



Inactivate/Reactivate Naturopathic Doctor's License

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

I am requesting that the California Board of Naturopathic Medicine 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