



License Verification

Applicant: Please complete (type or neatly print) Section I and mail one form to each state agency or board where you are now or have ever received a license, registration, or certification to practice medicine or healing arts. Please make as many copies as needed.

SECTION I - To be completed by the applicant

I am applying for a Naturopathic Doctor license in the State of California. The California Department of Consumer Affairs, California Board of Naturopathic Medicine requests that your state agency or board complete Section II of this form as part of my application for licensure. By signing this form, I give my consent to release all and any information, favorable or otherwise, to the California Board of Naturopathic Medicine. Please forward the completed form as soon as possible to the California Board of Naturopathic Medicine at the address listed.

Applicant's Full Name: \_\_\_\_\_

My license, Reg, Cert. No. \_\_\_\_\_ was issued by your agency on \_\_\_\_\_.

X Signature of applicant Date Address

Print Name City, State, Zip

SECTION II - To be completed by the State licensing agency or board

- 1. The above individual is [ ] licensed [ ] registered [ ] certified as a (title) \_\_\_\_\_ in the State of \_\_\_\_\_
2. The name of the licensee/registrant/certified individual, as shown in our records: \_\_\_\_\_
3. The license/registration/certificate is: [ ] current [ ] temporary [ ] suspended [ ] expired [ ] revoked
Issue date: \_\_\_\_\_ Expiration date: \_\_\_\_\_
4. Is this license in good standing? [ ] Yes [ ] No (If NO, indicate reason) \_\_\_\_\_
5. Are there any past or pending disciplinary actions (including informal or confidential discipline, consent orders, or letters of warning) against the licensee? [ ] Yes [ ] No (If Yes, attach an explanation).
6. At the time of licensure/registration/certification this individual met the following requirements:
Required Education: Degree \_\_\_\_\_
Regional accreditation required? [ ] Yes [ ] No
Reciprocity? [ ] Yes [ ] No. If yes, what jurisdiction? \_\_\_\_\_
Other: \_\_\_\_\_
Required Examination: [ ] Yes [ ] No. If yes, list examination(s), type, and title, and attach official examination results:

X Signature of Person Completing Form
Printed or Typed Name and Official Title
Agency/Organization Name
Address
City, State, Zip, Phone

Date
(Affix State Agency/Board Seal in the below space)

Please return this form to the address listed above.