



THE STATE
of

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

Naturopath Program

PO Box 110806, Juneau, AK 99811-0806

(907) 465-2550

Email: Naturopathy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/Naturopathy

Instructions for Naturopath License Application

A person may not practice naturopathy in the state without a license.

— Sec. 08.45.010

- Applicants must meet the qualifications for licensure in accordance with AS 08.45.030.
- 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. For the exam application and current fee information, contact:

North American Board of Naturopathic Examiners
9220 SW Barbur Blvd. #119
Portland, OR 97219-5434
(503) 778-7990
www.nabne.org
- It is your responsibility to be aware of licensing requirements and provide all necessary documentation.
- Appropriate fees must accompany applications before initial screening can begin. All fees may be paid with check or money order, made payable to the State of Alaska, or credit card. To pay by credit card, use the Credit Card Payment form, found on the Division's website at: ProfessionalLicense.Alaska.Gov
- If any of the required documents (i.e., transcripts, verifications of licensure, etc.) will be issued under your former name, submit marriage license and/or court documents that are notarized as a "certified true copy of the original document."
- An incomplete application or any unusual circumstances noted in the application may require additional processing time. Review your application fully to ensure you have answered every question completely and followed all of the instructions.
- Do not fax or email your application or supporting documentation to the Division. Print all parts of the application packet as single-sided documents only.
- While we understand your desire to conclude this process as quickly as possible, our licensing staff is responsible for reviewing many files and cannot complete the application process if required documents are missing. It is your responsibility to ensure those documents are received by our office.
- The application review process is defined by the requirements set forth in state law. The staff must comply with those laws in processing applications.
- It is the applicant's responsibility to request official transcripts and original verifications of licensure to be sent to this office.
- If you have questions about licensing requirements, contact the licensing examiner at Naturopathy@Alaska.Gov.

**IT IS ILLEGAL TO PRACTICE AS A NATUROPATH IN ALASKA WITHOUT
A VALID LICENSE — PLEASE PLAN AHEAD**

APPLICATION FOR A PERMANENT LICENSE

The following documents must be on file with the Division before the file will be reviewed:

1. APPLICATION

This completed, signed, and notarized form, 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 fitness questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.

2. FEES

Fees made payable to “State of Alaska”

Nonrefundable application fee:	\$500.00
License Fee:	\$1800.00
Wall Certificate (optional)	\$20.00

3. TRANSCRIPTS

An official transcript from an accredited four-year college or university where you received your pre-professional degree. Transcript must be sent directly from the school.

— and —

An official transcript from the school of naturopathy where you graduated from. 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.

4. EXAMINATION

Proof of having passed the NPLEX (official transcript of the NPLEX score must be requested from NABNE/ NPLEX or be a certified copy).

— or —

If you received your N.D. degree on or before December 31, 1987, provide a completed Verification of Naturopath Licensure and Examination form (attached) verifying proof of a current license to practice naturopathy in a U.S. state. The state must require an examination for licensure.

5. LICENSE VERIFICATION

Verification of licensure form (attached) from each state where the applicant holds or has held a license to practice as a naturopath. Make copies as necessary.

6. RELEASE

Completed Authorization for Release of Records form (attached).

APPLICATION FOR A 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.

The following documents must be on file with the Division before a temporary license can be issued:

1. APPLICATION

This completed, signed, and notarized form, 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 fitness questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.

2. FEES

Fees made payable to “State of Alaska”

License Fee: \$500.00

3. TRANSCRIPTS

An official transcript from an accredited four-year college or university where you received your pre-professional degree. Transcript must be sent directly from the school.

— and —

An official transcript from the school of naturopathy where you graduated from. 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.

4. RELEASE

Completed Authorization for Release of Records form (attached).

5. NOTARIZED STATEMENTS

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 —

Statement that you have not previously taken and failed the NPLEX examination.

APPLICATION INFORMATION

NAT Information

LICENSE TERM

There is no “inactive” status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on 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. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

General Information

APPLICATION PROCESSING

The average time to process a paper application varies by program, but can take several weeks from the date it is received in this office, complete with all correct forms, supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct, and all supporting documents have been received and all fees have been paid the license will be issued and sent to you. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

“YES” RESPONSES

A “Yes” response in the application does not mean your application will be denied. If you have responded “Yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

DENIAL OF APPLICATION

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

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.

CERTIFIED TRUE COPIES

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

SOCIAL SECURITY NUMBERS

In accordance with AS 08.01.060, the department is not authorized to issue a license to a natural person, unless the applicant's Social Security Number has been provided to the department. If you are a foreign citizen unable to obtain a United States Social Security Number, please contact the division for further instructions or obtain the Exception from SSN Requirement (Form #08-4372), from the division web site at www.commerce.alaska.gov/occ/.

PUBLIC INFORMATION

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at ProfessionalLicense.Alaska.gov under License Search.

TELEMEDICINE/TELEHEALTH SERVICES

Any business providing telemedicine/telehealth services, as defined in AS 44.33.381, is required to register with the Telemedicine Business Registry. To be registered, complete form 08-4694 provided by the Alaska Department of Commerce, Community, and Economic Development.

ABANDONED APPLICATIONS

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. 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 biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

BUSINESS LICENSES

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information contact: (907) 465-2550 or BusinessLicense.Alaska.gov.

STATUTES AND REGULATIONS

The complete set of statutes and regulations for this program are available by written request or online at the division's website: ProfessionalLicense.Alaska.Gov

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

EMAIL: RegulationsAndPublicComment@Alaska.Gov



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NAT

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Naturopath License Application

PART I Payment of Fees

Table with 2 columns: License Type and Fees. Includes checkboxes for Nonrefundable Application Fee and Naturopath License Fee. Totals: Permanent License \$2300.00, Temporary License \$500.00.

PART II Personal Information

Form for Personal Information including Complete Name, other names used, and checkboxes for Not Applicable or Other Names Used.

Form for Mailing Address, Birthdate, and Contact Phone.

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page.

Form for Email Address and checkboxes for Send my Correspondence by Email or Send my Correspondence by US Mail.

SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.

PART III Education

General Education

College or University		Dates Attended	
City and State			
Degree Awarded		Date Awarded	

School of Naturopathy

College or University		Dates Attended	
City and State			
Degree Awarded		Date Awarded	

PART IV Professional History

License History

List all current or previous naturopath licenses held in any municipality, state, territory, or country:

I have never been licensed as a naturopath

State/Jurisdiction	License Status	Expiration Date

Employment History

List employment and/or private practice work experience as a naturopath:

I have never worked as a naturopath

Employer	Address	Dates of Employment	Position
			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

The following professional fitness questions must be answered. "Yes" answers may not automatically result in certificate denial. If you answer "Yes" to any of the questions, please explain dates and specific circumstances (locations, type of action, organizations or parties involved) on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, certificates of completion, board or license actions, investigative notices, etc.).

When in doubt, disclose and explain.

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.
- Yes
 No
-

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?
- Yes
 No
-

3. Have you ever had any malpractice settlements or judgments paid on your behalf, or is any such action pending?
- Yes
 No
-

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?
- Yes
 No
-

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?
- Yes
 No
-

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?
- Yes
 No
-



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Notarized Signature with Photograph

PART VI

I certify that the information on this form is true and correct to the best of my knowledge and that all credentials and supporting documents supplied by me are true and correct. The Division may deny, suspend, or revoke the license of a person who has obtained or has attempted to obtain a license by fraud or deceit. The person may also be subjected to criminal charges for perjury or unsworn falsification. (AS 11.56.210)

Applicant's Signature:

Date:

Printed Name:

Notary Public for State of:

Subscribed and Sworn to Before me on this Day:

Notary's Signature:

My Commission Expires:

Attach a recent photo that is no larger than 3" x 3".

The notary seal must overlie a portion of the photograph.

Photograph

Notary Stamp



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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, educational records, and records pertaining to litigation, judgments, suits 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 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 deemed 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 treatments. This release specifically includes information from federal service and peer review organizations.

I request that upon presentation of this release, or a certified true copy, that you provide copies of those records to the division and 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 Alaska naturopath licensure. This authorization expires one year from the date of my signature.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, and its investigators, and all others directly or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

Name:			
Address:			
Phone:			
Birthdate:			
Email:			
Signature:		Date:	



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Verification of Licensure

→ **Applicant:** Complete this top part and then forward a copy to all states, territories or other countries' licensing jurisdictions where you have ever been licensed. Make copies as needed.

Full Legal Name:		Birthdate:	
Mailing Address:		License Number:	
Applicant's Signature:		Date:	

→ **State Board of:** ----- Complete this bottom part for the applicant identified above and return the form directly to the letterhead address. You may use your standard state verification if it includes approximately the same information.

Licensee's Name as Shown on your Records:		Birthdate:	
License Number:		Issue Date:	
		Expiry Date:	<input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity
License Status:	<input type="checkbox"/> Current	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Inactive
			<input type="checkbox"/> Other:

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 you answered "Yes" to the question above, please attach a detailed explanation or documentation signed and dated by the person whose signature appears below.

List any derogatory information:	
Board Seal	Signed by: _____ Date: _____
	Printed Name: _____ Title: _____
	Phone: _____ Email: _____



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Letter of Explanation for a Professional Fitness "Yes" Answer

Use this form **only** to explain and document any Professional Fitness "Yes" answers. A "Yes" answer is not necessarily disqualifying, but concealing one may be.

Each "Yes" answer requires a separate explanation and associated documentation. Do not assume that the division has documentation that you have already provided. Submit all relevant documentation with this form.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice).
- **Disciplinary actions** may include but not be limited to; suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple "Yes" answers or multiple incidents for any Professional Fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a "Yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.



Write the professional fitness question number you are answering "Yes" to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident:			
When in doubt, disclose and explain. Make copies as necessary.			

Did you attach all applicable documents associated with this incident?

- Court orders
 Consent agreements
 License actions
 Charging documents
 Court records
 Fitness to practice
 All other documentation related to this incident
 I have additional incidents for this "Yes" answer, or "Yes" answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		PL Code:	
Signature:		Date:	



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Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Credit Card Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Security Code: _____</p>	<p>All 3 fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>