

FOR OFFICE USE ONLY
Naturopathic Physician Checklist

- ☐ App. & Fee
- ☐ Naturopathic College Transcript
- ☐ NPLEX Scores - Part I and Part II
- ☐ Collaboration & Consultation Agreement
- ☐ Out of State License Verification



*****FOR OFFICE USE ONLY*****

Receipt #

ID #

Issue Date

License #

Rhode Island Department of Health
Naturopathic Physician Licensure

Room 205
3 Capitol Hill
Providence, RI 02908-5097

Instructions and License/Application for:

☐ **Naturopathic Physician**

License # _____
Name _____

MILITARY STATUS ELIGIBILITY

*(Documentation Required)
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- ☐ I am in active military duty or a reservist
- ☐ I am a military veteran with honorable discharge
- ☐ I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

LAST NAME

FIRST NAME

MI

Phone: (401) 222-3855

TTY/TDD: (800) 745-5555

Fax: (401) 222-2158

LICENSURE REQUIREMENTS

- ☐ Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- ☐ Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$310.00** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE. Please be advised that this is an application fee includes the first license **only** up until the next expiration date. All licenses expire biennially from the issue date of this license.
- ☐ Official Naturopathic College Transcript submitted directly to this office by the Naturopathic School.
- ☐ NPLEX Exam results, Part I and Part II from the North American Board of Naturopathic Examiners (NABNE) sent directly to this office.
- ☐ Written collaboration and consultation agreement with a RI licensed physician which shall include all items listed under RIGL 5-36-1 et. al
- ☐ If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)
- ☐ If applying for expedited military status, please complete the Military Expedition Form at the end of this application packet.

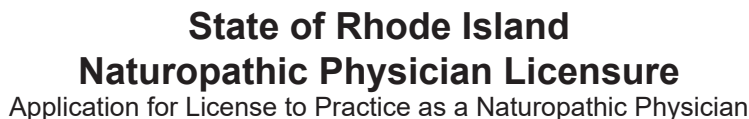
Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- ☐ I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00



Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

Business Fax

7. Preferred Mailing Address Please check <u>ONE</u>	<input type="checkbox"/> Please use my Home Address as my preferred mailing address <input type="checkbox"/> Please use my Business Address as my preferred mailing address			
8. Qualifying Education Please list the name and information about the school that you attended that qualifies you for this license.	<div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Type of School (University, College, etc.) <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Name of School Date Graduated <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block; vertical-align: middle;"></div> / <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block; vertical-align: middle;"></div> <div style="text-align: center; font-size: small;">Month Year</div>			
9. National Board Examination Please indicate the date of your examination and whether you passed.	Date Completed <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block; vertical-align: middle;"></div> / <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block; vertical-align: middle;"></div> Passed? <input type="checkbox"/> <input type="checkbox"/> <div style="text-align: center; font-size: small;">Month Year</div>			
10. Naturopathic Physician Licensure List all states or countries in which you are now, or ever have been licensed to practice naturopathic medicine	<table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> State/Country: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div> </td><td style="width: 50%; vertical-align: top;"> State/Country: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div> </td></tr> </table> <p>DOCUMENTATION: Send a Reciprocity Release Form to each entity.</p>	State/Country: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div>	State/Country: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div>	
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11. Collaborative Agreement RI Licensed Physician	Please list the name and license number of the RI licensed physician in which you have entered into a Collaborative Agreement. <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 5px;"></div> Physician Name <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 5px;"></div> RI License Number			
12. Board Discipline List any disciplinary actions by licensing boards in other states. <input type="checkbox"/> Check here if not applicable.	<table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Licensing Board (abbreviate) and Nature of Action (e.g. TX - Professional Misconduct): _____ _____ </td><td style="width: 10%; text-align: center; vertical-align: middle;"> Month Year <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 15px;"></div> <div style="border: 1px solid black; width: 30px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 15px;"></div> <div style="border: 1px solid black; width: 30px; height: 15px;"></div> </div> </td><td style="width: 40%; vertical-align: top;"> Type of Discipline: _____ _____ </td></tr> </table> <p>Please describe any <u>prior or pending Board action or investigation</u>. Please attach any relevant supplemental materials. If necessary you may continue of a separate 8 1/2 x 11 sheet of paper.</p>	Licensing Board (abbreviate) and Nature of Action (e.g. TX - Professional Misconduct): _____ _____	Month Year <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 15px;"></div> <div style="border: 1px solid black; width: 30px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 15px;"></div> <div style="border: 1px solid black; width: 30px; height: 15px;"></div> </div>	Type of Discipline: _____ _____
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13. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8 1/2 X 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending; including use of illicit substances or operating a motor vehicle while intoxicated. (Please include any offenses which have been expunged from your record)? ☐ Yes ☐ No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

_____	Month <input type="text"/>	Year <input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>

¹For purposes of this section, a person shall be deemed to be convicted of a crime if he/she plead guilty or if he/she was found or adjudged guilty by a court of competent jurisdiction or has been convicted of a felony by the entry of Nolo Contendere in any state.

14. Questions

Check either Yes or No for each question.

NOTE: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter.

1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are any formal charges pending? ☐ Yes ☐ No
2. Have you ever been denied a license, certificate, registration or permit in any state? ☐ Yes ☐ No
3. Are you physically and mentally fit to practice naturopathy with or without reasonable accomodation? ☐ Yes ☐ No

Note: If you answered "yes" to any of these questions you must submit a written explanation on a separate 8 1/2 X 11" sheet of paper.

15. Affidavit of Applicant

Complete this section and sign.

Make sure that you have completed all components accurately and completely.

I, _____, affirm that the information provided on my application form and documentation provided to support my application is true, accurate and unaltered. I acknowledge that pursuant to R.I.G.L. 11-18-1, knowingly making a false statement on my application form is punishable as a misdemeanor and that such an act shall constitute case for denial, suspension or revocation of my license/permit to practice as a Naturopathic Physician in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant _____

Date of Signature (MM/DD/YY) _____



Substitute forms are not acceptable. This form may be duplicated as needed.

Rhode Island Naturopathic Physician Licensure

Room 205, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

RECIPROCITY RELEASE FORM

I am applying for a license to practice as a naturopathic physician in the State of Rhode Island. The Rhode Island Department of Health requires that the following form be completed by the jurisdiction in which I am now or was previously licensed. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Department of Health at the above address.

Print/Type Full Name

Signature

Date

Previous Names Used

Social Security Number

Date of Birth

License Number

Date Issued

THIS SECTION TO BE COMPLETED BY THE BOARD

Basis for issuing License:

☐ NPLEX

License Status:

☐ Active

☐ Inactive

☐ Lapsed

Original Date Issued:

Expiration Date:

Questions:

1. Has this naturopathic physician ever been investigated by your Board?

☐ Yes ☐ No

2. Has this naturopathic physician incurred any disciplinary proceedings in your state, or is any action pending?

☐ Yes ☐ No

3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation?

☐ Yes ☐ No

4. Are you aware of any information about this naturopathic physician submitted to the National Practitioner Data Bank?

☐ Yes ☐ No

5. Do you know of any information that may discredit this person?

☐ Yes ☐ No

If you answer "Yes" to questions 1-5, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

Signature

Date

Type or Print Name

Title

Full Name and of Licensing Board including State

Please Affix
Board Seal Here

Please return directly to the Department at the above address. Thank you for your prompt cooperation.



Rhode Island Department of Health Military Expedition Form

Please attach this form to the *front* of your completed application and mail to the address shown on the application cover.

Pursuant to Rhode Island General Laws § [5-88-1](#) et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders. The Rhode Island Department of Health (RIDOH) will expedite your or your spouse's health professional license application provided the following conditions are met.

I. PROFESSION/LICENSE TYPE

Please indicate the profession and/or license type you are applying for so that your application can be routed to the correct office:

Profession/License Type: _____

II. MILITARY STATUS

Please check ONE of the following criteria for expedition:

I am in active military duty or a reservist.

I am the spouse of someone in active military duty or the spouse of a reservist.

I am a military veteran with honorable discharge. *You do not need to complete the rest of this application – please skip to the signature line.*

III. PROOF OF MILITARY STATUS

Please attach a copy of proof of your military status such as one of the following: Leave Earning Statement (LES), Letter from Command, or Copy of Orders

IV. MILITARY CHANGE OF STATION ORDER

Permanent Change of Station Order

V. PROOF OF GOOD STANDING

Proof of good standing from the board in the other state in which the person has a license.

VI. Criminal Background Check (a "BCI") (*unless required in the initial license application*)

BCI completed from the RI Attorney General's Office.

VII. ATTESTATIONS:

Check all that apply:

No board in any other state has revoked the license for which I am applying as a result of negligence or intentional misconduct.

I have never surrendered an occupational license, certificate, or permit because of negligence or intentional misconduct.

I do not have a complaint, allegation, or investigation currently pending before a board in another state which relates to unprofessional conduct or an alleged crime.

I attest that the above responses and information are true and accurate to the best of my knowledge and that none of the information set forth above is false, erroneous, or defective in any important, as set forth in R.I. Gen. Laws § 11-18-1. I understand that this application is being made to the Rhode Island Department of Health, which shall rely upon my attestation and the information provided in this document.

Signature of Applicant

Date

On a case-by-case basis RIDOH may grant a temporary license should the military member or spouse need additional time to complete education, training, and/or experience for the licensure in Rhode Island. RIDOH will contact the applicant directly should that be needed.