



OFFICE OF PROFESSIONAL LICENSING
Naturopathic Board of Examiners
121 South Fruit Street
Concord, New Hampshire 03301
1-800-852-3345 ext 9254 or (603) 271-9254

Application for Renewal

Dear Naturopathic Doctor,

Your license as a naturopathic doctor is due to expire. In order to maintain your license, please complete the attached application and continuing education forms and submit to the Naturopathic Board of Examiners. The Naturopathic Board is meeting on xx/xx/xx. Please plan to submit your application for review 1 week before the next NHNBE board meeting. Be sure to include the following:

1. Your completed application;
2. Your completed Continuing Education Forms;
3. Supporting documentation of the CEU courses that you took (ie photocopy of certificate of attendance). CEUs must include a minimum of 45 hours that were obtained within 3 years prior to the current renewal date; on condition the CEUs have not been previously submitted. Of the 45 submitted hours, 12 hours must be pharmacy/pharmacognosy. For those applying for a specialty license renewal, 12 of the 33 general CEUs should be related to that specialty.
4. A check made payable to the Treasurer, State of New Hampshire for \$300.00 for the renewal fee.

Mail the completed application, fee, and continuing education forms to:

Connie Beliveau
Naturopathic Board of Examiners
121 South Fruit Street
Concord, NH 03301

All licenses will be issued for a two-year period.

The license fee is not refundable.

All questions or comments can be directed to Connie Beliveau at the address above.

Office of Professional Licensing

Naturopathic Board of Examiners

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Application for Renewal

Name: _____ Home Phone: _____

Home Mailing Address: _____
Street City/Town State Zip Code

License Number: _____

Are you currently in active practice? ___ Yes ___ No
Are you renewing a specialty license?
Acupuncture ___ Yes ___ No
Childbirth ___ Yes ___ No

Name of Business: _____ Business Phone: _____

Business Address: _____
Street City/Town State Zip Code

Specialty License:
Acupuncture: _____
Childbirth: _____

Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents.

In the past twelve (12) months:

- | | YES | NO |
|--|-------|-------|
| 1. Have you been subject to any disciplinary action, limitation, restriction, or agreement for any reason, including rehabilitation by a licensing board in any other state? | _____ | _____ |
| 2. Have you been denied or have you surrendered a license in any state other than for relocation or retirement? | _____ | _____ |
| 3. Have you been treated for use or misuse of any chemical substance? | _____ | _____ |
| 4. Have you had any emotional disturbance or mental or physical illness, which has impaired your ability to practice naturopathic medicine? | _____ | _____ |
| 5. Have you been found guilty or entered a plea of no contest to any felony or misdemeanor? | _____ | _____ |
| 6. Have you been the subject of an investigation or disciplinary proceeding in any other state? | _____ | _____ |
| 7. Have any medical malpractice claims been made against you? | _____ | _____ |

Signature of Applicant

Date Signed