



California Board of Naturopathic Medicine
1747 N. Market Blvd., Suite 240, Sacramento, CA 95834
P (916) 928-4785 F (916) 928-4787 | www.naturopathic.ca.gov



License Verification

Applicant: Please complete (type or neatly print) Section I and mail one form to each state agency or board where you are now or have ever received a license, registration, or certification to practice medicine or healing arts. Please make as many copies as needed.

SECTION I – To be completed by the applicant

I am applying for a Naturopathic Doctor license in the State of California. The California Department of Consumer Affairs, California Board of Naturopathic Medicine requests that your state agency or board complete Section II of this form as part of my application for licensure. By signing this form, I give my consent to release all and any information, favorable or otherwise, to the California Board of Naturopathic Medicine. Please forward the completed form as soon as possible to the California Board of Naturopathic Medicine at the address listed.

Applicant's Full Name: _____

My license, Reg, Cert. No. _____ **was issued by your agency on** _____.

X _____
Signature of applicant

_____ Date

_____ Address

_____ Print Name

_____ City, State, Zip

SECTION II – To be completed by the State licensing agency or board

1. The above individual is ☐ licensed ☐ registered ☐ certified as a (title) _____
in the State of _____

2. The name of the licensee/registrant/certified individual, as shown in our records:

3. The license/registration/certificate is: ☐ current ☐ temporary ☐ suspended ☐ expired ☐ revoked
Issue date: _____ Expiration date: _____

4. Is this license in good standing? ☐ Yes ☐ No (If NO, indicate reason) _____

5. Are there any past or pending disciplinary actions (including informal or confidential discipline, consent orders, or letters of warning) against the licensee? ☐ Yes ☐ No (If Yes, attach an explanation).

6. At the time of licensure/registration/certification this individual met the following requirements:

Required Education: Degree _____

Regional accreditation required? ☐ Yes ☐ No

Reciprocity? ☐ Yes ☐ No. If yes, what jurisdiction? _____

Other: _____

Required Examination: ☐ Yes ☐ No. If yes, list examination(s), type, and title, and attach official examination results:

X _____
Signature of Person Completing Form

_____ Date

_____ Printed or Typed Name and Official Title

(Affix State Agency/Board Seal in the below space)

_____ Agency/Organization Name

_____ Address

_____ City, State, Zip, Phone

Please return this form to the address listed above.