APPLICATION FOR EXAM & LICENSE - NATUROPATH

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

		FOR BOARD USE ONLY	
Name (First, Middle)	(Last)	*Approved*	*Initials/date:*
		License No. ND -	Effective Date
Residence Address (Include Apt. No., City, State & Zip Code):			
Mailing Address (**ONLY** If different from residence):			
Social Security No.:	Phone No. (Days):		
Other Names Used (include maiden name):			

EDUCATION

Name of School of Naturopathy:	Complete Address of School:	Dates Attended		Date Graduated	
		From	To	Month	Year

1. Is an official transcript attached? ☐ YES ☐ NO
2. At the date of graduation noted above, was the school "Accredited" by or granted Candidacy status with a regional or national accrediting agency recognized by the U.S. DOE? ☐ Accredited ☐ Candidate

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? ☐ YES ☐ NO
2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ☐ YES ☐ NO
3) Have you ever held a license in Hawaii or any other jurisdiction? ☐ YES ☐ NO
   License No. _____ Exp. Date: _____
4) Has any license ever been revoked, suspended or otherwise subject to disciplinary action in any jurisdiction? ☐ YES ☐ NO
5) Are there any disciplinary actions pending against you? ☐ YES ☐ NO
6) Have you ever been convicted in any jurisdiction of any crime (including felonies and misdemeanors) in which the conviction has not been annulled or expunged?" ☐ YES ☐ 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

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.

App	424	$25
Lic	426	$50
CRF	427	$ 55/$110
½ Renewal	420	$100
Service Charge	BCF	$25