



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMOND G. SNOW JR.

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 fail to renew your license by the expiration date, it will become delinquent. You may not practice with a delinquent license in California.
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.
Continuing education hours are not required for the first renewal.
AB 1424 Email and Website Notification

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.
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.

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 _____