

**NATUROPATHIC PHYSICIAN - APPLICATION FOR AUTHORIZATION TO PERFORM MINOR OFFICE PROCEDURES**

Access this form via website at: [hawaii.gov/dcca/pvl](http://hawaii.gov/dcca/pvl)

Legal Name (First, Middle)	(Last)
Other Names Used:	
Mailing Address	Social Security Number
	Date of Birth
	Phone No. (Daytime)
	Provide your Hawaii ND Lic. No.: <b>ND -</b>

<b>FOR OFFICE USE</b>	<input type="checkbox"/> NPLEX score <b>OR</b> <input type="checkbox"/> Pre-NPLEX score
	APPROVED: <input type="checkbox"/> Initials/Date:
	DENIED: <input type="checkbox"/> Eff. Date:
	License No.: ND - (M) Minor Office Procedures

**INSTRUCTIONS**

- Complete and sign application legibly in dark ink.
- Submit** documentation of successfully passing an examination on minor office procedures as required by Hawaii Administrative Rules section 16-88-70:
  - NPLEX Clinical Elective Minor Surgery Examination. Arrange with the North American Board of Naturopathic Examiners ("NABNE") to have your original test results verifying your passing score sent directly to the Board of Naturopathic Medicine ("Board"); **OR**
  - For licensees who were **licensed prior to the establishment of NPLEX**, provide evidence of successful passage of a minor surgery examination that was administered by another licensing jurisdiction **and** was required to allow the licensee to practice minor surgery in that licensing jurisdiction. **Arrange** with the licensing jurisdiction to complete the "Verification of Examination on Minor Surgery" form and submit the verification of your passing score **directly** to the Board.
- Attach** a non-refundable application fee of \$25.00 made payable to: COMMERCE AND CONSUMER AFFAIRS. (check must be made in U.S. dollars and be from a U.S. financial institution.)  
**NOTE:** A \$25.00 service charge shall be assessed for payments dishonored for any reason. Should payment be dishonored, the approval is voided and a new approval date is issued upon payment for the new fees.
- Mail to: Board of Naturopathic Medicine  
DCCA, PVL, Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801  
 OR  
 Deliver to office location at:  
335 Merchant Street, Room 301  
Honolulu, HI 96813  
Phone: (808) 586-3000

Please answer the following questions:

Has any license ever been revoked, suspended or otherwise subject to disciplinary action in any jurisdiction? .....  Yes  No

Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....  Yes  No

*If any response is "YES", explain on a separate sheet and attach documentation that details the date, place, and type of disciplinary action and/or conviction.*

Affidavit of Applicant:

I certify that the statements, answers and representations made on this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19, and 455-11, Hawaii Revised Statutes.) Further, I certify that I have read and will abide by Chapter 455, Hawaii Revised Statutes, and Chapter 16-88, Hawaii Administrative Rules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Release of Information to Third Party:**

To assist me in the licensing process, I hereby authorize DCCA's staff to release any and all information regarding my application (including but not limited to, application status) to the following third party:

Print name of individual who is assisting you: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.