



**STATE OF NEW HAMPSHIRE
NATUROPATHIC BOARD OF
EXAMINERS**

Applicant Name: _____

Date: _____

**PLEASE FILL OUT AND RETURN THIS CHECK LIST
WITH YOUR APPLICATION**

Payment: \$450 New

- Signed, completed application form
- 3"x 4" unretouched photo of applicant
- Two (2) letters of professional character from any of the following:
 - Medical Doctor
 - Osteopathic Doctor
 - Naturopathic Doctor
- Official Transcript(s) from Naturopathic College or University, Notarized true photocopy attest if in category described in RSA 328-E:9, I (b).
- Certification of Naturopathic Medical diploma or degree. (Not required if in category described under RSA 328-E:9, I (b))
- Proof of NPLEX Exam - unless applying under Exemption or in category described under RSA 328-E:9, I (b).
- Proof of ACNO Exam - if applying for certification of natural childbirth
- Proof of NPLEX Exam - if applying for certification of acupuncture

Comments: _____



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ADDITIONAL

- RECIPROCITY
- EXEMPTION

RECIPROCITY

Current certificate of good standing from all jurisdictions where you currently hold a license.

- Name/address/description of current practice
- Credentials from specialty or certification board (if applicable)

EXEMPTION per RSA 328-E:5, I (e)

- Enclose a statement that applicant is not currently licensed as health care provider in NH
- Proof of income - copy of IRS Income Tax Return Statement for 1990
- Document to demonstrate current NH residency and NH residency for at least twelve consecutive months prior to July, 1991.

Comments: _____

