



Naturopathic Physician     Temporary Naturopathic Physician

**APPLICANT INFORMATION**

Full Legal Name: \_\_\_\_\_  
First Middle Last

All Previous Legal Names: \_\_\_\_\_

Other DOPL Licenses Held: \_\_\_\_\_

SSN:\* \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
\* If you don't have a social security number, please follow the instructions on the last page.

Address: \_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
Note: All Division notices and communication will be sent to this email.

Please select one:  
 I am a United States citizen or a non-citizen of the United States who is lawfully present.  
 I am a foreign national not physically present in the United States.  
 None of the above, please explain: \_\_\_\_\_

Driver License or State ID Card: \_\_\_\_\_  
State of Issue License Number Expiration Date

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

**AFFIDAVIT AND RELEASE**

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.

I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

**I declare under criminal penalty under the law of Utah that this application is true and correct.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



## QUALIFYING QUESTIONNAIRE

**Read thoroughly and answer each question. Do not leave any question blank.**

*A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.*

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1.  Yes  No      Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise disciplined in any way?
- 
2.  Yes  No      Do you CURRENTLY have any administrative or criminal action, active or pending?
- 
3.  Yes  No      WITHIN THE PAST 10 YEARS, have you pled guilty to, no contest to, entered into a plea in abeyance, or been convicted of a misdemeanor in any jurisdiction?
- 
4.  Yes  No      Have you EVER pled guilty to, no contest to, entered into a plea in abeyance, or been convicted of a felony in any jurisdiction?
- 

**If you answered "Yes" to questions 1, 2, 3, or 4**, above, upload complete information with respect to all circumstances and the final result, if such has been reached, for each yes answer above.

**If you answered "Yes" to questions regarding any misdemeanors or felonies** in any jurisdiction you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- probation/parole officer report(s)

*If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.*

**Please DISCLOSE the following:**

- charges that were later held in abeyance, diverted, reduced, or dismissed.
- motor vehicle offenses such as driving while impaired or intoxicated.
- if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).

**You do NOT need to disclose:**

- minor traffic offenses such as parking or speeding violations.
- juvenile offenses, unless you were tried as an adult.
- legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

## PROFESSIONAL LICENSES

Do you currently hold, or have you ever held, a license, certification, or registration to practice any occupation or profession in Utah or any other jurisdiction? . *(Use additional sheets if necessary.)*

**Profession:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Issuing State:** \_\_\_\_\_ **License Status:** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_

**Profession:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

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**Profession:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Issuing State:** \_\_\_\_\_ **License Status:** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_



**MEDICAL QUALIFYING QUESTIONNAIRE**

**Read thoroughly and answer each question. Do not leave any question blank.**

*A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.*

1. **Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:**
  - Yes  No a hospital or health care facility
  - Yes  No Medicaid, Medicare or any other state or federal health care payment reimbursement program
  - Yes  No the Federal Drug Enforcement Administration or any state drug enforcement agency
  - Yes  No malpractice insurance coverage
  - Yes  No other entity: \_\_\_\_\_

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2. **Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:**
  - Yes  No a hospital or health care facility
  - Yes  No Medicaid, Medicare or any other state or federal health care payment reimbursement program
  - Yes  No the Federal Drug Enforcement Administration or any state drug enforcement agency
  - Yes  No malpractice insurance coverage
  - Yes  No other entity: \_\_\_\_\_

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3. **Is any action pending against you now by:**
  - Yes  No a hospital or health care facility
  - Yes  No Medicaid, Medicare or any other state or federal health care payment reimbursement program
  - Yes  No the Federal Drug Enforcement Administration or any state drug enforcement agency
  - Yes  No malpractice insurance coverage
  - Yes  No other entity: \_\_\_\_\_

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4.  Yes  No **Have you been named as a defendant in a malpractice suit?**

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5.  Yes  No **Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?**

If you answered "YES" above, you must submit a complete narrative of the circumstances and a [National Practitioner Data Bank](#) report outlining all professional liability claims made against your license and any settlements paid by or on your behalf.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead, from the authority that held the records, indicating that the information is no longer available.

**NATIONAL PROVIDER IDENTIFIER (NPI)**

Your NPI: \_\_\_\_\_

**UTAH NATUROPATHIC LIMITED CONTROLLED SUBSTANCE LICENSE (OPTIONAL)**

If you are applying for a controlled substance license, you must read and sign the affidavit below.

1. I have reviewed and understand that I must abide by the additional laws and rules that govern the practice of my profession as it pertains to controlled substances.
2. I understand that I may need a written delegation of services agreement or a written consultation and referral plan for prescribing controlled substances as outlined in statute.
3. I understand that there may be additional continuing education requirements for those who hold a controlled substance license.
4. I understand it is required that I hold a valid Federal Drug Enforcement Administration (DEA) registration.
5. I understand, per [Utah Code §58-71-102\(8\)](#), this Limited License only allows the prescribing of testosterone.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_



## Evaluation of Naturopathic Postgraduate Residency Training

### APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### RESIDENCY INFORMATION (TO BE COMPLETED BY THE RESIDENCY SUPERVISOR)

CNME Sponsor: \_\_\_\_\_

Name of School/Facility: \_\_\_\_\_

Supervisor: \_\_\_\_\_

License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

School/Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Training from \_\_\_\_\_ until \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Did the applicant successfully complete all the requirements of the program?  Yes  No

*If no, please explain:*

Did the applicant and supervisor work in the same place of employment?  Yes  No

*If "no", describe how you were able to provide direct supervision:*

### ATTESTATION:

I do hereby certify that the applicant for licensure as a naturopathic physician has successfully completed the above hours of post-graduate supervised experience at facility listed. I certify that the experience supervised meets the requirements outlined in 58-71-302 (1)(d).

I further certify that the applicant is qualified and competent to practice as a licensed naturopathic physician

**I declare under criminal penalty under the law of Utah that the foregoing is true and correct.**

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



## Temporary Naturopathic License

***This form only needs to be completed by individuals applying for temporary licensure.***  
*Temporary licensure is an optional license for applicants who have not completed the required post-graduate training or practice. See the checklist at the end of this application for additional instructions.*

### APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- ▶ I understand that I must meet all requirements except completing the post-graduate education before applying for a Temporary Naturopathic Physician license.
- ▶ I understand that I must practice in an approved residency program under the direct supervision of a Utah licensed Naturopathic Physician, physician and surgeon, or osteopathic physician. I also understand that I cannot begin practice until the temporary license has been issued and must cease working once it expires.
- ▶ I understand that a temporary license may be issued for only 18 months and cannot be renewed. I further understand that withdrawal from the residency program will result in the automatic expiration of the license, and I cannot practice until the Division authorizes me to resume practice.
- ▶ I understand that once I complete the required 12 months of post-graduate training, I must submit a complete application for full licensure including the "Evaluation of Postgraduate Training" form found on page 4 of this application. My full license will not be issued until the evaluation form has been reviewed by the Division.

**I declare under criminal penalty under the law of Utah that the foregoing is true and correct.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### RESIDENCY INFORMATION (TO BE COMPLETED BY THE RESIDENCY SUPERVISOR)

CNME Sponsor: \_\_\_\_\_

Name of School/Facility: \_\_\_\_\_

Supervisor: \_\_\_\_\_

License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

School/Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Email: \_\_\_\_\_

I hereby certify that I am licensed in good standing, and I will supervise the practice of the above named applicant. I understand that I must provide direct supervision\* and be at the same site as the applicant. I have read and agree to the training plan submitted with this application for temporary license.

**I declare under criminal penalty under the law of Utah that the foregoing is true and correct.**

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return this form to the applicant to submit with their application.***  
***Do not begin supervision until the applicant is approved for a temporary license.***

\* [R156-71-102\(2\)](#) "Direct supervision" as used in Subsection 58-71-304.2(1)(b), means the supervising naturopathic physician, physician and surgeon, or osteopathic physician is: (a) responsible for the naturopathic activities and services performed by the naturopathic physician intern; and (b) normally present in the facility, and when not present in the facility is available by voice communication to direct and control the naturopathic activities and services performed by the naturopathic physician intern.

## APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

**NOTE: Incomplete applications will be denied.**

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information, which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

**If you do not have a valid Social Security number**, you must submit your Individual Taxpayer Identification Number (ITIN), Alien Registration Number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer ([Utah Code § R156-1-301](#)). Submission of the above documents may require additional documents to demonstrate lawful presence ([Utah Code § 63G-12-402 \(3\)\(k\)](#)).

### ALL APPLICANTS

The following items are required to complete your application:

- Supporting **documentation for any “yes” answers** provided on either of the qualifying questionnaires.
- Official transcripts** documenting completion of a doctoral degree in naturopathic medicine from a school accredited by the Council of Naturopathic Medical Education.  
**Note:** *Transcripts are considered “official” when they are sent directly from the school to DOPL or sealed in an envelope bearing the school’s stamp/seal on the envelope flap.*
- Official Naturopathic Physicians Licensing Examinations (NPLEX) score reports** documenting you have passed the examination required outlined in [R156-71-302](#).
- National Practitioner Data Bank report** outlining all professional liability claims made against your license and any settlements paid by or on your behalf. NPDB website: <http://www.npdb.hrsa.gov>.

### LICENSURE BY APPLICATION

If applying for your initial Utah Naturopathic Physician license *and* you do not qualify for licensure by endorsement, *in addition* to the items required for all applicants, you must submit:

- Non-refundable **\$200.00** application-processing fee, made payable to “DOPL”
- Evaluation of Naturopathic Postgraduate Training** (Page 4 of this application) documenting 12 months of clinical experience in a naturopathic medicine residency program.

### LICENSURE BY ENDORSEMENT

If applying for your initial Utah Naturopathic Physician license and you hold a license in good standing, in another state, district, or territory, *in addition* to the items required for all applicants, you must submit:

- Non-refundable **\$200.00** application-processing fee, made payable to “DOPL”
- A current and complete CV or resume** that outlines your professional practice for a minimum of 6,000 hours in the five years immediately preceding the date of this application.
- Official verification of license** from each jurisdiction in which you are currently licensed, covering the time requirements outlined above.

### OPTIONAL NATUROPATHIC LIMITED CONTROLLED SUBSTANCE LICENSE

If your practice in the state of Utah will include administering, possession or prescribing **testosterone**, you must apply for a Utah Controlled Substance License by submitting the following:

- Non-refundable **\$100.00** application-processing fee, made payable to “DOPL”
- The **Utah Controlled Substance Law and Rule Affidavit** (page 3 in this application).

**Note:** *In addition to the Utah Controlled Substance License, you must also hold a valid Federal Drug Enforcement Administration (DEA) registration.*

### TEMPORARY LICENSURE

Applicants may apply for a temporary license so they may engage in a supervised residency program provided they have completed all requirements for initial licensure, except the required postgraduate training or 6,000 hours of licensed practice. In addition to the items for all applications, you must submit:

- Non-refundable **\$50.00** application-processing fee, made payable to “DOPL”
- Temporary Naturopathic License form**. (Page 5 of this application)
- A **letter from your CNME approved program or school** verifying your Utah Residency is affiliated with their program as required by [58-71-302\(1\)\(d\)](#)
- A **written training plan** outlining how the Utah Residency will comply with the requirements of [58-71-304.2\(b\)](#).

**Note:** *Upon completion of the required 12 months post-graduate training, you must submit this application again with the appropriate fees and the completed **Evaluation of Naturopathic Postgraduate Training** before your full license will be issued. Previously submitted documentation will be retained by the Division.*

**Submit completed application to the Division:**

By US Postal Service:  
**Division of Professional Licensing**  
**PO BOX 146741**  
**Salt Lake City, UT 84114-6741**

By in-person or express delivery:  
**Division of Professional Licensing**  
**Heber M Wells Building, 1st Floor**  
**160 E 300 S**  
**Salt Lake City, UT 84111**

If you have questions, please contact the Division at 801-530-6628 or by email at [B1@Utah.gov](mailto:B1@Utah.gov).

Department of Commerce • Division of Professional Licensing (DOPL)  
Heber M. Wells Building • 160 East 300 South • P.O. Box 146741 Salt Lake City, UT 84114-6741  
[www.dopl.utah.gov](http://www.dopl.utah.gov) • telephone (801) 530-6628 • toll-free in Utah (866) 275-3675 • fax (801) 530-6511