

Out-of-State License Verification

This form must be completed by **every** state Naturopathic Physician credentialing agency you were licensed by. The agency must return this form directly to the Department at the address listed above.

Part 1—Note To Applicant

Complete Part 1. Submit form(s) to all state naturopathy programs where you have been licensed, certified or registered.

Personal Information:

Name:	State/Province:
Address:	Zip code:
	Country:

License Information:

Name:	License Number:
Credentialing Agency:	State:
Signature:	

Part 2

To be completed by **every** state Naturopathic Physician credentialing agency you were licensed by. The agency must return this form directly to the above address.

License Number:	Date Issued:
Licensed by: <input type="checkbox"/> Exam If, yes Exam Name: <input type="checkbox"/> Endorsement <input type="checkbox"/> Waiver	Exam Date:
Applicant currently licensed in this state? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Expiration:
If not currently licensed, when did license expire?	Date of Expiration:
Is applicant in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	

Has the license ever been encumbered in any way? Yes No (Revoked, suspended, surrendered, restricted, placed on probationary status or under investigation) If yes, please attach detailed explanation.

Is any action pending against the applicant? Yes No If yes, please attach detailed explanation.

Print Name:	Title:
Signature:	Date:
State:	

Affix agency seal here:

