



State of Maine

BOARD OF COMPLEMENTARY HEALTH CARE PROVIDERS

Applicant information to assist in completing your application

Naturopathic Doctor

and/or optional

Naturopathic Doctor Acupuncture Specialty

Do not return the following 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) 624-8689 or Main Receptionist (207) 624-8603
TTY/Hearing Impaired 1-888-577-6690
FAX (207) 624-8637

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

APPLICATION INSTRUCTIONS

**Naturopathic Doctor
and/or optional
Naturopathic Acupuncture Specialty Certification**

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, including basic and clinical sciences, homeopathy and minor surgery.

Any other supporting documentation such as: verification of licensure or criminal conviction information

Submit verification from every state in which you currently hold or have ever held any type of professional license (except Maine).

Court judgment and decision of any criminal conviction and a written statement regarding the crime.

If you wish to also apply for the Naturopathic Doctor Acupuncture Specialty license, please complete the appropriate areas of the application. You must hold a valid Maine Naturopathic Doctor license to be eligible for the acupuncture specialty license.

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.

INITIAL EACH PAGE OF YOUR APPLICATION WHERE NOTED. Be sure to initial the bottom of each page where noted on your application. This is critical to insuring that each page of your application is intact with the correlating application and will help us with expediting your application review.

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

Please do not call our office regarding the status of your application as numerous calls causes delays with processing 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.

Once your license is issued it is immediately visible online. Licenses are printed off site and require at least 14 days for delivery.



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
BOARD OF COMPLEMENTARY HEALTH CARE PROVIDERS
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Notice to Applicants Regarding Confidentiality of Prescriber Information

Prescription drug information that identifies the prescriber is sometimes used for marketing purposes by carriers, pharmacies, and prescription drug information intermediaries. A new Maine law 2007 Public Law Chapter 460 (<http://janus.state.me.us/legis/ros/lom/LOM123rd/PUBLIC460.asp>) entitled "An Act to Amend the Prescription Privacy Law" now enables authorized prescribers (including **Licensed Naturopathic Doctors, Licensed Podiatrists, and Licensed Veterinarians**) to file for confidential protection of their prescriber information.

Effective January 1, 2008, carriers, pharmacies, and prescription drug information intermediaries will be prohibited from licensing, using, selling, or exchanging for value, for any marketing purpose, prescription drug information that identifies a prescriber who has filed for confidentiality protection. A prescriber who files for confidential protection will have such protection until he or she revokes that protection. Applicants and licensees who desire this confidentiality protection may file for such protection with the Maine Health Data Organization.

Below is an electronic link to the Maine Health Data Organization website where prescribers may enroll in the confidentiality program: <http://mhdo.maine.gov/imhdo/prescriberoptoutintro.aspx>

For more information regarding the confidentiality program please contact the Maine Health Data Organization at: <http://mhdo.maine.gov/imhdo/index.aspx> or call them at (207)287-6722.

Important Notice to prescribers

The U.S. District Court in Bangor has issued a preliminary injunction which prevents the Attorney General from enforcing this statute. However, the Court has allowed certain non-enforcement aspects of the statute to proceed, including allowing interested health care providers to request that their prescription drug information not be sold or used for marketing purposes by using the registration process on this webpage. In the event you elect to request confidentiality protection, your request will be duly filed, but your prescription drug information will remain subject to marketing by carriers, pharmacies and prescription drug intermediaries unless and until the preliminary injunction of the U.S. District Court is vacated. For further information, you may reference the orders of the U.S. District Court by the following links:

[JAW 01-02-2008 1-07-cv127 IMS V MAINE.pdf](#)

[JAW 02-15-2008 1-07cv127 IMS V MAINE.pdf](#)

Board Staff (207)624-8621
Main Receptionist (207)624-8603
Hearing Impaired/TTY 1-888-577-6690


PRINTED ON RECYCLED PAPER
www.maine.gov/professionallicensing

Geraldine.L.Betts@maine.gov
Direct Line: (207) 624-8625
Fax: (207) 624-8637

OFFICE LOCATION: GARDINER ANNEX
122 NORTHERN AVENUE, GARDINER, MAINE

VERIFICATION OF LICENSURE IN ANOTHER STATE OR JURISDICTION

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.

Please contact the state of licensure to request an official License Verification. At a minimum, the license verification must contain:

- Name of State providing the License Verification
- Your name
- License number and expiration date
- Status of your license i.e. active, inactive, lapsed, probation, restricted, suspended, revoked...
- Type of license issued to you
- Date your license was issued
- If appropriate, hours of internship completed with beginning and ending dates
- Method your license was issued i.e. Original State, Reciprocity/Endorsement, Score Transfer
- Examinations taken i.e. NPLEX, Jurisprudence, other
- Disciplinary action(s) against your license, if any
- Signature and title of person from the licensing jurisdiction providing License Verification
- State Seal

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.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: 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.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



**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	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. **Have you ever been convicted by any court of any crime? (circle one)** **NO** **YES**
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.
2. **Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)** **NO** **YES**
If yes, enclose a detailed explanation and copies of all documents.

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 affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

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

Required Fee: \$291.00

(includes application, license and criminal records check fee)

With Naturopathic Doctor Acupuncture Specialty

Required Fee: \$341.00

(includes application, license and criminal records check fees)

CHECK BOX(ES)

- NATUROPATHIC DOCTOR (NP1421)
- ACUPUNCTURE SPECIALTY (NP1421A)

Office Use Only:

NP	1446 - \$ 75.00
	1421 - \$195.00
	2619 - \$ 21.00
NP	1421A- \$ 50.00

Office Use Only:

Check # _____

Amount: _____

Cash # _____

Lic. # _____

Issue Date _____

Exp. Date _____

PAYMENT OPTIONS:

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

NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		the following amount: \$ _____	
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>

SIGNATURE	DATE
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SECTION 1: EDUCATION

Please check all that apply:		
<input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Other describe: _____		
Name of Educational Provider		Date of Graduation
Contact Address	Street or P.O. Box	
City	State	Zip Code
Official transcript demonstrating your education must be submitted with your application.		

SECTION 2: LIST BELOW EVERY JURISDICTION IN WHICH YOU HOLD OR HAVE EVER HELD A PROFESSIONAL LICENSE.

1. State, Territory, Country	License Number/ Type	Date Issued	Expiration Date
2. State, Territory, Country	License Number/ Type	Date Issued	Expiration Date
3. State, Territory, Country	License Number/ Type	Date Issued	Expiration Date
For each of the above, you must submit with this application an official Verification of Licensure from the licensing jurisdiction. IMPORTANT: Applications submitted without all of the Verification of Licensure from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete.			

INITIALS OF APPLICANT

SECTION 3: EXAMINATION

<p>Have you ever taken an NPLEX examination?</p> <p>If yes, list the jurisdiction(s) where you took the examination, type of examination, date of examination and score:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 25%;">Jurisdiction</th> <th style="width: 25%;">Examination Type</th> <th style="width: 25%;">Date</th> <th style="width: 25%;">Score</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>If YES, list the date you passed the basic science _____</p> <p>List the date you passed the clinical examinations: _____</p>	Jurisdiction	Examination Type	Date	Score													<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Jurisdiction	Examination Type	Date	Score														

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>Had hospital or similar health care institution privileges ever been denied or which had previously been granted to you suspended, restricted or withdrawn involuntarily; or have you ever voluntarily surrendered privileges or resigned from staff membership while under peer review?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<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>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

SECTION 5: NATUROPATHIC DOCTOR ACUPUNCTURE SPECIALTY LICENSE (if applicable)

Please check all that apply and submit supporting documentation with your application.

- An official transcript verifying 1,000 of hours of acupuncture classroom instruction. The transcript must show the number of hours of classroom instruction.
- Verification of 300 hours of supervised clinical experience in acupuncture as describe in rules.
- NCCAOM certification: Must be an official copy of NCCAOM certificate or written verification from NCCAOM.

INITIALS OF APPLICANT

SECTION 6: NOTICES

Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRS §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website.

10 Day Notification Requirement

This applicant/licensee must report in writing to the Board the following information no later than 10 days after the change or event, as the case may be:

- a. Change of name or address of the licensee;
- b. A criminal conviction of the licensee or anyone listed on this application as having an ownership interest in the licensee;
- c. A revocation, suspension, or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant/licensee or anyone listed on this application as having an ownership interest in the licensee; or
- d. Any material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

Notice Regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRS section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

INITIALS OF APPLICANT

Notice Regarding Prescriber information: “OPT OUT”

The 2007 Legislature established a state-sponsored “opt out” process for podiatrists, naturopathic doctors and veterinarians to prevent access to practitioner specific prescribing data, through the Maine Health Data Organization. (P.L. 2007, Chapter 460) Prescribers seeking confidentiality protection with the Maine Health Data Organization to prohibit carriers, pharmacies, and prescription drug information intermediaries from licensing, using, selling, or exchanging for value prescription drug information for any marketing purpose that identifies those prescribers are required to complete an electronic form. The link to the site is: <http://mhdo.maine.gov/imhdo/prescriberoptoutintro.aspx>

[This notice allows the board to provide notice and access to the registration site, and allows registration, but does not allow DHHS to enforce the reporting requirements of the law due to an existing order enjoining enforcement of § 1711-E(2-A) issued by the Federal District Court for the District of Maine.]

SECTION 7: APPLICANT’S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application.

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 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

Applications that are incomplete, altered, defaced, or compromised will not be accepted and will be returned. This includes, but not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing supporting documents, and/or missing or wrong fee.