



Request to Change License Status Active/Inactive Naturopathic Doctor's License

Name: (Last, First, MI)		
Address: (Number & Street)		
City:	State:	Zip Code:
Business Phone:		
E-Mail:		
ND License #:	Entity #	

(Entity # for NMC Office Use only)

Check One:

- ☐ I choose to change my license status to **INACTIVE**.
- ☐ I choose to change my license status to **ACTIVE**.

If you have chosen to change your license status to ACTIVE, the fees are as follows:

- Activating within the first year of license period. Fee = \$522.00
- Activating within the last year of license period. Fee = \$222.00

I am requesting that the Naturopathic Medicine Committee take action on my license as I have indicated above.

*I understand that in order to **inactivate** my license, it must be current and in good standing. If I change my status at the time of license renewal, my fee to renew as **inactive** is \$500.00.*

*I understand that if I **reactivate** my license, I must submit evidence that I have completed 20 CEUs of General and 10 CEUs of Pharmacology within the 12-month period preceding the request to reactivate.*

Signature

Date

Mail Completed Form, Proof of CE and Check to:

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