



Alaska Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

### **NATUROPATH SECTION**

P.O. Box 110806, Juneau, Alaska 99811-0806  
333 Willoughby Avenue, 9th Floor, Juneau, Alaska 99801-0800  
Phone: (907) 465-2695 ★ E-mail: license@alaska.gov  
Website: www.commerce.alaska.gov/occ/pnat.htm

## **NATUROPATH LICENSE APPLICATION PACKET**

AS 08.06.010 states: "A person may not practice naturopathy in the state without a license."

### **GENERAL INSTRUCTIONS**

If you received this application other than directly from the division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the division. Please read the application and all the instructions carefully. It is the applicant's responsibility to completely and accurately fill out the application and submit all required supporting documents. It is also the applicant's responsibility to request official transcripts and original verifications of licensure to be sent to this office. If the supporting documents show a name other than the one on the application (e.g., because of marriage, divorce, or any other reason), include an explanation and a certified true copy of the document that supports that change.

All documents must be originals or certified true copies of the original documents. To obtain a certified true copy, take the original documents and the photocopies to a notary public so s/he can compare each original document to its copy. Write or type "true copy of the original" on the photocopy and have the notary attest to its authenticity by including the notary's signature and seal. Documents of not larger than 8-1/2" x 11" are preferred.

The Naturopathic Physician Licensing Examination (NPLEX) is offered twice a year in February and August via Computer-Based Testing (CBT). Alaska licensing requires all clinical exams, all basic science exams, and the add-on exam of homeopathy. Contact the North American Board of Naturopathic Examiners, 9220 SW Barbur Blvd. #119, Portland, OR 97219-5434, (503) 778-7990, www.nabne.org for the exam application and current fee information.

### **APPLICATION FOR PERMANENT LICENSE**

The following documents and fees must be on file with the division before the file will be reviewed:

1. APPLICATION - completed, signed, and notarized, including a recent head and shoulders photograph. The notary seal must overlie a portion of the photograph. An applicant with a "yes" answer to one or more professional conduct questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.
2. FEES - Make check or money order payable to the State of Alaska.  
Nonrefundable application fee . . . . \$50                      Naturopath license fee . . . . \$470
3. TRANSCRIPT #1 - An official transcript from an accredited four-year college or university from which you received your preprofessional degree. Transcript must be sent directly from the school.
4. TRANSCRIPT #2 - An official transcript from the school of naturopathy from which you graduated. NOTE: The school of naturopathy MUST require four years of attendance, leading to an N.D. degree and be accredited or a candidate for accreditation by the Council on Naturopathic Medical Education (CNME). Transcript must be sent directly from the school.
5. EXAMINATION
  - a. Proof of having passed the NPLEX (official transcript of the NPLEX score must be requested from NABNE/ NPLEX or be a certified copy); **OR**
  - b. If you received your N.D. degree on or before December 31, 1987, provide a completed Verification of Naturopath Licensure and Examination form (pp. 3-4) verifying proof of a current license to practice naturopathy in a U.S. state. The state must require an examination for licensure.
6. LICENSE VERIFICATION - Verification of licensure form (pp. 3-4) from each state in which the applicant holds or has held a license to practice as a naturopath. Make additional photocopies, if necessary.
7. RELEASE - Completed Authorization for Release of Records form (p. 5).

### **APPLICATION FOR TEMPORARY LICENSE**

A temporary license can be issued to an applicant who meets all the licensing requirements except for the NPLEX, and a temporary license holder may practice only under the supervision of an Alaska-licensed naturopath. In addition to items 1, 3, 4, and 7 above, the following items must be on file with the division before a temporary license can be issued:

1. FEES - Make check or money order payable to the State of Alaska.  
Nonrefundable application fee . . . . \$50                      Temporary license fee . . . . \$50
2. NOTARIZED STATEMENT #1 - signed by the Alaska-licensed naturopath in whose office you will practice; the statement must include the office address where you will practice as a temporary license holder; and
3. NOTARIZED STATEMENT #2 - confirms that you have not previously taken and failed the NPLEX examination.

A temporary license terminates on the date (1) the results of the NPLEX examination are reported, if the applicant failed the examination; or (2) of the NPLEX examination, if the applicant fails to take the NPLEX examination.

## COURTESY LICENSES

The department will issue a courtesy license to a nonresident for the recognized limited purposes of (1) provision of professional services in an emergency situation specifically recognized by the department; or (2) instruction or provision of professional services at a clinic or seminar focused on a subject in which the applicant is a specialist. The applicant must submit a completed application; \$50 application fee plus \$100 courtesy license fee; verification of a current license in the profession in another licensing jurisdiction that confirms the license is active, in good standing, and covers the scope of practice required for the limited purpose as stated; a description of the limited purpose of the courtesy license and the applicant's intended scope of practice under it; a notarized statement that the applicant is not a resident of Alaska; and a second notarized statement that the applicant has not previously been denied a license or had a license revoked for the profession in this or another licensing jurisdiction. A courtesy license does not authorize the holder to practice the profession outside the scope of the limited purpose for which the courtesy license is issued and the license is valid for no more than 90 consecutive days. The department will not issue more than two courtesy licenses for the profession to an individual within a consecutive 18-month period.

## OTHER FEES

Wall certificate (suitable for framing), with initial application or subsequent written request.....	\$20
Duplicate license fee (with written request).....	\$ 5
Verification of licensure to another state (with written request).....	\$20
Returned check fee .....	\$20
Address change (must be in writing).....	no fee

## GENERAL INFORMATION

**APPLICATION PROCESSING** - The amount of time it takes to process the application varies, depending on when all complete and correct documents and fees are received by the division. If the application is incomplete, the applicant will be notified of incomplete and/or incorrect documents and fees. When the application is complete and correct, all supporting documents have been received, and all fees have been paid, a license will be issued and sent to you with an accompanying cover letter with further information about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided.

**PAYMENT OF CHILD SUPPORT AND STUDENT LOANS** - If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

**SOCIAL SECURITY NUMBERS** - AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed. If you do not have a U.S. Social Security Number, please complete the "Request for Exception from Social Security Number Requirement" form located at [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ) OR contact the division for a copy of the form.

**LICENSE TERM** –Licenses are issued for a two-year period. However, all naturopath licenses expire March 31 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

**ADDRESS OR NAME CHANGE** - In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

**ABANDONMENT** - Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice and the application fee is forfeited. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of license and other fees paid. If no request for refund is received, all fees are forfeited.

**DENIAL OF APPLICATION** – Please be aware that the denial of an application for licensure may be reported to any person, professional licensing board, federal, state or local government agency, or other entity making a relevant inquiry or as may be required by law.

**STATUTES AND REGULATIONS** – The complete set of statutes and regulations for this program is available on the division's website at [www.commerce.alaska.gov/occ/pnat.htm](http://www.commerce.alaska.gov/occ/pnat.htm). If you are unable to download the statutes and regulations, please contact the division and request a copy by mail



State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
NATUROPATH SECTION
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2695 ★ Fax: (907) 465-2974
E-mail: license@alaska.gov
Website: www.commerce.alaska.gov/occ/

For Division Use Only

NATUROPATH LICENSE APPLICATION

Application fee.....\$50
Biennial license fee.....\$470
Temporary license fee.....\$50
Courtesy license fee.....\$100

Application for: [ ] Permanent license [ ] Temporary/Courtesy license

Part 1: PERSONAL IDENTIFICATION INFORMATION

Type or Print Legibly

Form with fields: Full Legal Name (Last, First, Middle), Other Names Used, Legal Name Changes, Date of Birth (Mo, Day, Year), Sex (Male, Female), Address of Record (Mailing Address, City, State, Zip Code), Telephone (Work, Home), E-Mail (optional)

This section is ONLY for Temporary Licensure (pending results of NPLEX examination)
Name of Supervising Naturopath, AK license #:

Part III: EDUCATION / GRADUATE EDUCATION

List accredited college or university attended for your pre-professional degree AND school of naturopathy. Transcripts are required and must be sent directly to the State from your educational institution.

Table with 5 columns: Name of School, Location, From (Mo/Yr), To (Mo/Yr), Degree/Date Awarded

Part III: PROFESSIONAL ACTIVITIES

License History – list all current or previous naturopath licenses held in any municipality, state, territory, or country. If none, write N/A.

Table with 3 columns: Municipality/State/Territory/Country, License Status, Expiration Date

APPLICANT: As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure. Social Security Number

**Part III: PROFESSIONAL ACTIVITIES**

Work History – List employment and/or private practice work experience as a naturopath since graduation as a naturopath; if no previous experience, state N/A. Use an additional sheet of paper if needed (please sign/date the bottom).

Employer	Address	Dates of Employment	Full/Part Time	Position
Employer	Address	Dates of Employment	Full/Part Time	Position
Employer	Address	Dates of Employment	Full/Part Time	Position

**Part IV: PERSONAL HISTORY**

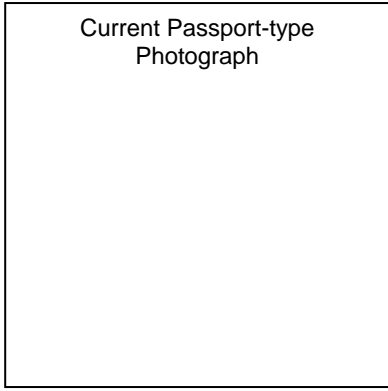
In responding to the questions in Part V below, please check the appropriate box next to each question. A “Yes” response to a question does not automatically result in a denial of license application. For each “Yes” response to any question, you **must** provide an explanation and documentation. Provide your explanation on a separate sheet of paper labeled with your name, and signed by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. When in doubt about your response, disclose and provide the explanation requested. Documentation includes copies of court orders, charging documents, board or license actions, etc.

**WHEN IN DOUBT, DISCLOSE AND EXPLAIN!**

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Have you been convicted of a crime or are you currently charged with committing a crime, or is any such action pending? For purposes of this question, “crime” includes a misdemeanor, felony, or a military offense, including (but not limited to) a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. “Convicted” includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. .... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had any malpractice settlements or judgments paid on your behalf, or is any such action pending?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Within the past five years, have you experienced, or been diagnosed with, or been treated for, bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for reactive or situational depression), or any other mental or emotional illness? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Within the past five years, have you had or do you have a physical disability or physical illness which may impair or interfere with your ability to practice naturopathy?.....   | <input type="checkbox"/> | <input type="checkbox"/> |

All information submitted with this application is considered public information unless required by state or federal law to remain confidential. If additional information of a confidential nature is required, you will be notified in writing. Licensee information, including mailing addresses, is available on the division’s website at [www.commerce.alaska.gov/occ/](http://www.commerce.alaska.gov/occ/) under “License Search.”

I certify that the information in this application is true and correct to the best of my knowledge. I further certify that all credentials and supporting documents supplied by me are true and correct and that the photograph below is a true likeness of me taken within the past **six** months. I understand that any false or misleading information or falsification of documents may result in failure to obtain, or subsequent revocation of, a license to practice as a naturopath in Alaska.



**SIGN HERE**

(NOTARY SEAL)

**NOTARY**

\_\_\_\_\_  
Applicant Signature (must sign in front of notary) Date

SUBSCRIBED AND SWORN to before me, a Notary Public,  
in and for the State of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

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

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

**NOTE: Notary Public seal MUST overlie a portion of the photograph.**

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
NATUROPATH SECTION
P.O. Box 110806, Juneau, Alaska 99811-0806
(907) 465-2695
E-mail: license@alaska.gov

VERIFICATION OF NATUROPATH LICENSE AND EXAMINATION

Part I

Instructions to Applicant: Type or print the information needed to complete Part I of this form. Forward a verification to each jurisdiction where you previously were or currently are licensed as a naturopath. The information requested below must be officially verified by the agency or board that issued the license. The blank form may be photocopied for additional requests. It is the applicant's responsibility to request all necessary verifications and pay all applicable fees. Upon completion of Part II (and Part III, if applicable), the licensing agency will return the form directly to the State of Alaska.

Name Last First Middle Maiden/Other

Mailing Address City State ZIP Code

License # Birthdate

Signature Date Signed

PLEASE DO NOT DETACH

Part II

Instructions to Licensing Agency or Board: The above-named individual is applying for licensure as a naturopath in Alaska. Please provide the information requested below (and in Part III, if applicable), and return the form directly to the Division of Corporations, Business and Professional Licensing at the address at the top of the page. The verification is not to be returned to the applicant. In lieu of this form, the State of Alaska will accept a standard computer verification that provides approximately the same information.

Licensee's Name as Shown on your Records:

License # Birthdate

Original Issue Date Current Expiration Date

Status: Current Inactive Lapsed Other

Licensed By: Exam (Date), see reverse Credentials Other, please specify:

Does your state require passage of NPLEX for licensure? Yes No

Has there been any final disciplinary action taken against this licensee? Yes No
If yes, please provide a copy of the disciplinary action document.

List derogatory information, if any

**PART III** – To be completed for individuals who received licensure in your state based on a state examination. The state examination consisted of the following:

Written:

- 1. \_\_\_\_\_ Score: \_\_\_\_\_
- 2. \_\_\_\_\_ Score: \_\_\_\_\_

Clinical/Practical:

- 1. \_\_\_\_\_ Score: \_\_\_\_\_
- 2. \_\_\_\_\_ Score: \_\_\_\_\_
- 3. \_\_\_\_\_ Score: \_\_\_\_\_
- 4. \_\_\_\_\_ Score: \_\_\_\_\_
- 5. \_\_\_\_\_ Score: \_\_\_\_\_
- 6. \_\_\_\_\_ Score: \_\_\_\_\_

Please list any additional subjects examined in with achieved scores or any additional statement you may consider valuable to the evaluation of this application.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(BOARD SEAL)

Board/Agency Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Return to: Division of Corporations,  
Business and Professional Licensing  
P.O. Box 110806, Juneau, AK 99811-0806

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
**NATUROPATH SECTION**  
P.O. Box 110806, Juneau, Alaska 99811-0806  
(907) 465-2695  
E-mail: license@alaska.gov

**AUTHORIZATION FOR RELEASE OF RECORDS**

To Whom It May Concern:

I, \_\_\_\_\_  
residing at \_\_\_\_\_

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, and education records, and any records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations which are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations considered appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis, or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment.

I request that upon presentation of this release, or a certified true copy of it, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for initial issuance of a license as a naturopath. This authorization expires one year from the date of my signature below.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_