



Naturopathic Physician Renewal Application

Current Expiration 09/30/2010	Renewal Period Covering 10/01/2010 through 09/30/2012	Renewal Application Fee \$ 200.00 Non-Refundable Processing Fee
You Must Complete The Information Below:		For Office Use Only
License Number: <FULL CREDENTIAL NUMBER>		
<MailingAddressOptionalCountry>		
Circle One:	Mr. Mrs. Ms. Dr.	

Directions: To renew you must enclose a check in the amount indicated, payable in US funds from a bank with a United States affiliate to "Office of the Secretary of State." The renewal application fee is non-refundable. If the completed renewal, along with all supporting documentation, is not received by the expiration date you will be required to pay a late renewal penalty. The penalty is \$25.00 for renewals submitted less than 30 days late. Thereafter, the penalty increases by \$5.00 for every additional month or fraction of a month, not to exceed \$100.00.
***Reminder: You may not practice your licensed profession without an Active license.**

Has your name changed since you last renewed, or were originally licensed? <i>If "Yes," you must attach a copy of your marriage license, civil union license or section of divorce decree granting you the authority to change your name.</i>	(Circle One) Yes No
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Section A:

If your mailing address has changed, indicate your new address in the box to the right. Note: It is unprofessional conduct for a licensee to fail to notify the Secretary of State's Office of a change of name or address within thirty (30) days (3 V.S.A. § 129a(a)(14)).	P.O. Box
	Street/Apt #
	City/State/Zip
	Country

If your 911 address has changed, indicate your new address in the box to the right.	P.O. Box
	Street/Apt #
	City/State/Zip

Home Phone: () -	Cell Phone: () -
Work Phone: () -	E-Mail Address:

Date of Birth	Place of Birth (City, State, Country)	Gender: (Circle One)
		Female Male

Social Security Number: _____/_____/_____ ** (Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, and the Department of Labor in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request);

OR

Passport Number: _____ *** (If you do not have a social security number you must provide a passport number as evidence that there is no attempt to procure a license fraudulently (3 V.S.A. §129a)

Section B: Vermont Mandatory “Good Standing” Declarations

The following questions apply to the entity and/or the individual completing and signing this form

CHILD SUPPORT:

Child Support Orders (15 V.S.A. §795(c)): As of the date of this application: (<u>you must check one</u>)	
<input type="checkbox"/>	<u>Not Applicable</u> – I am not subject to a child support order
<input type="checkbox"/>	I am in good standing*
<input type="checkbox"/>	I am in compliance with a payment plan approved by the Office of Child Support
<input type="checkbox"/>	I am NOT in good standing*

TAXES:

Tax Compliance (32 V.S.A. §3113(b)): As of the date of this application: (<u>you must check one</u>)	
<input type="checkbox"/>	<u>Not Applicable</u> – I have never lived or worked in Vermont and do not owe Vermont taxes
<input type="checkbox"/>	I am in good standing*
<input type="checkbox"/>	I am in compliance with a payment plan approved by the Vermont Department of Taxes
<input type="checkbox"/>	I am NOT in good standing*

DISTRICT COURT FINES / JUDICIAL BUREAU:

Unpaid Judgments (4 V.S.A. §1110(b and c)): As of the date of this application: (<u>you must check one</u>)	
<input type="checkbox"/>	<u>Not Applicable</u> – I do not have any unpaid judgments
<input type="checkbox"/>	I am in good standing* with the judicial bureau or district court for fines or penalties for a violation or criminal offense
<input type="checkbox"/>	I am NOT in good standing-*

* “Good standing” is defined in the statutes cited above. For more information, refer to the relevant statute specific to the particular question.

Name: _____

License #: _____

Section C: Vermont Mandatory Credential and Fitness Questions

Please circle **Yes** or **No** for each of these questions. If the answer is **Yes** follow the provided instructions.
Since you were originally licensed or since you completed your last renewal application:

Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied an application by you for a license, certificate, or registration to practice a profession or occupation? <i>If "Yes," you must attach a copy of the order or official notification of the action(s).</i>	Yes	No
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Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If "Yes," you must provide a copy of the order or official notification of the action.</i>	Yes	No
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Have you ever surrendered a license, certificate, or registration to a licensing authority? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Are you currently under investigation by a licensing authority? <i>If "Yes," you must provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
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Have you been convicted of a crime other than a minor traffic violation? (Note: Driving While Intoxicated and Driving Under the Influence are not "minor traffic violations.") <i>If "Yes," you must provide a detailed written explanation and attach the official court documents.</i>	Yes	No
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Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	No
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Note: Vermont law requires that you report to the Office of Professional Regulation, a felony conviction or any conviction of a crime related to the practice of your profession; within 30 days. 3 V.S.A. § 129a(a)(11).

Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must have your health care provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
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Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Are you currently addicted to or in any way dependent on alcohol or habit forming drugs? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Name: _____

License #: _____

Section D: Continuing Education Requirements

§ 4130(b) As a condition of renewal, a naturopathic physician shall complete a program of continuing education, approved by the director, during the preceding two years. The director shall not require more than 30 hours of continuing education biennially.

<p>Was your Naturopathic Physician’s license first issued in Vermont on or after October 1, 2008?</p> <p><i>(If “Yes,” you are not required to complete any continuing education for the first renewal.)</i></p>	<p>Yes</p>	<p>No</p>
<p>Was your Naturopathic Physician’s license first issued in Vermont prior to October 1, 2008 <u>AND</u> have you completed 30 hours of acceptable continuing education?</p>	<p>Yes</p>	<p>No</p>

Section E: Naturopathic Childbirth Endorsement

3.9 Naturopathic Childbirth

(F) Licensees possessing a special endorsement to practice naturopathic childbirth must, as a condition of renewal:

- (1) obtain 15 hours in naturopathic childbirth continuing education during each two-year renewal period. A course in neonatal resuscitation may count toward these 15 hours. Ten of the 15 hours may be applied to general requirements for continuing education. See Rule 3.2 above (continuing education requirements).
- (2) submit proof of current cardiopulmonary resuscitation certification for adults and newborns and for neonatal resuscitation biennially, with each license renewal. See subsection (B) above.
- (3) have performed 3 natural childbirths in the preceding two year renewal period.

<p>Do you hold a special endorsement to practice naturopathic childbirth?</p>	<p>Yes</p>	<p>No</p>
<p>If “Yes” to holding this special endorsement, have you completed 15 hours of acceptable continuing education relating to naturopathic childbirth?</p>	<p>Yes</p>	<p>No</p>
<p>If “Yes” to holding this special endorsement, do you hold a current cardiopulmonary resuscitation (CPR) certification for adults and newborns and neonatal resuscitation?</p>	<p>Yes</p>	<p>No</p>
<p>If “Yes” to holding this special endorsement, have you performed three (3) natural childbirths?</p>	<p>Yes</p>	<p>No</p>

Name: _____

License #: _____

Section F: Formulary Examination

26 V.S.A. § 4130. Biennial license renewal; continuing education

This amendment permits the director to require a formulary examination of currently licensed naturopathic physicians in order for them to prescribe medication and as a condition of renewal of their licenses.

A formulary exam is now required of any Vermont licensed Naturopathic Physician. This exam is for all new applicants and is a condition of renewal for this renewal cycle. You must complete this online, open-book exam prior to answering "yes" and renewing your license. The exam may be found at www.testrac.com/testrac1. See our website at www.vtprofessionals.org for more details.

Have you completed the required formulary examination with a passing score?	Yes	No
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Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for renewal or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)

Signature of Applicant	Date

Name: _____

License #: _____

Office of Professional Regulation Survey (optional)

Would you be willing to serve as an Ad Hoc member of the Board/Commission/Advisory panel for your profession? <i>If you answer "Yes," submit a letter of intent and resume to the Office for consideration.</i>	Yes	No
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Would you be willing to serve as a Board/Advisor member of the Board/Commission/Advisory panel for your profession? <i>If you answer "Yes," submit a letter of intent and resume to the Office for consideration.</i>	Yes	No
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Would you be willing to serve as an Expert Witness for licensing cases associated with your profession?	Yes	No
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If you answered "Yes" to the question above, what is your area of expertise?

Name: _____

License #: _____