your written requests, accompanied with applicable transcript fee, to:

NABNE- Transcripts

Postal Mailbox #321
9220 S.W. Barbur Blvd., Suite 119
Portland, Oregon 97219-5434

Official transcripts of NPLEX scores must be sent directly from NABNE to the Committee. Transcripts sent directly to the examinee will be *unofficial* transcripts and will be noted as such. Please refer to NABNE's website at <http://www.nabne.org> for cost of transcripts and detailed information on obtaining official transcripts. All transcripts received by the Committee will become the property of the State of California.

16. **PRE-NPLEX** – No longer valid as of January 1, 2008
17. **Reporting Other Licenses.** Indicate whether or not you have received a professional license or certificate to practice medicine or any other healing arts (such as medical doctor, naturopathic, chiropractic, acupuncture, osteopathic, registered nurse, etc.) in California or any other state, territory, province, foreign country, or U.S. federal jurisdiction. If yes, list each license received, state and country license was granted, license number, date license was issued, and current status of license, and you must provide the following documentation:

DOCUMENTATION NEEDED Reporting Other Licenses:

Verification of License/Registration/Certification in Another State Form ND-103 – Send this form to each statutorily appointed licensing agency or board that issued or refused to issue you a license or certificate in medicine, health care, or any other healing arts; **OR** an official letter from the state's licensing agency or board indicating that your license(s) is in good standing. You must correctly identify yourself to that agency or board and pay them any applicable fee for remitting the information directly to the Committee at: California Department of Consumer Affairs, Naturopathic Medicine Committee, 1300 National Drive, Suite 150, Sacramento, CA 95834-1991.

18. **Reporting Disciplinary Actions Against License(s)/Certificate(s).** Indicate whether or not you have ever been denied a professional license or certificate to practice medicine or any healing arts (i.e. medical doctor, naturopathic, chiropractic, osteopathic, acupuncture, registered nurse, etc.), or had any such professional license/certificate suspended, revoked, or otherwise disciplined, or had voluntarily surrendered any such license in California or any other state, territory, province, foreign country, or U.S. federal jurisdiction. If yes, you must provide the following documentation:

DOCUMENTATION NEEDED for Disciplinary Actions:

Submit a personal written explanation detailing the circumstances and outcome for each incident. If disciplinary action occurred under a different name, please give that name.

Official documentation is required regarding the matter. This would include, but not limited to:

- a. A certified copy of the determination made by the licensing entity. This document should include date and location of the incident, specific violation, date of disciplinary action, and sanctions or penalties imposed and completion.
- b. Letters of reference from employers, instructors, professional counselors, and probation or parole officers on official letterhead.

19. **Reporting Impairment(s) and/or Limitation(s).** Indicate whether or not you have a condition that in any way impairs or limits your ability to practice naturopathic medicine with reasonable skill and safety, including, but not limited to any of the following:
- A condition which required admission to an inpatient psychiatric treatment facility.
 - Alcohol or chemical substance dependency or addiction.
 - Emotional, mental, or behavioral disorder.
 - Other (explain)

DOCUMENTATION NEEDED for Limitations or Impairments:

If yes, you must submit the following:

- Complete official inpatient and outpatient treatment records;
- Evidence of ongoing rehabilitation treatment; and
- A personal written explanation.

20. **Reporting Prior Conviction(s).** Indicate whether or not you have ever been convicted of, pled guilty to, or pled nolo contendere to any violation (include every misdemeanor or felony) of any local, state, or federal law of any state, territory, country, of U.S. federal jurisdiction, and if any criminal action against you is pending. You are required to list any conviction that has been set aside and dismissed or expunged, or where a stay of execution has been issued. (You need not include offenses prior to your 18th birthday or any traffic violations for which a fine of \$500 or less was imposed.) If yes, you must provide the following documentation:

DOCUMENTATION NEEDED in Reporting Prior Conviction(s):

- A certified copy of the conviction and disposition of your case from the Court Clerk of the court in which convicted and any police reports.
- A letter from you describing the underlying circumstances of the conviction. If convicted under a different name, please give that name.
- A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
 - a. Proof of completion of probation if it was required.
 - b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.

Signature: By signing the application you declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments submitted are true and correct.

Affix a recent 2"x 2" (approximate size) passport quality photograph of your head and shoulders only.