

**State of Nevada**  
**Board of Homeopathic Medical Examiners**  
1301 Cordone Avenue  
Reno, NV 89502  
Phone: (775) 324-3353  
E-mail: [nvhomeopathicboard@sbcglobal.net](mailto:nvhomeopathicboard@sbcglobal.net)

For Official Use Only Do Not Write In This Space
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Date of Application
_____
Date <u>Application Fee</u> Paid (\$300.00)
_____
Date <u>Fingerprint Card Fee</u> Paid (\$50.00)

**APPLICATION FOR CERTIFICATION FOR  
ADVANCED PRACTITIONER OF HOMEOPATHY**

Applicant: \_\_\_\_\_  
(Print Full Name) Last                      First                      Middle                      Date of Application

**PLEASE READ CAREFULLY:** This application and each of the requirements set forth below must be received by the board at the above address **60 days prior to the date set by the board for examination.**

**APPLICATION REQUIREMENTS:**

1. To be eligible for certification, the applicant must answer completely the questions posed in this application. Write "NA" if a question does not apply. If further space is required to answer a question, please attach completed answer to this form.
  
2. Type or print with **INK** all information requested in this application.
  
3. Read all questions carefully. False, misleading, inaccurate or incomplete answers are grounds for denial of certification or revocation of any certificate issued as a result of false information.
  
4. The applicant is required to have **one letter of recommendation from a physician licensed to practice homeopathy**, and two letters of recommendation from someone who has known him for one year or longer. Please attach to the application.
  
5. Provide **two (2) photographs** clearly evidencing the likeness of the applicant, each taken within sixty (60) days of the date of the application. The photographs must be approximately 3" x 3" and **in color**. Applicant must **sign and date both photos** and attach where indicated..
  
6. The applicant must **sign the enclosed form** to allow the school wherein he received academic education and training to provide transcripts.
  
7. An applicant shall submit evidence of a combined total of not less than 6 months training in homeopathic and complementary and alternative medicine (CAM) as defined in chapter 630A.040 of NRS. An interpretation of CAM therapies can be found in NAC 630A.014, NAC 630A.015, NAC 630A.020, NAC 630A.022, and NAC 630A.023, and can be reviewed at the

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following web page: [http://www.nvbhme.com/statutes\\_nac630a.html#Anchor-Chapter-37516](http://www.nvbhme.com/statutes_nac630a.html#Anchor-Chapter-37516).

8. You may be denied a certificate if you have been convicted on any basis for a crime. The questions asked regarding criminal record must be answered and the answers must be verified. The **fingerprinting cards** provided by the homeopathic board must be completed, and the applicant must submit **\$50.00**, payable to the board, for processing. The State Highway Patrol, Police or Sheriff's Department can assist in obtaining fingerprints.

9. Provided the application is satisfactory, applicant will be allowed to sit for a **written open book examination**. You may use books, notes, computer, or similar materials during the examination. The examination will be administered at least 2 times during the year as set by the board. You must receive a score of **76%** in order to pass the written examination.

10. Send a certified check or money order in the amount of **\$300.00** made payable to the Nevada State Board of Homeopathic Medical Examiners, and a second check for **\$50.00** for processing your fingerprint card.

11. The applicant must **appear personally before the board** for an interview.

12. **PERSONAL BACKGROUND:** Answer the following questions in detail.

### IDENTIFYING INFORMATION

Name \_\_\_\_\_ SS# \_\_\_\_\_

                    Last                      First                      Middle

Maiden Name if Applicable: \_\_\_\_\_

Any other names used: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Business Address (es) \_\_\_\_\_

                                    Street                      City                      State                      Zip

Mailing Address:

\_\_\_\_\_  
Street                      City                      State                      Zip

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Naturalized: Yes \_\_\_\_\_ No \_\_\_\_\_

Naturalized Certificate Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

U.S. Military Service: Yes \_\_\_\_\_ No \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Rank: \_\_\_\_\_ Serial Number: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Licensed to drive? Yes \_\_\_\_\_ No \_\_\_\_\_ Class \_\_\_\_\_ State of Issue \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**CHILD SUPPORT INFORMATION:**

Federal Welfare Reform as implemented by the 1997 Session of the Legislature by SB 356 requires that professional and occupational licensing agencies add the following questions regarding child support to all applications for new licenses and for renewals. Please mark the appropriate response. Failure to mark one of the three will result in denial of the application.

\_\_\_\_\_ I am not subject to a court order for the support of my child.

\_\_\_\_\_ I am subject to court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

**CRIMINAL RECORD**

Have you ever been convicted of a crime? (Traffic violations involving a fine of \$150.00 or less or any juvenile offense that was not prosecuted as an adult are not considered crimes for these purposes) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide information for each incidence: Date; Charge; Disposition of Charges.

**EDUCATIONAL BACKGROUND:**

Please provide the following information:

Graduated from High School: Yes \_\_\_\_\_ No \_\_\_\_\_

Location: \_\_\_\_\_ When: \_\_\_\_\_

Technical School: Name: \_\_\_\_\_

Course or Program: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Diploma: \_\_\_\_\_ Certificate: \_\_\_\_\_  
(Attach a copy of all Degrees, Diplomas or Certificates showing qualifications)

College/University: \_\_\_\_\_

Course or Program: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Diploma: \_\_\_\_\_ Certificate: \_\_\_\_\_  
(Attach a copy of all Degrees, Diplomas or Certificates showing qualifications)

Medical School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Degree: \_\_\_\_\_  
(Fill out and sign the attached Medical School Transcript authorization)

Homeopathic Training Program: \_\_\_\_\_

Address of School \_\_\_\_\_ Phone # \_\_\_\_\_  
(Attach copies of Diploma or Certificate)

Naturopathic Training Program: \_\_\_\_\_

Address of School \_\_\_\_\_ Phone # \_\_\_\_\_  
(Attach copies of Diploma or Certificate)

Preceptorship Training: Location: \_\_\_\_\_

Preceptor: \_\_\_\_\_  
(Attach a copy of Certificate from the Preceptor showing the number of credits and subject matter)

Have you ever been licensed or certified to perform any medical services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what?

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Has any license or certificate ever been **revoked or limited** as a result of disciplinary action by a state, country, or territory licensing authority? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, give details on a

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separate sheet, including name of licensing authority, place, and date of action.

Staple **one** photograph here

Include a **2<sup>nd</sup> photograph** with application, **unattached**.

Place **signature** and **date of photo** on **both photos**

STATE OF NEVADA

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COUNTY OF \_\_\_\_\_

**AFFIDAVIT**

(To be signed by Applicant and notarized)

I, \_\_\_\_\_, being duly sworn, upon oath and under penalty of perjury do depose and state: That I am the individual named in the foregoing document; that I have answered all questions truly and accurately to the best of my ability.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed name of Applicant

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**Statement of Supervising Homeopathic Physician**

The supervising Homeopathic Physician must be currently licensed with the State of Nevada Board of Homeopathic Medical Examiners. The supervising Homeopathic physician must provide the following information:

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Nevada State Board of Homeopathic Medical Examiners requires this form to be completed by the Professional School which I attended, and from which I obtained a degree. Please complete this form and authorization and release all information in your files, favorable or otherwise, to the Nevada State Board of Homeopathic Medical Examiners, 1301 Cordone Avenue, Reno, NV 89502.

Your early response is appreciated.

\_\_\_\_\_  
Signature Printed Name

\_\_\_\_\_  
Dates Attended

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Country Zip

**DO NOT DETACH**

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE MEDICAL SCHOOL AND RETURNED DIRECTLY TO THE NEVADA STATE BOARD OF HOMEOPATHIC MEDICAL EXAMINERS AS STATED ABOVE.

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Degree: \_\_\_\_\_ Grade Average: \_\_\_\_\_

Comments, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify the above information: \_\_\_\_\_  
Signed

\_\_\_\_\_  
Date Signed Official Capacity

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**SIX MONTHS POSTGRADUATE  
TRAINING IN HOMEOPATHY**

An applicant must have adequate training in homeopathic and complementary and alternative medicine (CAM) as defined in NRS 630A.040. You must submit evidence of a combined total of **300 hours of post graduate training in homeopathic and/or CAM**. The CAM therapies are as follows: electrodiagnosis, cell therapy, neural therapy, herbal therapy, neuromuscular integration, orthomolecular therapy and nutrition. An interpretation of these therapies can be found in NAC 630A.014, NAC 630A.015, NAC 630A.020, NAC 630A.022, and NAC 630A.023, and can be reviewed at the following web page: [http://www.nvbhme.com/statutes\\_nac630a.html#Anchor-Chapter-37516](http://www.nvbhme.com/statutes_nac630a.html#Anchor-Chapter-37516).

Listed below are courses which have been approved by the board. You may also obtain your required 6 months training by serving an apprenticeship with a licensee approved by the board.

**APPROVED COURSES**

1. **Hahnemann College of Homeopathy (414) 849-1925**  
Albany CA  
900 hours of training consisting of one 4-day weekend per month for four years.  
\*CHE approved
  
2. **National Center for Homeopathy (703) 548-7790**  
Alexandria, VA  
Professional Course - week one: 38 hours week two: 35 hours  
Case analysis - 21 hours  
Homeopathic Philosophy - 21 hours  
\*CHE approved
  
3. **International Foundation for Homeopathy (206) 324-8230**  
Seattle, WA  
120 hours of training through five 4-day weekend courses.
  
4. **The Pacific Academy of Homeopathic Medicine (415) 549-3475**  
Berkeley, CA  
500 hours of training extending over 2 1/2 - 3 years
  
5. **Curentur University (310) 448-1700**  
Los Angeles, CA  
Ph.D. Course which meets one weekend a month for three years - 930 hours  
H.D. Course meets one weekend a month - 810 hours

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6. **British Institute of Homeopathy (310) 306-5408**  
Home study course - 300 hours
7. **The New England School of Homeopathy (800) 637-4440**  
Boston, New York, Fort Lauderdale  
Level I: Introductory level - 36 hours  
Level II: Case analysis and management - 108 hours
8. **The Northwestern Academy of Homeopathy (612) 593-9458**  
Plymouth, MN  
Class meets four days each month over three years - 1,152 hours
9. **The Atlantic Academy of Classical Homeopathy (718) 518-4593**  
New York, NY  
Class meets one weekend per month for three years - 500 hours
10. **International College of Homeopathy (310) 640-3600**  
El Segundo, CA  
Class meets one weekend per month for 16 months - 200 hours
11. **Institute of Classical Homeopathy (707) 963-7796**  
Marin, CA  
Class meets one day a week with a summer break for four years
12. **Vancouver Homeopathy Academy (604)254-6635**  
Vancouver, B.C.  
1st yr. class meets 11 weekends=132 hours/ 2nd-3rd yr. class meets 3-day weekend - 198 hours/yr
13. **Ananda Zaren's video materia medica (702) 658-3464**  
Santa Barbara, Boston  
Class meets for 3-day weekend four times a year - 72 hours
14. **Homeopathic College of Canada- Humber College (416) 481-8816**  
**Toll free 1 (888) DR.HOMEEO (374-6636)**  
Toronto, Ontario Canada  
Doctorate Course - 3 yr. course-3045 hrs. of basic sciences, homeopathy, clinical externship
15. **The School of Homeopathy--U.S. Affiliate: NY Center for Homeopathy (212) 570-2576**  
Correspondence Courses- Study material will be sent from the U.K. by the Course Manager. Five study units- over 100 hours of study time required.

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16. **Primary Care Homeopathy Training Program (800) 954-7005**  
San Francisco, CA  
Three sessions: Home study and practice based outcomes research-200 hours.
17. **Telosis School of Homeopathy (518) 392-7295**  
Chatham, New York  
60 hrs.a yr. for 2 yrs.- 1 Sat. per mo.for 8 months. Students with 300 hrs. training
18. **Canadian Academy of Homeopathy (416) 503-4003**  
Toronto/ Montreal, Quebec, Canada  
Three year program-36 sessions18- Four day sessions  
(Video and audio correspondence/ home study available)  
\*CHE approved
19. **International Bio-Medical Research Institute (702) 827-1444**  
Reno, NV  
Intermediate Course =200 hrs.= 6 weeks/Advanced Course-250 hrs.=8 weeks