Naturopathic Medicine Committee
1300 National Drive, Suite 150
Sacramento, CA 95834
916/928-4785 - Phone

CALIFORNIA APPLICATION FOR STATE CERTIFICATION OF REGISTRATION TO PRACTICE NATUROPATHIC MEDICINE

(Registration of Faculty at a Candidate/Approved Naturopathic Medical College)

(Please type or print clearly in ink)

1. NAME: Last	First	Middle

2. SOCIAL SECURITY NUMBER *

3. MAILING ADDRESS: Number and Street

City/County	State/Country	Zip Code

4. STREET ADDRESS: Number and Street

City/County	State/Country	Zip Code

5. BUSINESS TELEPHONE *(with Area Code)*	6. CELL PHONE (*with Area Code*)	7. HOME TELEPHONE *(with Area Code)*

CERTIFICATION:

I certify that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declares under penalty of perjury, that all of the information contained herein is true and correct. I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A CERTIFICATE OF REGISTRATION.

I 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 is true and correct.

Signature of Applicant/Faculty Member ***Date***

**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. If you fail to disclose your social security number, your application for certification of registration will not be processed AND you will be reported to the Franchise Tax Board, which may assess a $100 penalty against you.*

INFORMATION COLLECTION AND ACCESS

Agency requesting information: California Department of Consumer Affairs, Naturopathic Medicine Committee, 1300 National Drive, Suite 150, Sacramento, CA 95834-1991, (916) 928-4785, www.naturopathic.ca.gov.

All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to help determine your qualifications for certification for registration per Sections 3624 of the California Business and Professions Code, which authorizes the collection of this information. You have the right to review your application subject to the provisions of the Information Practices Act. The Executive Officer of the Naturopathic Medicine Committee of California is the custodian of records.