



NATUROPATHIC MEDICINE COMMITTEE
 1300 National Drive, Suite 150
 Sacramento, CA 95834
 (916) 928-4785
 www.naturopathic.ca.gov



Naturopathic Doctor Initial Renewal Notice

LICENSEE NAME	LICENSE NO.	EXPIRATION DATE	AMOUNT DUE NOW	AMOUNT DUE IF POSTMARKED MORE THAN 30-DAYS AFTER EXPIRATION OF LICENSE
_____	ND-_____	_____	\$812.00	\$962.00

I. Renewal Instructions

Attention:

- **Renew Online: pay by credit card at www.breeze.ca.gov; Or**
- Renew by Mail: complete this form or our fillable form on-line; print, sign, and mail with a check or money order.

New Laws & Regulations for Naturopathic Doctors:

- Updates can be viewed at www.naturopathic.ca.gov/laws/index.shtml.
- Pursuant to Business and Professions Code section 494.5, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with a board. California law requires you to pay your state tax obligation. If you fail to pay your state tax obligation, your license may be suspended.
- Pursuant to Business and Professions Code Section 208 (SB 809 - DeSaulnier, Chapter 400, Statutes of 2013), you are assessed \$6 ANNUALLY which is collected at the time of renewal to cover the operation and maintenance of the Controlled Substance Utilization Review and Evaluation System (CURES). The amount of \$12 per renewal cycle is hereby added to the renewal fee.

Renewal Checklist:

- Page 3: Complete Question 1 – “Continuing Education.” If you have not completed your continuing education and this is your second or later renewal, you cannot renew your license.
- Page 4: Complete Question 2 – “Change of Address”
- Page 4: Complete Question 3 – “Conviction Disclosure.” Conviction requires a written explanation.
- Page 4: Sign & date lower portion, and provide your phone number and e-mail address.
- Return completed pages 3-6 of this form, accompanied by a check or money order in the amount of \$812 made PAYABLE TO THE NATUROPATHIC MEDICINE COMMITTEE, to the address listed on page 1.
- If you pay your renewal more than 30 days after it has lapsed, you must submit a DELINQUENT FEE of \$150, along with the renewal fee, for TOTAL FEES of \$962.
- If you need additional space to list continuing education hours, you may list courses on the top of Page 5 or complete and print another Page 3 from our website at: <http://www.naturopathic.ca.gov/formspubs/index.shtml>.

II. Renewal Requirements

Inactive Status:

A licensee requesting INACTIVE status must be in good standing and shall submit a written request for an inactive license to the Committee at its principal office. The required form is available on our web site at <http://www.naturopathic.ca.gov/>.

Continuing Education:

Continuing education hours are not required for the first renewal. However, thereafter, you are required to certify that you have completed 60 hours of approved continuing education hours in the preceding license period.

Continuing education requirements, Business and Professions Code Section 3635:

- (1) Minimum 60 hours required to be taken during the two-year license period.
- (2) At least 20 hours in pharmacotherapeutics.
- (3) No more than 15 hours may be in naturopathic medical journals or osteopathic or allopathic medical journals, or audio or videotaped presentations, slides, programmed instruction, or computer-assisted instruction or preceptorships.
- (4) No more than 20 hours may be in any single topic.
- (5) No more than 15 hours of the continuing education requirements for the specialty certificate in naturopathic childbirth attendance shall apply to the 60 hours of continuing education requirement.

The continuing education requirements may be met through continuing education courses approved by:

- (a) The California Naturopathic Doctors Association
- (b) The American Association of Naturopathic Physicians
- (c) The Medical Board of California
- (d) The California State Board of Pharmacy
- (e) The State Board of Chiropractic Examiners
- (f) Other courses approved by the Committee

See Part III, Question 3 to certify continuing education hours. Additional forms are available on our website at <http://www.naturopathic.ca.gov/>.

Delinquent/Lapsed License:

If you fail to renew your license by the expiration date, it will be delinquent. YOU MAY NOT PRACTICE WITH A DELINQUENT LICENSE IN CALIFORNIA. A delinquent license can be reinstated within a period of three years after its expiration upon payment of accrued renewal fees, delinquency fees, certification that you have not been convicted of a crime or disciplined by another public agency during the preceding renewal period, and certification of completion of approved continuing education hours.

Change of Address:

Each licensee or certificate holder shall notify the Committee in writing within 14 days of any changes in his or her mailing address, street address, or address of record. Failure to notify the Committee is punishable by citation and fine. You may e-mail us at naturopathic@dca.ca.gov, or fax/mail a Change of Address form which is available on our website at <http://www.naturopathic.ca.gov/formspubs/index.shtml>.

III. Renewal Application

(Complete and return pages 3-6 with check or money order)

Question 1: Continuing Education

Have you completed the required continuing education requirements as stated in the Renewal Requirements on Page 2?

- If **Yes**, list all qualifying courses below. List additional courses on the back of this page or print an additional form from our website.
- If **No**, and this is your second or later renewal, your license will not be renewed until you complete continuing education.

Continuing education may ONLY be approved by:*

The California Naturopathic Doctors Association (**CNDA**)

The American Association of Naturopathic Physicians (**AANP**)

The California State Board of Pharmacy or courses approved for pharmacists (**BOP**)

The State Board of Chiropractic Examiners (**BCE**)

Courses approved for continuing education for physicians and surgeons (**MD/DO**)

Other courses approved by the Committee (**COM**)

DATE	COURSE NAME	*APPROVING AGENCY	TOTAL HOURS	General	Pharm.	Self
<i>Ex: 08/01 - 05/11</i>	<i>AANP Conference</i>	<i>AANP</i>	28	20	8	0
TOTAL:						
			(min. 60)		(min. 20)	(max 15)

(continued on reverse side)

IV. Cashiering Coupon

(Return Pages 3-6. Fold according to instructions on reverse side.)

(STOP – DO NOT DETACH)

– Active Initial Renewal

LICENSEE NAME	LICENSE NO.	EXPIRATION DATE	AMOUNT DUE NOW	AMOUNT DUE IF LATE
_____	ND-_____	_____	\$812.00	\$962.00

 **RETURN ADDRESS**

STATE OF CALIFORNIA
NATUROPATHIC MEDICINE COMMITTEE
1625 NORTH MARKET BLVD., SUITE - 100
SACRAMENTO CA 95834

FOLD HERE

