

CERTIFICATE OF NATUROPATHIC EDUCATION

IMPORTANT: Applicant must forward this application form to the CNME Accredited Naturopathic School granting degree for certification of his/her naturopathic education – who must then send directly to the North Dakota Board of Medicine.

It is hereby certified that _____
(print name of Naturopathic Doctor)

received a _____ diploma from _____
(degree) (name of school)

_____ on _____.
(location) (mm/dd/yyyy)

Signed _____

Title _____

(SEAL OF COLLEGE)

INSTRUCTIONS TO APPLICANT

1. You may fill out the top portion of the application of your name, degree, name of school, degree awarded, location, and date you received your diploma.
2. Send this form to the President, Dean, or Registrar of your naturopathic school to fill in the remainder of the form as outlined below.

INSTRUCTIONS TO NATUROPATHIC SCHOOL

The person whose name appears on this certificate has applied for a license to practice naturopathic medicine in the State of North Dakota.

Please review this certificate to determine if the above information is correct.

If you find that it is entirely correct, please:

1. Complete the portion of the form calling for your name, title, and the date.
2. Affix the seal of your institution.
3. Return this certificate directly to the North Dakota Board of Medicine, 4204 Boulder Ridge Rd, Suite 260, Bismarck, ND 58503 or FAX to 701-989-6392 or email to brimplinger@ndbom.org