

## 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

## **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
					TOTAL	

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					TOTAL	

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)