



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.  
**Naturopathic Medicine Committee**  
 1300 National Drive, Ste. 150, Sacramento, CA 95834  
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**\*RENEWAL\***  
**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 \_\_\_\_\_ continues to hold the faculty position under which the original Certificate of Registration was issued 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 further certify that I will immediately notify the Committee if the faculty member no longer holds the faculty position for which the certificate was issued and that changes in the faculty member’s duties since the last “Dean’s Statement” was filed are as listed below: (If no changes, write “None”)

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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 REVOKING THE CERTIFICATE OF REGISTRATION FOR THE ABOVE NAMED APPLICANT.

\_\_\_\_\_  
 Signature of Dean

\_\_\_\_\_  
 Date