



RENEWAL

CALIFORNIA APPLICATION FOR STATE CERTIFICATION OF REGISTRATION TO PRACTICE NATUROPATHIC MEDICINE

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

APPLICANT'S NAME: _____

I am requesting that the California Naturopathic Medicine Committee renew my Certificate of Registration to practice naturopathic medicine in a faculty position at a candidate/approved naturopathic medical school or naturopathic medical education program approved by the California Naturopathic Medicine Committee pursuant to Business and Professions Code Section 3623.

I understand that the renewal is contingent upon receipt by the Committee of a completed Dean's Statement", or Form ND-138, that verifies my current position on the faculty of the candidate/approved naturopathic medical school listed. I also understand that the Dean will immediately notify the Committee if I no longer hold the faculty position for which the certificate was issued or if my duties as a faculty member have changed since the last "Dean's Statement".

I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR REVOKING MY CERTIFICATE OF REGISTRATION.

Signature of Applicant/Faculty Member

Date