



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
Board of Naturopathic Examiners
7 Eagle Square, Concord, NH 03301-2412
Phone: 603-271-2152

APPLICATION CHECKLIST

for _____ Date _____
(last name, first name)

Check all that apply: ___ Naturopathic License ___ Acupuncture Certification ___ Childbirth Certification

All Applicants for Naturopathic License

- Signed, completed initial application
- Application fee: Ck# _____ \$_____ (made out to: Treasurer – State of New Hampshire”)
- 3”x4” passport-style unretouched photo
- Two (2) professional references from any of the following
 - ___ Medical Doctor
 - ___ Osteopathic Doctor
 - ___ Naturopathic Doctor
- Official transcript(s) from a naturopathic college or university (Transcript must be a notarized true photocopy attest according to RSA 328-E:9, I(b).)
- Certification of naturopathic medical diploma or degree (not required if described in RSA 328-E:9, I(b).)
- Proof of passing NPLEX exam (exempt if degree prior to 1981 or described in RSA 328-E:9, I(b).)
- DEA number (if applicable) _____ Expiration Date _____ State _____
- Prescription Drug Monitoring Program (“PDMP”) registration (if applicable) _____
- Background Check w/fingerprints

For Naturopathic License *with* Acupuncture Certification: All of the above PLUS...

- Proof of passing NPLEX Acupuncture Exam
- After passing NPLEX exam, proof of additional 500 hours of didactic/clinical hours specific to acupuncture

For Naturopathic License *with* Childbirth Certification: All of the above PLUS...

- Proof of passing ACNO exam
- Proof of 100 academic hours of midwifery education (didactic) at an accredited naturopathic program (see <http://www.naturopathicmidwives.com/acno/>)
- Proof of attendance at 15 births (see <http://www.naturopathicmidwives.com/acno/>)

If you are applying with reciprocity or for an exemption, please submit the following:

RECIPROCITY

- Current certificate of good standing from all jurisdictions where you currently hold a license: _____, _____, _____.
- Name/address/description of current practice
- Credentials from specialty or certification board (if applicable)
- Diploma
- Two Recommendation Letters
- Transcripts

EXEMPTION under RSA 328-E:5, I (e)

- Statement that applicant is not currently licensed as healthcare provider in NH
- Copy of IRS Income Tax Return Statement for 1990
- Document to demonstrate current NH residency for at least twelve *consecutive* months prior to July, 1991

Dear Applicant:

Thank you for contacting the New Hampshire Naturopathic Board of Examiners. This letter explains the Board's procedure for screening and processing applications. Please review this information carefully prior to beginning the application process.

This packet includes the application for licensure. Applications are processed in the order that the board receives them. The Board will not accelerate processing of one applicant at the expense for others for any reason. Upon receipt of the application, the board will initiate background verification. If you have any malpractice or disciplinary history, it may take additional time for all pertinent documentation to be received.

Once your application is complete, including all outside verifications, it will be forwarded to the Board for review, at the next regularly scheduled Board meeting. If your license is approved, it will be mailed to the address you furnished on the application. Please remember that you are responsible for notifying the Board, in writing, of any address changes in the interim period.

Please visit the Board's website at <https://www.oplc.nh.gov/naturopathic-board-examiners> to obtain a copy of the law, rules and regulations governing this Board.

If you have any questions or wish to inquire as to the process of your application, please contact the Board's Administrator at (603) 271-2152. We understand that the application process can be complicated, and will be glad to answer any questions.

Other Information

Yes No *Check Yes or No to indicate whether:*

		1.) You have been licensed or otherwise authorized to practice naturopathic medicine in any state, the District of Columbia, any territory or foreign country.
		2.) You have been refused a professional license or other authorization to practice naturopathic medicine by a regulatory body of any state, country or other regulatory jurisdiction.
		3.) You have had a profession license or other authorization to practice naturopathic medicine revoked or suspended by a regulatory body of any state, country, or other regulatory jurisdiction.
		4.) You have had disciplinary action other than action reportable under (2) and (3) above taken against you by any state, country, or other regulatory jurisdiction.
		5.) You have entered into a settlement agreement or consent decree to resolve a complaint of misconduct or disciplinary charge.
		6.) Any of your professional licenses are presently the subject of a disciplinary proceeding, settlement agreement or consent decree undertaken or issued by any professional licensing authority in any jurisdiction.
		7.) In the past ten years, any disciplinary action has been taken against you by any hospital or other health care facility, or international, national, state, or local professional association.
		8.) A malpractice claim or a malpractice law suit has been brought against you within the last ten years.
		9.) You have ever been denied certification by NCCAOM or ACNO.
		10.) You NCCAOM or ACNO certification has ever been suspended or revoked.
		11.) You have ever been convicted of a felony or misdemeanor.

APPLICATION – PART II

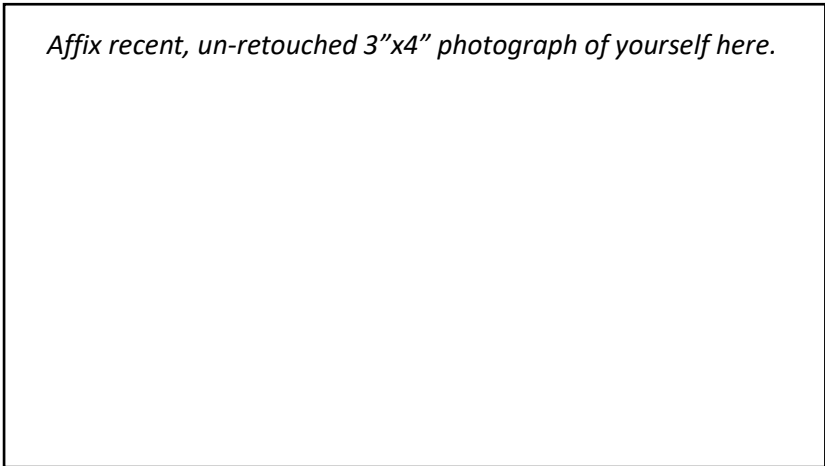
Home Address: _____
Street Number, Name PO BOX (if applicable) City State Zip

Home Phone: () _____ Email: _____

DOB: _____ Place of Birth: _____

Check Yes or No to indicate the following: attach additional sheets to explain any “yes” answer provided:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1.) You are now being, anticipate being, or have ever been, investigated for possible misconduct by a regulatory body of any state or country or other regulatory jurisdiction.
<input type="checkbox"/>	<input type="checkbox"/>	2.) You anticipate that any of your professional licenses soon will be the subject of a disciplinary proceeding, settlement agreement or consent decree undertaken or issued by any professional licensing authority in any jurisdiction.
<input type="checkbox"/>	<input type="checkbox"/>	3.) You have ever voluntarily surrendered a license or other authorization to practice naturopathic medicine, or allowed such a license or authorization to lapse, to avoid disciplinary investigation or action.
<input type="checkbox"/>	<input type="checkbox"/>	4.) You are now being, or in the past 10 years have been, investigated for possible misconduct by a hospital or other health care facility, or international, national, state, or local professional association.
<input type="checkbox"/>	<input type="checkbox"/>	5.) You have any physical, mental, addictive, or other condition that negatively affects your ability to practice naturopathic medicine.
<input type="checkbox"/>	<input type="checkbox"/>	6.) You have any physical, mental, addictive, or other condition for which continuing remedial or therapeutic action is required to ensure your continuing ability to practice naturopathic medicine.
<input type="checkbox"/>	<input type="checkbox"/>	7.) You have, since graduation from high school, ever been denied the privilege of taking or finishing an examination or been accused of cheating or improper conduct during an examination.



For Office Use Only

Date Received: _____ Fee \$300 – Check/M.O. # _____
 Effective Dates: _____

TO BE COMPLETED BY NATUROPATHIC MEDICAL SCHOOL

Certificate of naturopathic medical degree:

**It is hereby certified that _____ matriculated in
_____ at _____ on
_____ and received a diploma from this institution conferring the
degree of Doctor of Naturopathic Medicine.**

President, Secretary or Dean

SCHOOL SEAL



Please return to the following address:

**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
NATUROPATHIC BOARD OF EXAMINERS**

7 Eagle Square
Concord, NH 03301

ATTENTION:

All applicants and Licensees Requiring an FBI Background Check

**How to obtain your
Criminal Background Check in New Hampshire**

Livescan or inked fingerprints are acceptable. Livescan is digital capture of fingerprint impressions with a lower rate of rejection from the FBI. If fingerprint cards are used, they must be filled in completely. Please see below for pertinent information.

Finger printing cards may be obtained from the agency which you use for your fingerprinting. Complete the information section with signature, indicate "ORI" code: NHNSP0800 STATE POLICE CONCORD, NH and "Reason for" would be: BOARD OF NATUROPATHIC EXAMINERS NH RSA 328-E:9-a. Leave "EMPLOYER AND ADDRESS" blank. The card should have your inked fingerprints or live scan images on it.

Main Processing Location:

Department of Safety Building
33 Hazen Dr.
First Floor, Room 124
Concord, NH 03305
Hours: M-F 8:30am to 3:30pm
By appointment only

Call the NH State Police in Concord at (603) 223-3867 and ask to be scheduled for applicant (or licensee) fingerprinting. Arrive 10 minutes prior to your scheduled time. Arrival of more than 10 minutes late will require you to reschedule. Expect the process to take approximately 20 minutes.

Please Note: a 24 hours' notice is required for all cancellations.

Other New Hampshire Processing Locations:

- [Department of Safety list of processing locations](#)

NH Required Documents & Cost

- Photo identification
- [Completed Criminal Record Release Authorization Form](#) (sections I and II notarized)
- Appropriate fee: Payment by check, money order, or credit card (Visa, Mastercard)

Fees for appearing at State Police Headquarters in Concord:

- \$48.25 for LiveScan or inked processing
- \$26.50 for third time submission

NOTE: From the day of fingerprinting, you have 30-days to submit your notarized authorization form with fee and track number to the Concord processing center.

Digital prints are only kept on file for 30 days, after which they are deleted. Therefore, paperwork submitted after 30 days from the day of fingerprinting will be considered expired and you will need to repeat the process.

For applicants using out-of-state Law Enforcement Agencies:

- Complete the [Criminal Record Release Authorization Form](#)
- Finger printing cards:
 - May be obtained from the agency which you use for your fingerprinting.
 - Complete the information section with signature
 - Indicate “ORI” code: NHNSP0800 STATE POLICE CONCORD NH
 - “Reason for” is: BOARD OF NATUROPATHIC EXAMINERS NH RSA 328-E:9-a
 - Leave “EMPLOYER AND ADDRESS” blank.
 - The card should have your inked fingerprints or live scan images on it.
- For Live scan: Make sure to include your specific tracking number assigned at the time of fingerprinting.
- Please note: some law enforcement sites charge additional fees for their service.
- The cost for processing be the NH State Police is \$48.25 payable to: State of New Hampshire, Criminal Records Unit.
- Mail completed fingerprint card, notarized Criminal Background Record Release Authorization form and fee to:

Office of Professional Licensure and Certification
NH Board of Naturopathic Examiners
7 Eagle Square
Concord, NH 03301

To challenge a FBI criminal record finding, click the below link or copy and paste the link into your browser and [follow the instructions on the FBI website.](#)



State of New Hampshire Criminal Records Unit

Department of Safety
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)	SECTION II
Name: _____ LAST (MAIDEN/ALIAS) FIRST MI	I hereby authorize the release of my criminal record conviction(s), if any, to the following individual: _____
Address: _____ STREET/CITY/STATE/ZIP CODE	NAME OF PERSON/ENTITY TO RECEIVE RECORD _____
Date of birth: _____ Sex: _____	Address: _____ STREET/CITY/STATE/ZIP CODE
Hair color: _____ Eye color: _____	YOUR SIGNATURE _____ DATE _____
Driver license number: _____ State: _____	<i>Notary not required pursuant to RSA 106-B:14, I(c) when electronically filed in Guardianship cases.</i> NOTARY'S SIGNATURE _____ DATE _____ (AFFIX Seal) (comm. Exp.)
PURPOSE OF RECORD: Housing Employment Annulment/Expungement Other _____ My signature below certifies I am the individual listed above and the information provided is true YOUR SIGNATURE: _____ DATE _____ Signed under penalty of perjury which may include a fine or imprisonment or both. SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD _____ DATE _____	

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

To prevent a delay in processing, I have enclosed a self-addressed envelope. Prepaid Acc't Number _____
A \$25.00 fee is required for each request. Make checks payable to: State of NH - Criminal Records.

New Hampshire Department of Safety
DIVISION OF STATE POLICE