NATIONAL REGISTRY OF NATUROPATHIC PRACTITIONERS
License Application

SECTION 1. TYPE OF LICENSE- REGISTERED NATUROPATHIC DIPLOMATES

Check the box next to the type of license for which you are applying.

☐ NAT– Naturopath 2 years	**$ 150.00**
☐ NAT– Naturopath 4 years	**$ 250.00**
☐ Duplicate Licenses (limit 5) ____ x $50.00	$_____**.00**
Total Enclosed	$ **.00**

Make check or money order payable to NRNP
A charge of $65.00 will be imposed for dishonored checks

MAIL TO:
National Registry of
Naturopathic Practitioners
P O Box 232313
Las Vegas, NV 89105

OFFICE USE
Check $ Check # Staff

SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, you must provide a copy of legal name change documents for EACH time that it has changed. Complete Section 4 of this application on page 2.

FIRST NAME **MI** **LAST NAME** **SUFFIX** (Jr, Sr, etc.)

DATE OF BIRTH - - **GENDER** ☐ Male ☐ Female

M M - D D -Y Y Y Y Please check the correct box.

- - /

SOCIAL SECURITY NUMBER (OPTIONAL)

PLACE OF BIRTH
Provide City and State for US birthplace or security number, a sworn Country for foreign place of birth.

SECTION 3. SUPPORTING DOCUMENTS

Please indicate the supporting documents you have included with this package or requested to be sent to the Naturopathy Registration. Keep a photocopy of all supporting documents for your records.

A.	One recent passport-type photos of the applicant's face (approx. 2"X2") with applicant's name on the back. The photo must be original photos and cannot be computer-generated copy or paper copy.	YES ☐	NO ☐
B.	Signed Naturopathy Statement.	YES ☐	NO ☐
C.	Copies of legal documents supporting all name changes.	YES ☐	NO ☐
D.	Documentation of education.	YES ☐	NO ☐

SECTION 4. PREVIOUS NAME CHANGE

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change documents for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders. Please attach additional page of information if needed.

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

FIRST NAME | MI | LAST NAME | SUFFIX (Jr, Sr, etc.)

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

FIRST NAME | MI | LAST NAME | SUFFIX (Jr, Sr, etc.)

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

FIRST NAME | MI | LAST NAME | SUFFIX (Jr, Sr, etc.)

SECTION 5A. HOME ADDRESS

Even if you have a PO Box, a street address should also be provided, if applicable.
☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX NUMBER_____

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY | STATE | ZIP CODE

HOME PHONE NUMBER | E-MAIL ADDRESS

SECTION 5B. BUSINESS ADDRESS

Please note: This information will be made available to the public unless otherwise requested.

COMPANY NAME

Even if you have a PO Box, a street address should also be provided, if applicable.
☐ APARTMENT ☐ SUITE ☐FLOOR ☐ PO BOX NUMBER_____

BUSINESS ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY | STATE | ZIP CODE

BUSINESS PHONE NUMBER | BUSINESS FAX NUMBER | E-MAIL ADDRESS

SECTION 5C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future registration documents will be mailed. The address that will appear on your registration will be your business address. ☐ HOME ☐ BUSINESS

SECTION 6A. PROFESSIONAL SCHOOLS ATTENDED

List all colleges and universities attended prior to and including medical/professional schools. List schools attended in reverse chronological order, with the most recent at the top.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certification

SECTION 6B. MEDICAL/PROFESSIONAL TRAINING AND MEDICAL/PROFESSIONAL PRACTICE

List all experience since medical/professional school graduation below. Include letters from employing facilities and organizations for internships, residencies, fellowships or employment. For "Description", use the letter from the key below. List experience in reverse chronological order, beginning with the most recent.

Organization/Institution	Start Date	End Date	Description (Use Key Below)*

*** TRAINING AND PRACTICE DESCRIPTIONS**

A. Fellowship
B. Internship
C. Residency
D. Apprenticeship
E. Employment
F. Private Practice
G. Certifications
H. Other (Attach a typed explanation on a separate sheet of paper to this form.)

SECTION 6C. MEDICAL/PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS

Are you now or have you ever been licensed in DC or any other state/jurisdiction? ☐ YES ☐ NO
(If "Yes", be sure to complete section 6C of this form.) You must request verification of licensure for all of these licenses, past and/or present.

Jurisdiction	Date License Was First Obtained	License Number

SECTION 7. SCREENING QUESTIONS – Applicants MUST answer all of the following questions.

All applicants must complete ALL questions. **If you answer "Yes" to any of the questions B through J below, please provide a complete explanation on a separate sheet of paper and attach with this application form.**

A.	**I have read, understand and agree to abide by this naturopathic statement:** (initial each line) ___ The Code of Ethics for Registered Naturopathic Diplomates ___ All of the state's laws and regulations where I plan to practices as laws vary from one state to another. ___ Naturopaths help prevent disease, but they do not cure disease. ___ Never falsely lead any person to believe you (the practitioner) practice anything other than naturopathy. ___ Practitioners may counsel and treat individuals through the use of naturally occurring substances and the use of natural and non-invasive therapies. ___ This is strictly a naturopathic registration ___ Never instruct a client to discontinue any medications prescribed by any doctor. ___ Naturopathic practitioners do not take x-rays, inject any substance by needle, remove blood by needle, perform any surgical procedures, or deliver infants. Signature: _____ Print Name:_____ Date:_____

B.	Have you ever been convicted or arrested for a crime or misdemeanor (other than minor traffic violations) not previously reported to the Board?	☐ Yes ☐ NO	☐
C.	Are you now or have you ever been licensed in the District of Columbia or any other state/jurisdiction? *(If "Yes," be sure to complete section 6C of this form.)*	☐ Yes ☐ NO	☐
D.	Have you ever been accused of practicing medicine without a license?	☐ Yes ☐ NO	☐
E.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	☐ Yes ☐ NO	☐
F.	Have you ever been terminated from or resigned from a clinical or professional training program?	☐ Yes ☐ NO	☐
G.	Do you have a physical or medical condition that currently impairs your ability to practice your profession?	☐ Yes ☐ NO	☐
H.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	☐ Yes ☐ NO	☐
I.	(1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board?	☐ Yes ☐ NO	☐
J.	Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?	☐ Yes ☐ NO	☐

Please complete the affidavit of application below.

All applications that are unsigned by the applicant will be returned unprocessed.

SECTION 8. LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties and the revocation of national license.

REGISTRATION SIGNATURE	NAME (Please Print)	DATE