



State of Maine

BOARD OF COMPLEMENTARY HEALTH CARE PROVIDERS

Naturopathic Doctor

Do not return the following 4 informational pages with your application; it is for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8637

Web address: www.maine.gov/professionallicensing
Email: comphealth.lic@maine.gov

FAQ's

Have a question? Please visit our list of Frequently Asked Questions.

Can I come to Gardiner to drop off my application?

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address
35 State House Station, Augusta, ME 04333.

APPLICATION INSTRUCTIONS

Naturopathic Doctor

This is an abbreviated checklist and does not replace the requirements outlined in the Board of Complementary Health Care Providers Laws and Rules. Please review them carefully for more detailed and clarifying information.

Fax submissions of applications and supporting documentation will not be accepted.

- Completed Application**
Complete, sign the application and submit with the appropriate fees and documentation.
- Proof of Education**
Official transcripts (see 32 MRS § 12525 (1)(A)).
- Reference Letters**
Two signed original reference letters addressing good ethical and professional conduct from two of any of the following licensed doctors: naturopathic doctor, osteopathic doctor or medical doctor.
- Examination Results**
Evidence of having passed the (NPLEX Exam) competency-based examination covering the appropriate naturopathic subjects. The applicant shall arrange for direct verification from NABNE of passing scores on the biomedical science and core clinical science section of the NPLEX.
- Any other supporting documentation such as: verification of licensure**
Submit verification from every state in which you currently hold or have ever held any type of professional license (except Maine).

CONTINUING EDUCATION

As a Naturopathic Doctor you will be required to satisfy the Continuing Education requirements identified in Chapter 5 of the Board's Rules. Please be sure to review this chapter carefully.

SUPPORTING DOCUMENTS

The Board of Complementary Health Care Providers requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted.** Documents that have been modified or altered in any way will not be accepted.

PROCESSING TIME

Your application has greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the license will be issued and the status will show as ACTIVE.

Please refrain from calling our office to “check” on your application as these calls only serve to slow our ability to review and process applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation’s website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.

The application process must be completed within 90 days of submission or application and supporting materials will be invalid pursuant to Board Rule Chapter 3, 1-B.

IMPORTANT INFORMATION REGARDING YOUR LICENSE: The Office no longer prints

licenses. Upon issuance of your license, you will be notified by email using the email address you provide in this application from noreply@maine.gov that your license has been issued with your license attached to the email (a paper license will not be sent by regular mail). The email with your license will contain the access code that is required to renew your license online when the time comes. You may also update your contact information and email address using this access code, go online to www.maine.gov/professionallicensing.

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder will be sent to you by email. It is important that you maintain a current email on file or risk not receiving the renewal reminder. You do not need to wait for a renewal reminder to renew your license. The online renewal opens sixty (60) days prior to the license expiring and you may renew online anytime.

VERIFICATION OF LICENSURE

**** A copy of your license is not considered a license verification ****

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

You must contact the State Licensing Board or Jurisdiction that you currently hold a valid license to obtain a license verification. At a minimum, the license verification must include:

- Initial date of issuance
- Expiration date
- Current status, i.e. active, inactive, lapsed, probation, restricted, suspended, or revoked.
- Indication of discipline-yes/no, a checkbox, (no) files attached, etc.—if the State requires a separate search, such as New York State, submit the page where your name would be listed if you had discipline, but do not submit all the search results (could be 20-30 pages).

Please direct the licensing jurisdiction to send the License Verification report to you directly and in turn you must submit this verification with your completed Maine application.

A sample license verification is available on the Board's website in the applications and forms section.

IMPORTANT: Applications submitted without **all of the Verifications of Licensure** from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete.

You may also obtain an electronically produced License Verification directly from the State Board website. For electronic License Verifications please be sure that it contains the State web-address and date the License Verification was printed, and any indication of disciplinary history.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)

FULL LEGAL NAME

FIRST

MIDDLE INITIAL

LAST

ANY OTHER NAMES EVER USED:

DATE OF BIRTH

mm / dd / yyyy

SOCIAL SECURITY NUMBER

- -

CONTACT ADDRESS

CITY

STATE

ZIP

COUNTY

PHONE # ()

FAX # ()

E-MAIL (**Your license will be emailed**)

BACKGROUND CHECK NOTICE: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**Board of Complementary Health Care Providers
Naturopathic Doctor**

Required Fee: \$201.00 - Non Refundable

(includes criminal records check fee)

Office Use Only:

(NP) 1421 - \$180.00
2619 - \$ 21.00

Office Use Only:

Check # _____
Amount: _____
Cash # _____
Lic. # _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:

NAME OF CARDHOLDER (please print)

FIRST

MIDDLE INITIAL

LAST

MAILING ADDRESS OF CARDHOLDER (please print)

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my VISA MASTERCARD DISCOVER AMERICAN EXPRESS The following amount: \$ _____

I understand that fees are non-refundable

Card number:

Expiration Date *mm / yyyy*

 **SIGNATURE**

DATE

SECTION 1: EDUCATION

Please check all that apply:		
Date Naturopathic Doctor degree Conferred _____		
Name of Naturopathic Medical College		Date of Graduation
Contact Address Street or P.O. Box		
City	State	Zip Code
<p>Did your course include <u>basic and clinical sciences</u> (32MRS § 12525(1)(A) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this college accredited by CNME? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Official transcript or copy of the diploma demonstrating your education must be submitted with your application.</p>		

SECTION 2: LICENSE VERIFICATION

Provide evidence of licensure. Accepted forms of evidence are: 1) A copy of the State’s or Jurisdiction’s primary source online verification services or 2) report produced by the Licensing Board or Jurisdiction is acceptable.

DISCIPLINE: If discipline was imposed on any license, submit a copy of the Consent Agreement, Order or legal document from your State or Jurisdiction of licensure.

If you do not hold or have not held a professional license please check here

State or Jurisdiction	License Type	License Number	Date Issued	Expiration Date	Was Discipline Ever Imposed - Answer (Yes or No)
1.					
2.					
3					

SECTION 3: EXAMINATION - THE NPLEX IS THE BOARD ACCEPTED EXAMINATION.

Have you ever taken a NPLEX examination?			
If yes, list the jurisdiction(s) where you took the examination, type of examination, date of examination and score:			
Jurisdiction	Examination Type	Date	Score
You must submit verification of a passing score on the biomedical science section of NPLEX examination.			
List the date you passed the biomedical science section of the NPLEX: _____			
You must submit verification of a passing score on the core clinical science section of the NPLEX examination.			
List the date you passed the core clinical science section of the NPLEX: _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

If you <u>did not</u> take the NPLEX examination but took another examination you must submit documentation of such examination.
For the Board to consider in addition to the examination scores you must supply the following information:
<ul style="list-style-type: none">▪ Examination Title: • The person, organization, or State that created the examination: ▪ Information on who administered the examination and location and date(s) when you took the examination: • A description of the subjects covered by this examination: ▪ Any other information you believe is relevant:

SECTION 4: CHECK APPROPRIATE RESPONSE TO THE QUESTIONS BELOW. ANY YES RESPONSE MUST BE FULLY EXPLAINED BY WRITTEN STATEMENT ON A SEPARATE SHEET OF PAPER, SIGNED AND DATED, AND SUBMITTED WITH YOUR APPLICATION.

<p>Have you ever had a hospital or a similar health care institution privileges denied or suspended, restricted or withdrawn involuntarily; or have you ever voluntarily surrendered privileges or resigned from staff membership while under peer review?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you ever received a sanction from Medicare or from a state Medicaid program?</p> <p>1. <input type="checkbox"/> Medicare <u>OR</u> <input type="checkbox"/> Medicaid Program (State) _____</p> <p>2. Submit a copy of the official action by the entity.</p> <p>3. Provide a detailed explanation in your own words on a separate sheet of paper.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: NOTICES

PLEASE NOTE - 10 Day Notification Requirement

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

SECTION 6: APPLICANT'S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application. Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Board of Complementary Health Care Providers will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	Title
Signature of Applicant	Date
	