

**North Dakota Board of Medicine**  
**Application for Endorsement of Intravenous Administration**

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Naturopath Doctor: \_\_\_\_\_  
[please print]

ND License Number : \_\_\_\_\_

I am applying to obtain endorsement to administer intravenous injection or therapy.

I attest that I have attended sixteen hours of training to administer intravenous therapy which includes eight hours of instruction at a graduate-level course at an approved naturopathic medical school with instruction in: indications, contraindications, formularies, emergency protocols, osmolarity calculation, aseptic technique, and proper documentation.

I attest that upon verification of the required training noted above, I will comply with North Dakota Administrative Code section 50-06-02-05 including:

1. I may administer vitamins, minerals, amino acids, and homeopathic remedies in accordance with naturopathic medical training through intradermal, intramuscular, subcutaneous injection, or intravenous therapy. Substances administered by injection or intravenous therapy must be manufactured and supplied by a manufacturer required to register with the United States Food and Drug Administration or compounded by a pharmacy licensed by the state department of health.
2. Intravenous chelation therapy is limited to use for heavy metal toxicity.
3. In using injection or intravenous therapy, I have a plan to manage adverse events, including sensitivity, allergy, overdose, or other unintended reactions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_