



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

California Board of Naturopathic Medicine
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Naturopathic Doctor's Duplicate/Replacement License

Complete the applicable section below and mail this form, documents, and a check or money order in the amount of **\$30.00** to:

California Board of Naturopathic Medicine
1747 N. Market Blvd., Suite 240
Sacramento, CA 95834

Duplicate:

Name:	ND Number:	Telephone Number:
Address: (Street, City, State, Zip Code)		
Reason: Secondary Business Address		

OR

Replacement:

Name:	ND Number:	Telephone Number:
Address: (Street, City, State, Zip Code)		
Reason: <input type="checkbox"/> Lost/Stolen/Mutilated/Destroyed <input type="checkbox"/> Business Address Change <input type="checkbox"/> Name Change*		

***Name change requires a copy of a marriage license, driver's license, or court order.**

Signature: _____ Date: _____