

CHECKLIST FOR MILITARY SPOUSE TEMPORARY PROFESSIONAL LICENSE

Effective January 1, 2022. Act 18 SLH 2021

Please do not submit this form with your application. Keep it for your records.

Who: Spouses accompanying an active military member on an official permanent change of station to a military installation located in Hawaii, who possess a license to practice in another jurisdiction of the United States as one of the following:

Acupuncturist	Licensed practical nurse	Physician assistant
Audiologist	Registered nurse	Podiatrist
Behavior analyst	Nursing home administrator	Psychologist
Dentist	Occupational therapist	Respiratory therapist
Dispensing optician	Optometrist	Social worker
Hearing aid dealer and fitter	Pharmacist	Speech pathologist
Marriage and family therapist	Naturopathic physician	Veterinary technician
Mental health counselor	Osteopathic physician	
Certified nurse aide	Physician	

What: A temporary license to practice for the duration of the active-duty military member's service in Hawaii, not to exceed a five-year period

FEES	
<input type="checkbox"/> Application Fee	Refer to application
<input type="checkbox"/> License Fee	Refer to application
APPLICATION	
<input type="checkbox"/> Complete forms	Check the appropriate box on page 1 of application, indicating this application is for a temporary military spouse license.
CRIMINAL HISTORY RECORD CHECK	
<input type="checkbox"/> Electronic Fingerprinting	<u>Only</u> necessary for: Licensed practical nurse Registered nurse
Please contact Fieldprint, Inc. at http://fieldprinthawaii.com to make an appointment or inquire about other available site locations on the Continental United States, or call (877) 614-4361. The Fieldprint code that you must enter is: FPHIBrdNursing (not case sensitive). You will be required to submit a full set of electronic fingerprints for the purpose of obtaining federal and state criminal history record checks for processing with the Federal Bureau of Investigation. The applicant shall bear the cost of the fingerprint processing and the application shall NOT be considered complete until the results of the criminal history record check has been received by the Board. You must file your application for nurse license application within thirty (30) days of fingerprinting to ensure that the results can be obtained. If we are unable to obtain the results, you will have to go back and pay again to be re-fingerprinted. Questions may be directed to the Board's office at (808) 586-2695.	
PROOF OF ACTIVE DUTY MILITARY SPOUSE STATUS	
<input type="checkbox"/> PCS orders + <u>non</u> -military ID <u>OR</u> <input type="checkbox"/> Statement of Verification from personnel office + <u>non</u> -military ID	A military ID may be used as proof if presented for in person verification by licensing staff.

PROOF OF LENSURE IN ANOTHER JURSDICTION

☐ License verification is required to be sent directly to the Board from each state or province in which applicant holds or has held a license.

One year: The license or certification by another jurisdiction must have been held for at least one year

Good Standing: The license or certification must be current, active, and in good standing without conditions or restrictions in all jurisdictions in which the person holds a license or certification.

NATIONAL PRACTITIONER DATA BANK

☐ National Practitioner Data Bank (NPDB) Self-Query Response is required to be sent directly to the Board or Program. To obtain the report, go the NPDB website at: www.npdb.hrsa.gov, and click on **Perform a Self-Query**. If you are unable to go on-line, call the NPDB at 1-800-6732 for assistance. The NPDB is now making your NPDB report available for download. Either the ORIGINAL hard copy that is mailed to you or an electronic version of the report will be acceptable. To send the electronic version, please, save the report as a .pdf file, attach it to the ORIGINAL email from the NPDB and email to the respective board/program.

DISQUALIFIED

An applicant is ineligible for temporary licensure if:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Applicant's license in another jurisdiction is <u>not in good standing</u>.• Applicant's license in another jurisdiction is <u>under investigation</u> for licensing violations.• Applicant's application for license in another jurisdiction has been denied.• Applicant has been <u>censured</u>, or had <u>discipline imposed</u> by another licensing authority, the terms and conditions of which have not yet been satisfied. | <ul style="list-style-type: none">• Applicant has <u>surrendered membership</u> on any professional staff in any professional association, society, or faculty while under investigation or <u>to avoid adverse action</u> for acts or conduct that would constitute grounds for disciplinary action in this State.• Applicant has a <u>disqualifying criminal history</u> as determined by the State's licensing authority. <p>Applicants ineligible for temporary licensing may apply for licensure via the normal licensing process.</p> |
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A person licensed pursuant to this section shall be subject to the laws regulating the person's practice in this State and shall be subject to the jurisdiction of the licensing authority of this State.

REQUIREMENTS & INSTRUCTIONS - NATUROPATH

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

APPLICATION FORM

Complete the application by typing or printing **legibly** in dark ink. Sign application and attach the required documents and fees. Only "complete" applications are considered by the Board. An application is considered complete only after all documents are received. Failure to provide all the requested information will delay the processing of your application. **Applicants are subject to requirements in effect at the time of filing.**

SOCIAL SECURITY NUMBER

Your social security number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued you must provide your social security number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4), HRS which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

EDUCATION REQUIREMENT

You **must** be a graduate of a school, university or college of naturopathy which has been accredited by or received candidacy status with a regional or national accrediting agency recognized by the U.S. DOE at the time of the applicant's graduation; provided that an applicant who graduated prior to 1987 shall be deemed qualified if the college was approved by the Board prior to 1987 and has been accredited by a regional or national accrediting body recognized by the U.S. DOE.

EXAMINATION REQUIREMENT

You are required to take and pass* the following examinations:

1. Part I and II of the Naturopathic Physicians Licensing Examination (NPLEX); **AND**
2. If you took the NPLEX prior to August 2007, the examination on homeopathy.

*Passing score must be a converted score of seventy-five on each part of the clinical examination series of the NPLEX examination and on the examination on Homeopathy.

DOCUMENTS REQUIRED

1. **ATTACH** an official transcript (with school seal and authorized signature to verify your education).
2. **Contact** the North American Board of Naturopathic Examiners (NABNE) to have the **original** test results verifying your passing scores sent **directly** to the Board.

(The address for NABNE may be found under "EXAMINATION")

EXAMINATION

For information regarding the NPLEX examination (including filing deadlines and fees), please contact the North American Board of Naturopathic Physicians (NABNE) directly at:

North American Board of Naturopathic
Examiners (NABNE) #321
9220 S W Barbur Blvd., Suite 119
Portland, OR 97219-5434

Phone: (503) 778-7990 or visit their website at: www.nabne.org

(CONTINUED ON PAGE 2)

FEES

Make check payable to: Commerce and Consumer Affairs. (check must be in U.S. dollars and be from a U.S. financial institution.)

If license is issued in an even-numbered year, pay \$458
 (Application-\$25 + License-\$95 + Compliance Resolution Fund-\$148
 + 1/2 Renewal Fee-\$190)
 If license is issued in an odd-numbered year, pay \$194
 (Application-\$25 + License-\$95 + Compliance Resolution Fund-\$74)

NOTE: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under the license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

BOARD'S ADDRESS

Mail all required items to:

OR

Deliver to office location at:

Board of Naturopathic Medicine
 DCCA, PVL Licensing Branch
 P.O. Box 3469
 Honolulu, HI 96801

335 Merchant Street, Room 301
 Honolulu, HI 96813
 Phone: (808) 586-3000

Instructions for "YES" answers to questions (4) thru (6) of the Application for License (ND-01)

A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.

- 1) Questions 4 and 5 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is **"yes"** to one or more of these questions, read paragraph "B" (on page 3), AND you must **submit** the following:
 - i. A statement signed by you explaining the circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, finding of facts and conclusions of law, and any other relevant documents;
- 2) If your application indicates a criminal conviction, read paragraph "B" (on page 3), and you must **submit** the following:
 - i. A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended;
 - ii. A copy of the court order, verdict, and terms of sentence; and
 - iii. If applicable, a copy of the terms of probation and/or parole and a statement from your probation or parole officer as to your compliance with the court orders;
 - iv. Signed statements from employers, business associates/clients, and others who can attest to your business dealings, including a statement as to your reputation for or record of experience, competency, honesty, truthfulness, financial integrity and fair dealings.
 - v. A current criminal history record check in your name, which you may obtain from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building, 456 S. King Street, Room 101, Honolulu, Hawaii 96813. Phone: (808) 587-3100 or visit their website at: ag.hawaii.gov/hcjdc to request a "Criminal History Record Check".

NOTE: If your criminal conviction occurred in a state or states other than Hawaii, a current criminal history record check will be required from each state **AND** Hawaii. Contact the local authority or Board in each state for their forms, instructions and fees on obtaining criminal history record checks.

(CONTINUED ON PAGE 3)

B. If you answered **"yes"** to questions (4) through (6), your application may be reviewed at a Naturopathy Board meeting if you have provided all applicable information and documents as described on page 2. The Board will not review incomplete applications. If you wish to present oral testimony at the meeting, submit a written request with your application.

LAW & RULES

A copy of the Board's law, HRS chapter 455, and rules, Hawaii Administrative Rules (HAR) chapter 16-88, are available by submitting a written request to: Board of Naturopathic Medicine, *Commerce & Consumer Affairs*, P.O. Box 3469, Honolulu, HI 96801. HRS chapter 436B, the Professional and Vocational Licensing Act, should be read in conjunction with HRS chapters 455 and HAR chapter 16-88.

The laws and rules are also posted on our website at: cca.hawaii.gov/pvl. Click on "Naturopathy".

The laws and rules must be read before completing and signing the application.

BIENNIAL REGISTRATION

All licenses, regardless of issuance date, **must be renewed by December 31 of each ODD-NUMBERED year**. Failure to do so would mean forfeiture of the license.

To ensure receipt of the renewal application, which is mailed about 45 days prior to the license expiration date, keep the Board's office informed of your current mailing address.

APPLICATION FOR ORAL CODE (post-licensure)

After a license is issued, if you wish to obtain an oral code, please contact the Department of Public Safety, Narcotics Enforcement Division directly at:

3375 Koapaka Street, Suite D-100
Honolulu, Hawaii 96819
Phone: (808) 837-8470

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process of two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **"Release of Information to Third Party"**, sign, and date it.

APPLICATION FOR LICENSE - NATUROPATH

Before completing this form, read the information and instructions for filing.

☐ (Check box only if applying for:)
Temporary Military Spouse License

Name (First, Middle)		(Last)		FOR BOARD USE ONLY		Approved		Initials/date:			
Other Names Used (include maiden name):						License No. ND -		Effective Date			
Residence Address (Include Apt. No., City, State & Zip Code):											
Mailing Address (ONLY If different from residence):											
PERSONAL E-Mail Address:											
Social Security No.:		Date of Birth:		Phone No. (Days):							
Name of School of Naturopathy:		Complete Address of School:		Dates Attended						Date Graduated	
				From To						Month Year	
EDUCATION	1. Is an official transcript attached?				<input type="checkbox"/> YES		<input type="checkbox"/> NO				
	2. At the date of graduation noted above, was the school "Accredited" by or granted Candidacy status with a regional or national accrediting agency recognized by the U.S. DOE?				<input type="checkbox"/> Accredited		<input type="checkbox"/> Candidate				
EXAM	Provide the date you requested your original test results verifying your passing scores from the NABNE:										
Check answers. For any "YES" response, refer to instructions for additional documents that must be submitted with this application.											
1) Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO											
2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO											
3) Have you ever held a license in Hawaii or any other jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO											
State/License No. _____ Exp. Date: _____											
4) Has any license ever been revoked, suspended or otherwise subject to disciplinary action in any jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO											
5) Are there any disciplinary actions pending against you? <input type="checkbox"/> YES <input type="checkbox"/> NO											
6) Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? <input type="checkbox"/> YES <input type="checkbox"/> NO											

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 of Applicant

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 of Applicant

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.

ND-01 0122R

App..... 424.....\$25
Lic..... 426.....\$95
CRF..... 427.....\$74/\$148
½ Renewal..... 420.....\$190
Service Charge..... BCF.....\$25