



**Naturopath Program**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [Naturopathy@Alaska.Gov](mailto:Naturopathy@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/Naturopathy](http://ProfessionalLicense.Alaska.Gov/Naturopathy)

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## Naturopath License Application Instructions

Read the application instructions, statutes, and regulations before completing your application. Retain this information for future reference. **YOU MUST HOLD A TEMPORARY OR PERMANENT LICENSE TO PRACTICE NATUROPATHY IN ALASKA.**

Applicants must meet the qualifications for licensure in accordance with AS 08.45.030.

If you received this application other than directly from the division or its official website, the application may be outdated or not an official version. Faxed or emailed applications will not be accepted.

### PERMANENT LICENSE – APPLICATION PROCEDURES (12 AAC 42.010)

***The following must be received by the division before your application for a Naturopath License can be reviewed:***

#### 1. APPLICATION

A signed, completed application (#08-4631, pages 1-4).

#### 2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$500.00

License Fee: \$1800.00

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Total Fees Due: \$2300.00

#### 3. OFFICIAL TRANSCRIPTS

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-**

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; Verification of Licensure must be sent directly to the department from the jurisdiction where the applicant holds a current license to practice naturopathy. The verification must include an explanation of any disciplinary action taken against the licensee. Check with each of the state boards you are or have been licensed in for their verification request process. If a state offers primary source verification on their website, that can be accepted as long as the website clearly confirms that it's a primary source verification. The state must require an examination for licensure.

#### 5. LICENSE VERIFICATION

Verification of Licensure must be sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice naturopathy. Each verification must include an explanation of any disciplinary action taken against the licensee. Check with each of the state boards you are or have been licensed in for their verification request process. If a state offers primary source verification on their website, that can be accepted as long as the website clearly confirms that it's a primary source verification.

## TEMPORARY LICENSE (12 AAC 42.020)

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 must be received by the division before your application for a Naturopath Temporary License can be reviewed:***

### 1. APPLICATION

A signed, completed application (#08-4631, pages 1-4).

### 2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$500.00

License Fee: \$1800.00

Temporary License Fee: \$500.00

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Total Fees Due: \$2800.00

### 3. OFFICIAL TRANSCRIPTS

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-**

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. SIGNED STATEMENTS

Statement signed by the Alaska-licensed naturopath in whose office you will practice using form #08-4631a. The statement must include the office address where you will practice as a temporary license holder.

**-AND-**

Statement signed, by you, that you have not previously taken and failed the NPLEX examination using form #08-4631a.

## NAT Information

### EXAMINATION INFORMATION:

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

### LEGAL NAME CHANGE:

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.”

## General Information

### APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may be issued. 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.

### LICENSE TERM:

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 which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

### PROFESSIONAL FITNESS QUESTIONS:

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions, submit an explanation with the charging and closing court documentation (e.g. court records, fitness letters, etc.).

### DENIAL OF APPLICATION:

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 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. 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:

AS 08.01.060 requires a U.S. Social Security Number be on file with the division before a professional license is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov).

### PUBLIC INFORMATION:

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

### 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.

**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 about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*.

**STALE DOCUMENTS:**

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

**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.

**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*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*.



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**Naturopath License Application**

**PART I Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> Application and License Fee (\$500 is Non-Refundable)	<b>\$2300.00</b>
<b>Optional Fees:</b>	<input type="checkbox"/> Temporary License Fee	<b>\$ 500.00</b>

**PART II Temporary License**

<b>In addition to permanent licensure, I would like to request a Temporary License.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> I understand, for a temporary license, I must complete and submit form #08-4631a. <i>Note: You are not eligible for a temporary license if you have failed the exam.</i>		

**PART III Personal Information**

<b>Full Legal Name:</b>			
<b>Provide all other names used (maiden, nicknames, aliases).</b> If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s). <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Phone:</b>		<b>Date of Birth:</b>	
<b>EMAIL AGREEMENT:</b> 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. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			
<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.060 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 IV Education****General Education**

<b>Name of School:</b>			
<b>Complete Address of School:</b>	P.O. Box or Street	City	State Zip
<b>Dates Attended:</b>			
<b>Degree Awarded:</b>		<b>Date Degree Awarded:</b>	

**School of Naturopathy**

<b>Name of School:</b>			
<b>Complete Address of School:</b>	P.O. Box or Street	City	State Zip
<b>Dates Attended:</b>			
<b>Degree Awarded:</b>		<b>Date Degree Awarded:</b>	

**PART V Professional License(s)**

List all current and previous naturopath licenses held in any municipality, state, territory, or country. Attached additional pages as needed.

Check here if none.

Municipality/State/Territory/Country	License Status	Expiration Date

**PART VI Alaska Law**

I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.45 and 12 AAC 42).

## PART VII Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

**For each "yes" response to any question, you must provide an explanation and documentation.** Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

### 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. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice naturopathy in a competent, ethical and professional manner?  Yes  No

"Yes" Answers

**If you answered "yes" to question 3,** in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice naturopathy. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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**Signature Page**

<b>Applicant Name:</b>		
<b>Alaska License Number (if known):</b>		<input type="checkbox"/> <i>Application in Process</i>

**PART VIII Agreement**

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

<b>Applicant Signature:</b>		<b>Date Signed:</b>	
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**Signed Statements** - *Temporary Applicants Only*



**Applicant:**

Complete the information below and forward a copy of this form to the licensed naturopath in Alaska whose office you will practice at while holding a temporary license.

<b>Applicant Name:</b>		<b>Date of Birth:</b>	
<b>Scheduled Exam Date:</b>		<b>Exam Location:</b>	
<input type="checkbox"/> I hereby certify I have not taken and failed the NPLEX examination. <input type="checkbox"/> I understand I must notify the division before transferring to a new practice location by submitting form #08-4631a.			
I hereby certify the above information is true and complete to the best of my knowledge.			
<b>Applicant Signature:</b>		<b>Date Signed:</b>	



**Supervising Naturopath:**

Complete this bottom part for the applicant identified above and return the form directly to the letterhead address or to the applicant.

<b>Naturopath Name:</b>		<b>Alaska License Number:</b>	
<b>Practice Address:</b>	P.O. Box or Street	City	State Zip
I hereby certify the above information is true and complete to the best of my knowledge.			
<b>Naturopath Signature:</b>		<b>Date Signed:</b>	



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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. Submit all relevant documentation with this form, even if you have previously provided it.

- **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, decisions against your professional certification, 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 if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **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 generally considered public records, unless required to be kept confidential by state or federal law.



Write the professional fitness question number you are answering “yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b> When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

**Did you attach all applicable documents associated with this incident?**

- Court Orders     
  Consent Agreements     
  Disciplinary 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.

<b>Full Name:</b>		<b>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	



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## 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:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		