

North Dakota Board of Medicine
Application for Waiver of Limited Endorsement to Prescribe

Naturopathic Doctor: _____

License Number: _____

Naturopathic Doctor Primary Practice Area: _____

I am applying for a waiver of a limited endorsement by certifying that I have substantial experience in prescribing medications under the laws/rules of another jurisdiction that has standards and qualifications for a naturopathic doctor to prescribe medications at least equal to those required under North Dakota Century Code chapter 43-58.

List the jurisdiction(s), your license number, date of licensure, whether any disciplinary action was taken:

Supervising Physician from another jurisdiction: _____

Supervising Physician License Number another jurisdiction: _____

Supervising Physicians Primary Practice Area: _____

Please provide a copy of:

1. The laws and rules of the other jurisdiction that show standards and qualifications to prescribe medications equal to North Dakota.
2. A copy of the collaborative agreement with the physician who supervised your prescriptive practices.
3. Verification of passage of the NPLEX Pharmacology Examination.
4. Verification of license in good standing at in all jurisdictions listed above.

Naturopathic Doctor Signature

Date

Please have the supervising physician review and sign the following:

I certify that I previously supervised the above-named naturopathic doctor's prescription of either one hundred prescriptions issued by the naturopathic doctor or twelve months of prescribing, whichever occurred first. Based on my review, the naturopathic doctor safely prescribed and administered prescription drugs within the scope of their practice, education, and training, and complied with federal and state law.

Supervising Physician Signature

Date