Access this form via website at: cca.hawaii.gov/pdf	NATU	ROPATHIC PHYSICIAN - APPL TO ADMI	ICATION FOR AUTHORIZAT NISTER PARENTERAL THER		Dean's Certificatio	on OR Course Certificate	
Other Names Used: Date of Birth	Access this form via website at: cca.hawaii.gov/pvl				APPROVED:] Initials/Date:	
Other Names Used: Mailing Address	Legal Name (First, Middle)		(Last)		DENIED:] Eff Dato:	
Mailing Address Social Security Number Date of Birth Phone No. (Daytime)						EII. Date:	
Mailing Address Date of Birth	Other Names Used:			USE	ND -	(N) Parenteral Therapy	
PERSONAL Email Address Provide your Havaii ND Lic. No.: ND - INSTRUCTIONS 1. Complete and sign application legibly in dark ink. 2. 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 Provided Cou	Mailing	Address	Social Security Number	발			
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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.