



Naturopathic Medicine Committee
1300 National Drive, Suite 150, Sacramento, CA 95834
P 916/928-4785 F 916/928-4787 | www.naturopathic.ca.gov



LICENSE RENEWAL NOTICE

Name: _____	License Number: ND- _____
License Expires: _____	AMOUNT DUE: \$812
DELINQUENT FEE DUE If Submitted More than 30 Days after License Expires: \$150	

PART 1: Instructions for Renewal

- Please return this completed form, signed, and accompanied by a check or money order in the amount of \$812, made payable to the Naturopathic Medicine Committee, to the address listed above. If you want to pay using a credit or debit card, you will need to complete the online renewal application by visiting www.BreEZe.ca.gov. If you pay your renewal more than 30 days after it has expired, you must submit a delinquent fee of \$150 along with the renewal fee for total fee of \$962.
- If you fail to renew your license by the expiration date, it will become delinquent. You may not practice with a delinquent license in California. A delinquent license can be reinstated within a period of three years after its expiration upon payment of accrued renewal fees, delinquency fees, certification that you have not been convicted of a crime or disciplined by another public agency during the preceding renewal period, and certification of completion of approved continuing education hours.
- You must certify in **Part 2** whether or not you have been convicted of a crime or disciplined by another public agency during the preceding renewal period.
- The Committee must be able to provide an Address of Record to the public; you must complete Part 2, C. In addition, each licensee or certificate holder shall notify the Committee in writing within 14 days of any changes in his or her mailing address, street address, or address of record. Forms are available at on our website at <http://www.naturopathic.ca.gov/>
- **Continuing education hours are not required for the first renewal.** However, thereafter, you are required to certify that you have completed 60 hours of approved continuing education hours in the preceding license period. See attached “Certification of Continuing Education” for information and to certify continuing education hours. Additional forms are available on our website at <http://www.naturopathic.ca.gov/>.
- **AB 1424 Email and Website Notification**
Effective July 1, 2012, the (Board/Bureau/Commission/Committee) is required to suspend a license/certificate/registration if a licensee has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE’s certified lists of top 500 tax delinquencies over \$100,000. (*AB 1424, Perea, Chapter 455, Statutes of 2011.*)

Once it has been determined a licensee is on a certified list, the licensee has 90 days from the issuance of a “Preliminary Notice of the Intent to Suspend” to either satisfy all outstanding tax obligations or enter into a payment installment program with the FTB or BOE. If the licensee fails to come into compliance they will have their license suspended until the (Board/Bureau/Commission/Committee) receives a release from the FTB or BOE. The FTB and BOE are currently expanding the certified lists from 250 to 500, but you can check if you are currently on the FTB’s certified list at: www.ftb.ca.gov/individuals/txdlnqnt.shtml or the BOE’s certified list at: www.boe.ca.gov/cgi-bin/delig.cgi. If you believe you are on either list in error, please call the FTB at (866) 418-3702 or the BOE at 916-445-5167.

PART 2: Naturopathic Doctor's Renewal Application

A. Full Legal Name: _____

B. Certification of Conviction:

Since your initial license or last renewal, have you:

1. been convicted of, or pled guilty or nolo contendere to any violation of any law of any state, the United States, or a foreign country or had any conviction that has been dismissed under Section 1203.4 of the Penal Code (except for traffic infractions) or
2. had any disciplinary action (excluding citations and fines) taken against you by any licensing/regulatory agency in this or any other state? **YES** **NO**

If "YES", please explain on a separate sheet of paper and include dates, charge/violation, location of board/bureau/court, and penalty or disposition.

C. Complete Contact Information:

a. PUBLIC ADDRESS OF RECORD: Street Address or P.O. Box (If P.O. Box, you must complete 6c below.)			
City	County	State/Country	Zip Code
b. MAILING ADDRESS: Street Address or P.O. Box			
City	County	State/Country	Zip Code
c. STREET ADDRESS: (You must provide if a P.O. Box is used in 6a.)			
City	County	State/Country	Zip Code
d. PHONE NUMBERS: (with Area Code)			
() BUSINESS	() CELL	() HOME	
e. EMAIL ADDRESS:			

D. CURES Registration

California Health and Safety Code section 11165.1 requires all California licensed prescribers authorized to prescribe scheduled drugs to register for access to the Department of Justice (DOJ) Controlled Substance Utilization Review and Evaluation System (CURES) by July 1, 2016 or upon issuance of a Drug Enforcement Administration (DEA) Controlled Substance Registration Certificate, whichever occurs later.

- a) Do you have a California DEA Registration Certificate?**YES** **NO**
- b) If "yes", have you registered on DOJ CURES system?.....**YES** **NO**
- c) If "yes", when did you complete your DOJ CURES registration? Month () / Year ()

PART 3: Continuing Education Certification

IF THIS IS YOUR 2ND OR LATER RENEWAL: *Renewal licensing is dependent on completion of statutorily required continuing education. Please complete and return this form. Do **not** include photocopies of certificates and /or letters of attendance unless asked to do so.*

Continuing education requirements, Business and Professions Code Section 3635:

1. Minimum 60 hours required to be taken during the two-year license period.
2. At least 20 hours in pharmacotherapeutics.
3. No more than 15 hours may be in naturopathic medical journals or osteopathic or allopathic medical journals, or audio or videotaped presentations, slides, programmed instruction, or computer-assisted instruction or preceptorships.
4. No more than 20 hours may be in any single topic.
5. No more than 15 hours of the continuing education requirements for the specialty certificate in naturopathic childbirth attendance shall apply to the 60 hours of continuing education requirement.
6. Webinars are considered “live”, recorded webinars are considered “self-study”.

***ACCREDITING AGENCY - The continuing education may ONLY be approved by:**

- The California Naturopathic Doctors Association* **CNDA**
- The American Association of Naturopathic Physicians* **AANP**
- The California State Board of Pharmacy* **BOP**
- The State Board of Chiropractic Examiners* **BCE**
- Courses approved for continuing education for physicians and surgeons . . .* **MD/DO**
- Other courses approved by the Committee* **NMC**

CERTIFICATION:

I certify that I have completed the required continuing education requirements as stated above: **YES** **NO**

List all qualifying courses below. List additional courses on the back of this form.

Date	Course Name	*Accrediting Agency	Total Hours	General	Pharm	Self
<i>Ex: 08/01-05/11</i>	<i>AANP Conference</i>	<i>AANP</i>	28	20	8	0
Total			(min 60)		(min 20)	(max 15)

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect, and that misstatements, or omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license.

ND# _____ SIGNATURE _____ DATE _____