

**New Hampshire Board of Naturopathic Examiners**  
**Continuing Education Credits for License Renewal**

Name: \_\_\_\_\_

License Number: \_\_\_\_\_

**Directions:** 1) Please list all naturopathic continuing education completed since you last updated the form. Provide the initial for the type of credit: **G**-General, **Ph/PS**- Pharmacology Pharmacognosy, **PM**-Pain Management, **A/C**-Acupuncture/Childbirth. Twelve (12) hours must be pharmacology/pharmacognosy and three (3) hours shall be education in pain management or addiction disorders, or combination thereof; twelve (12) of the 45 hours must be acupuncture or childbirth credits *if it is a specialty* 2) **Documentation of completion for all reported hours must be submitted with this form.** 3) All continuing education hours are subject to an audit by the Board at any time. 4) Please type or print clearly; incomplete forms will be returned to the licensee. 5) Use and staple extra sheets as needed.

Type of Credit: G. Ph/Ps, PM, A/C	Course Name	Location	Presenter/Sponsor	Begin Date (mo/dy/year)	End Date (mo/dy/year)	# of credit hours
<b>TOTAL</b> (from all sheets)						

*I certify that the above information is true and accurate and I understand that this account of completed continuing education is available to the Board of Naturopathic Examiners.*

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date Signed)

Type of Credit: G. Ph/Ps, PM, A/C	Course Name	Location	Presenter/Sponsor	Begin Date (mo/dy/year)	End Date (mo/dy/year)	# of credit hours
<b>TOTAL</b>						