

North Dakota Board of Medicine Naturopathic Postgraduate Training Form

TO APPLICANT: If you completed a residency in naturopathic medicine, please have this form completed by the residency program director or supervisor and have them send the form **directly** to the North Dakota Board of Medicine by: mail at **4204 Boulder Ridge Rd, Ste 260, Bismarck, ND 58503-6162**, email to briplinger@ndbom.org, or faxed to **701-989-6392** with a fax cover sheet that provides the Board with the required primary source verification.

Naturopathic Doctor's Name: _____

CNME Sponsor: _____

Program Name: _____

Program Address: _____

Dates of training: _____

Was this training program accredited by CNME? _____

Did the applicant successfully complete all the requirements of the program? _____

Please indicate quality of work or any derogatory information: _____

ATTESTATION

I do hereby certify that the foregoing is true and correct and that the applicant for licensure has successfully completed the above post-graduate supervised experience at the facility listed.

Signature of Supervisor/Director: _____

Printed Name of Supervisor/Director: _____

Title of Supervisor/Director: _____

Email Address: _____

Date: _____