

#### STATE AND CONSUMER SERVICES AGENCY . GOVERNOR EDMUND G. BROWN JR.

# 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



Welcome to the California Board of Naturopathic Medicine and thank you for your interest in becoming a Naturopathic Doctor in the State of California.

# Content of Application Packet

Please familiarize yourself with the contents of the application packet, as it contains important information for licensure. The application packet consists of the following documents:

☐ General Information (ND-101)
□ Checklist (ND-102)
□ Instructions for Application for Naturopathic Doctor (ND-100a)
Application Photo Notary Form (ND-100_P_N) (for use with online application only)
□ Application for State License as a Naturopathic Doctor (ND-100)
□ Verification of License/Registration/Certification in Another State (ND-103)
□ Request for Live Scan Service (BCII 8016)
☐ Listing of Approved Naturopathic Medical Schools (ND-106)
□ Naturopathic Medicine Fee Schedule (ND-105)
☐ Live Scan Informational Sheet (ND-104)

Completed applications and supporting documentation are to be mailed to the California Board of Naturopathic Medicine at the address listed above. Fax transmissions of the application or supporting documentation will not be accepted. Should you have any questions please contact us by phone or email us at

naturopathic@dca.ca.gov. You may also apply online at www.BreEZe.ca.gov.

#### **GENERAL INFORMATION**

In the blank space at the top of the first page of the application (ND-100), please enter the following:

- 1. If you are a military spouse, please print: "MILITARY SPOUSE"
- 2. If you are active military, please print: "ACTIVE MILITARY"

All applicants are advised that any or all information furnished to the Board is subject to investigation; further, that the application and all papers and documents pertinent thereto are the property of the State of California and will not be returned; further, that any false, dishonest or misleading statements in the application or the attachments are grounds for denial or subsequent revocation or suspension of the license for which application is being made.

Failure to provide any of the requested information may result in the application being rejected as incomplete. Please use the Checklist (Form ND-102) to help ensure your application is complete.

### A. Review and Evaluation of Application and Documentation:

Your application is considered complete once all required forms, documentation, DOJ and FBI fingerprint clearances, and appropriate fees have been received and approved. You should be notified of the status of your application, including any deficiencies, generally within 60 days from the date your application is filed.

However, please note that the Board is allowed up to 100 working days to inform you of the status of your application, pursuant to Section 4216, Division 40 of Title 16 of the California Code of Regulations. Therefore, we ask that you refrain from contacting the Board regarding the status of your application for at least 60 days after submission.

If the Board denies your application, you will be notified in writing the reason(s) for denial and your right to a hearing.

Temporary licenses are not available.

## B. Change of Address:

It is your responsibility to notify the Board, in writing, of any address or name changes, giving both the old and new addresses. If you change your place of business, you must also request a duplicate license using Notification of Change of Name or Address (Form ND-107).

#### C. Laws and Regulations:

To obtain a copy of the *Laws and Regulations*, please submit a written request to the Board (type or print clearly your name and address), or you may download the information from our website at <a href="https://www.naturopathic.ca.gov">www.naturopathic.ca.gov</a>.

# D. <u>Duplication of Board Forms</u>:

Applicants are granted permission to reproduce any form provided by the Board. However, only those forms having original signatures will be accepted as part of the application.

#### E. Notice of Collection of Personal Information:

The California Board of Naturopathic Medicine of the Department of Consumer Affairs collects the personal information requested on this form as authorized by the Naturopathic Doctors Act, (commencing with Section 3610 of the Business and Professions Code); Sections 30, 144, and 480 of the Business and Professions Code; and Division 40 of Title 16 of California Code of Regulations (commencing with Section 4200). The Board uses this information principally to evaluate applications and to enforce licensing standards set by law and regulation.

**Mandatory Submission**. Submission of the requested information is mandatory. The Board cannot consider your application for licensure unless you provide all the requested information.

**Access to Personal Information.** You may review the records containing your personal information that are maintained by the Board of Naturopathic Medicine as permitted by the Information Practices Act (Section 1798 of the Civil Code). See the letterhead of this form for Board's contact information.