

# REQUIREMENTS & INSTRUCTIONS - NATUROPATH

Access this form via website at: [cca.hawaii.gov/pvl](http://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. Arrange to have official transcripts which verify successful completion of your doctoral degree directly to the Board by your institution of higher learning using the Board's email or mailing address located in the Board's Address section below. **ATTENTION: The Board will not accept transcripts in envelopes which have broke seals or are otherwise unofficial.**
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 using the Board's email or mailing address located in the Board's Address section below.
3. If you are currently licensed or have been previously licensed in another state, submit a primary source verification of licensure for each state or jurisdiction.

To verify your license in another state:

- 1) For each state, complete a "Verification of Licensure - Naturopathic Physician" form by filling out the APPLICANT section;
- 2) Send it to each state or jurisdiction you are or have been licensed in with the appropriate service fee; and
- 3) Have them complete the bottom portion and return it directly to the Board using the mailing address located in the Board's address section below.

\*FYI: Jurisdiction may use their own license verification form if it at least provides the information requested on the Hawaii "Verification of Licensure - Naturopathic Physician" form and is submitted directly to the board's mailing address or email.

## 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](http://www.nabne.org)

## 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

Board Email: [naturopathy@dcca.hawaii.gov](mailto:naturopathy@dcca.hawaii.gov)

## 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;

(CONTINUED ON PAGE 3)

- 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](http://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.

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](http://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 EXAM & LICENSE - NATUROPATH

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

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):					
EDUCATION	Name of School of Naturopathy:		Complete Address of School:		Dates Attended		Date Graduated	
					From	To	Month	Year
	1. Have you requested that your school of naturopathic medicine send official transcripts directly to the board? <input type="checkbox"/> YES <input type="checkbox"/> NO							
	2. Please mark how your official transcripts will be received: <input type="checkbox"/> Board's email <input type="checkbox"/> mailing address							
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.

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

# VERIFICATION OF LICENSE - NATUROPATHIC MEDICINE

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

Hawaii Board of Naturopathic Medicine

DCCA, PVL Licensing Branch

P.O. Box 3469

Honolulu, HI 96801

## TO BE COMPLETED BY APPLICANT:

<b>APPLICANT</b>	Name (Individual - First, Middle, Last):	Social Security Number
	Address (Include suite no., city, state and zip code):	License Number:
	Mailing Address, <b>ONLY</b> if different from above (Include suite no., city, state and zip code) :	Date Issued:
	I hereby authorize the licensing agency of the state of _____ to furnish the information below to the State of Hawaii Board of Naturopathic Medicine.  SIGN HERE: _____ TITLE: _____ Date: _____	

## TO BE COMPLETED BY LICENSING AGENCY:

<b>LICENSING AGENCY</b>	This is to certify that the above-named entity or individual was issued license number: _____ to provide services in your state as a Naturopathic Physician:  Date issued: _____  Date license/certificate expires: _____  License status: <input type="checkbox"/> current and in good standing <input type="checkbox"/> lapsed since: _____ <input type="checkbox"/> inactive since: _____  Has this license/certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please explain "Yes" response and attach copy of board's order and related information.)</i>  Do your files contain any derogatory information on this applicant? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please explain "Yes" response and attach copy of board's final order and related information.)</i>	
	COMMENTS:	
	Signature: _____  Title: _____  State: _____  Date: _____	<b>BOARD SEAL</b>
	<i>TO THE APPLICANT: Attach original, with board's seal, to your application form.</i>	

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