REQUIREMENTS & INSTRUCTIONS - NATUROPATH

Access this form via website at: hawaii.gov/dcca/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")

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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

FEES Make check payable to: Commerce and Consumer Affairs.

If license is issued in an even-numbered year, pay $285
(Application-$25 + License-$50 + Compliance Resolution Fund-$110
+ 1/2 Renewal Fee-$100)

If license is issued in an odd-numbered year, pay $130
(Application-$25 + License-$50 + Compliance Resolution Fund-$55)

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:

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

OR

Deliver to office location at:

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" below, 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" below, 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;

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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: www.hawaii.gov/hcjdc to request a "Criminal History Record Check" form.

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 above. 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: hawaii.gov/dcca/pvl. Click on "Naturopathy".

The law 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.

Print Form

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.