

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
Department of Health  
Health Professional Licensing Administration



**MEDICAL PROGRAMS BRANCH**  
**BOARD OF MEDICINE'S ADVISORY COMMITTEE ON NATUROPATHIC PHYSICIANS**

**APPLICATION INSTRUCTIONS AND FORMS FOR A LICENSE  
TO PRACTICE AS A NATUROPATHIC PHYSICIAN  
IN THE DISTRICT OF COLUMBIA**

We welcome your interest in becoming a licensed Naturopathic Physician in the District of Columbia and look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read these instructions carefully. Any application not completed in accordance with these instructions will be returned without action. All fees are earned when paid and cannot be transferred or refunded.

All individuals who wish to practice as a Naturopathic Physician in the District of Columbia have to meet the general requirements of these instructions.

Applicants shall furnish proof to the Board that the applicant has met the educational requirements of 5302.

**WHERE TO FILE**

All new license applications and documents should be sent to the following address:

Department of Health  
Health Professional Licensing Administration  
899 North Capitol Street, NE  
First Floor  
Washington, DC 20002

Checks or money orders for application and license fees should be made payable to DC Treasurer and submitted along with your application.

If you have any questions, call DOH/HPLA's Customer Service line at 1-888-204-6193 between 8:00 a.m. and 5:00 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

**GENERAL REQUIREMENTS FOR ALL APPLICANTS**

- A. Applicant must not have been convicted of an offense, which bears directly on the applicant's fitness to be licensed.
- B. Applicant must be at least 18 years of age.
- C. Applicant shall submit the following:
  1. A complete and signed application form;
  2. Please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Photos will be placed on the pocket license.
  3. You will also need to submit one (1) **clear photocopy of a government issued photo ID** \_\_\_\_\_, such as your valid driver's license, as proof of identity.

- 4. An applicant for a license to practice as a Naturopathic Physician shall submit with a completed application three (3) letters of reference from licensed naturopathic physicians or physicians who have personal knowledge of the applicant's abilities and qualification to practice as a naturopathic physician.
- D. Comply with all other applicable requirements set forth in these instructions.
- E. Application Fees  
All fees are earned when paid and cannot be transferred or refunded. Please make check or money order payable to DC Treasurer.  
Application fee for license by examination..... **\$230.00**

**For information concerning the application process call (888)-204-6193  
For information concerning Board of Medicine Meetings call (202) 724-4900**

**EDUCATIONAL REQUIREMENTS**

- A. Applicants for a license by examination must have successfully completed an educational program to practice as a naturopathic physician accredited by the Council of Naturopathic Medicine Education (CNME) basic science and clinical examination sections administered by the North American Board of Naturopathic Examiners (NABNE).
  - 1. A certified transcript of the Applicant's record verifying graduation should be submitted with a completed application in a sealed envelope from the educational institution attended.
  - 2. A statement of successful completion of an educational program to practice as a naturopathic physician accredited by the Council of Naturopathic Medicine Education (CNME).

**EXAMINATION**

- A. Applicants must have received a passing score on an examination administered by the Naturopathic Physician Licensing Exam (NPLEX). The passing score is determined by NPLEX.  
It is the applicant's responsibility to arrange for the applicant's examination results to be sent directly from the testing service to the Board of Medicine.
- B. An applicant who does not achieve a score of at least sixty (60) on each of the failed parts shall be required to retake the entire Part I series.
- C. An applicant shall take and pass Part II of the clinical science examination within five (5) years of taking Part I of the basic science examination. Failure to take and pass Part II within the ten (10) year period shall result in the applicant retaking Part I again.

**COMPLETING THE LICENSE APPLICATION**

**Section 1. TYPE OF LICENSE**

- a. Check the box next to the license description of which you are applying and if you desire duplicate licenses, check the appropriate box.

**Section 2. APPLICANT NAME / DEMOGRAPHIC INFORMATION**

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000, Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided; your application will be returned to you for completion. All applicants must be at least 18 years of age. If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that is has changed. Acceptable documents are marriage certificates, divorce decrees or court orders.

**Section 3. SUPPORTING DOCUMENTS REQUIRED**

Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Medicine. Keep a photocopy of all supporting documents for your records.

**Section 4. PREVIOUS NAME CHANGE**

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

**Sections 5A & B. HOME ADDRESS / BUSINESS ADDRESS**

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address should also be provided.

**Section 5C. PREFERRED MAILING ADDRESS**

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

**Section 6A. PROFESSIONAL SCHOOLS ATTENDED**

List all colleges and universities attended prior to and including medical/professional schools. List schools that you have attended in reverse chronological order, beginning with the most recent at the top.

*All applicants:* Certified must be from the appropriate educational institution. Transcripts may be sent directly to the Board or submitted with your application in a sealed envelope from the institution. Note that if your transcript or any other document submitted in support of your application is in a language other than English, you must provide a certified translation. Foreign transcripts need not be in sealed envelopes.

**Section 6B. PROFESSIONAL TRAINING AND PRACTICE**

List all experience since medical/professional school graduation. Include letters from employing facilities, internships, residencies, fellowships or employment. List experience in reverse chronological order, beginning with the most recent at the top. Note: If **other** description is selected, please attach a typed explanation to this form. If you were unemployed or self-employed for any period of two months or more please include a statement to that effect on a separate sheet of paper. All letters attached with this application should include beginning and ending dates.

**Section 6C. LICENSES IN OTHER STATES / JURISDICTIONS**

List all states and jurisdictions in which you have ever held a similar professional license. You must request verification of licensure for all of these licenses, past and/or present.

**Section 7. SCREENING QUESTIONS**

If you answer "yes" to questions B through J, then please provide a complete typed explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

**Section 8. LICENSEE AFFIDAVIT**

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

**ADDITIONAL APPLICATION FORMS**

If you need additional copies of this application package you may visit HPLA’s website at [www.hpla.doh.dc.gov](http://www.hpla.doh.dc.gov) or call HPLA’s Customer Service number at 1-888-204-6198. The forms that make up this package are:

- Naturopathic Physician, New License Instructions
- Naturopathic Physician, New License Application
- Chapter 53 Naturopathic Physicians
- Character Reference Forms (3)

**SUMMARY OF LICENSURE REQUIREMENTS**

The following chart shows the licensure submission requirements for all application methods. The law governing naturopathic physician licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing naturopathic physician are included in *DC Municipal Regulations Title 17, Chapters 49*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Health Professional Licensing Administration if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

License Type	Licensing Description	Signed Application for License	Two 2” x 2” Photos	National Exam Results (NABNE)	Official Certified Transcript	Three Character Reference Forms	Check or Money Order
NP	Naturopathic Physician	X	X	X	X	X	\$230

**X = Required**  
**O = Not required**

An applicant must have received a passing score on an examination administered by the Naturopathic Physician Licensing Examination (NPLEX) and North American Board of Naturopathic Examiners (NABNE) as determined by the Advisory Committee.

A certified transcript of the Applicant’s record verifying graduation submitted in a sealed envelope from the educational institution. Transcripts may be sent directly from the school, but it is preferred that it accompany the application in a sealed envelope.

Three (3) Character References from licensed naturopathic physicians or physicians who have personal knowledge of the applicant’s abilities and qualification to practice as a Naturopathic Physician.

Check or money order MUST be made payable to DC Treasurer.