



## CALIFORNIA CERTIFICATION OF REGISTRATION TO PRACTICE NATUROPATHIC MEDICINE AS FACULTY:

### DEAN'S STATEMENT

**APPLICANT'S NAME:** \_\_\_\_\_

Pursuant to Business and Professions Code Section 3624 and Title 16, Division 40, Section 4214 of the California Code of Regulations, I certify the following to be true:

I, \_\_\_\_\_, Dean of \_\_\_\_\_,  
a candidate/approved naturopathic medical school, do hereby certify  
that \_\_\_\_\_ holds a faculty position at the above school  
and has the necessary qualifications to hold that position.

I further certify that the applicant will be under my direction and will not be permitted to practice naturopathic medicine unless such practice is incidental to and a necessary part of the applicant's duties in relation to the faculty position at the above naturopathic medical school, and that I will immediately notify the Board if the faculty member no longer holds the faculty position for which the certificate was issued.

Listed below are the faculty position duties required to be performed by the  
above named: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(You may attach a list to this certification, if necessary)*

I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING THE CERTIFICATE OF REGISTRATION FOR THE ABOVE-NAMED APPLICANT.

\_\_\_\_\_  
Signature of Dean

\_\_\_\_\_  
Date