STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
Naturopathic Medicine Committee
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CALIFORNIA CERTIFICATION OF REGISTRATION TO PRACTICE NATUROPATHIC MEDICINE:

DEAN'S STATEMENT

APPLICANT'S NAME:_____

Pursuant to Business and Professions Code Section 3624 and Title 16, Division 40, Section 4214 of the California Code of Regulations, I certify the following to be true:

I, _____, Dean of _____,

a candidate/approved naturopathic medical school, do hereby certify that_____ holds a faculty position at the above school and has the necessary qualifications to hold that position.

I further certify that the applicant will be under my direction and will not be permitted to practice naturopathic medicine unless such practice is incidental to and a necessary part of the applicant's duties in relation to the faculty position at the above naturopathic medical school, and that I will immediately notify the Committee if the faculty member no longer holds the faculty position for which the certificate was issued.

Listed below are the faculty position duties required to be performed by the above named:

_____

_____

_____

_____

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(You may attach a list to this certification, if necessary)

I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING THE CERTIFICATE OF REGISTRATION FOR THE ABOVE NAMED APPLICANT.

_____ _____

Signature of Dean Date