

NATUROPATHIC PHYSICIAN - APPLICATION FOR AUTHORIZATION TO ADMINISTER PARENTERAL THERAPY

Access this form via website at: cca.hawaii.gov/pvl

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

FOR OFFICE USE

<input type="checkbox"/> Dean's Certification	OR	<input type="checkbox"/> Course Certificate
APPROVED: <input type="checkbox"/>	Initials/Date:	
DENIED: <input type="checkbox"/>	Eff. Date:	
License No.: ND -	(N) Parenteral Therapy	

INSTRUCTIONS

- Complete and sign application legibly in dark ink.
- Submit documentation of successful completion of a qualifying course on parenteral therapy, consisting of at least thirty (30) classroom hours on parenteral administration through injection of applicable naturopathic formulary substances, from a Board-approved Course Provider.
 - An **ORIGINAL** "Certification of Parenteral Therapy Qualifying Course" form (with school seal) signed by the Dean of your school to verify successful completion of at least 30 classroom hours on parenteral administration through injection of applicable naturopathic formulary substances as required by Hawaii Administrative Rules ("HAR") section 16-88-57(b); **OR**
 - An **OFFICIAL** certificate showing completion of a Board-approved course consisting of at least 30 classroom hours on parenteral administration through injection of applicable naturopathic formulary substances as required by HAR 16-88-57(b).
- 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Has any license ever been revoked, suspended or otherwise subject to disciplinary action in any jurisdiction?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.