Naturopathic Medicine Committee 1300 National Drive, Suite 150 Sacramento, CA 95834 916/928-4785 - Phone 916/928-4787 - Fax naturopathic@dca.ca.gov www.naturopathic.ca.gov

## OFFICE USE ONLY

Reviewed by Committee:\_\_\_\_ All items Received: YES 
| NO |

## **INTRAVENOUS THERAPY TRAINING PROVIDER APPLICATION**

(Please type or print clearly in ink)		
1. PROVIDER BUSINESS NAME		
2. PROVIDER STREET ADDRESS: Number & Street		
City	State/Country	Zip/Postal Code
3. PROVIDER MAIL ADDRESS: Number & Street		
City	State/Country	Zip/Postal Code
4. PROVIDER TELEPHONE (with Area Code)		
5. E-mail		
6. Web Site		
7. LIST THE NAMES OF EACH INSTRUCTOR BELOW (use s *At least one (1) course instructor must be named below, a		
Instructor Name Instructor License Number		icense Number
	rovider Application ND- 200 achments to <u>naturopathic@dca.ca.gov</u> or fax to (916 ledicine Committee, 1300 National Drive, Suite 150,	
Agency requesting information: California Department of Sacramento, CA 95834-1991, (916) 928-4785, www.na All items in this application are mandatory; none are vo your application. The information provided will be used	luntary. Failure to provide any of the requested informatic to help determine qualifications for course providers for ir	on will delay the processing of htravenous therapies per
is the custodian of records. ND-200 (Rev 04/21), IV Therapy Training Provider Applic	ons Code. The Executive Officer of the Naturopathic Medi	cine Committee of California

ND-200 (Rev 04/21), IV Therapy Training Provider Application