



## Inactivate/Reactivate Naturopathic Doctor's License

<input type="checkbox"/> <i>Inactivate License</i>		<input type="checkbox"/> <i>Reactivate License</i>	
<b>Name:</b> (Last, First, MI)			
<b>Address:</b> (Number & Street)			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Business Phone:</b>			
<b>ND License #:</b>		<b>Effective Date:</b>	

*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, and if I **inactivate** my license during or after my first renewal period, I must to pay the required biennial renewal fees.*

*I understand that if I **reactivate** my license, I must submit evidence that I have completed the required number of hours of approved continuing education as applicable for the renewal period preceding the request to reactivate.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date