

OKLAHOMA BOARD OF NATUROPATHIC EXAMINERS FOR PRACTICE STANDARDS, LLP.

REGISTRATION APPLICATION

All applicants must speak, read, write and comprehend English.

Please complete every section of this application and submit the original application and all required supporting documents. If more space is needed to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for dismissal of the application.

APPLICANT INFORMATION *(please print clearly):*

<input type="text"/> First Name	<input type="text"/> Middle Initial	<input type="text"/> Last Name	<input type="text"/> Suffix: Jr. Sr. Etc.		
<input type="text"/> Date of Birth: 00/00/0000	<input type="text"/> Gender: Male/Female	<input type="text"/> Email			
<input type="text"/> Mailing Address (Postal)		<input type="text"/> Practice Address (Physical)			
<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip Code
<input type="text"/> Home Phone	<input type="text"/> Cellular Phone	<input type="text"/> Office Phone			

Information provided will be kept confidential and used strictly for Board business.

PREVIOUS NAMES: Please complete this section if you have ever changed your name.

<input type="text"/> Birth Name	<input type="text"/> First Name Change
<input type="text"/> Second Name Change	<input type="text"/> Third Name Change

EDUCATIONAL TRAINING

List all colleges and universities attended prior to and including professional schools. List institutions attended in reverse chronological order, with the most recent at the top.

<input type="text"/> Institution Name					
<input type="text"/> City					
<input type="text"/> State		<input type="text"/> Province		<input type="text"/> Country	
<input type="text"/> Degree/Certificate Issued		<input type="text"/> Date Issued		<input type="text"/> Hours/Credits	
<input type="text"/> Institution Name					
<input type="text"/> City					
<input type="text"/> State		<input type="text"/> Province		<input type="text"/> Country	
<input type="text"/> Degree/Certificate Issued		<input type="text"/> Date Issued		<input type="text"/> Hours/Credits	
<input type="text"/> Institution Name					
<input type="text"/> City					
<input type="text"/> State		<input type="text"/> Province		<input type="text"/> Country	
<input type="text"/> Degree/Certificate Issued		<input type="text"/> Date Issued		<input type="text"/> Hours/Credits	

PROFESSIONAL PRACTICE & INTERNSHIPS

List all experience since medical/professional school graduation below. Include letters from employing facilities and organizations for internships, residencies, fellowships or employment if available. For "Description", use the letter from the key below. List experience in reverse chronological order, beginning with the most recent.

Training or Practice Codes:

- | | |
|-------------------|--|
| A. Fellowship | E. Employment |
| B. Internship | F. Private Practice |
| C. Residency | G. Other (Attach a typed explanation on a separate sheet of paper to this form.) |
| D. Apprenticeship | |

Institution, Organization, or Clinic Name		Supervising Party	
Description of Training / Internship			
Starting Date:	Ending Date:	Total Number of Years	
Institution, Organization, or Clinic Name		Supervising Party	
Description of Training / Internship			
Starting Date:	Ending Date:	Total Number of Years	
Institution, Organization, or Clinic Name		Supervising Party	
Description of Training / Internship			
Starting Date:	Ending Date:	Total Number of Years	

PROFESSIONAL LICENSES OR REGISTRATIONS IN OTHER JURISDICTIONS

1			
	Type of License/ Registration Issued	Jurisdiction/State/Province	
		Date Issued	Expiration Date
2			
	Type of License/ Registration Issued	Jurisdiction/State/Province	
		Date Issued	Expiration Date

SUPPORTING DOCUMENTS CHECKLIST

Please indicate the supporting documents you have included with this package or requested to be sent to the Board.
Keep a photocopy of all supporting documents for your records.

- | | |
|--|--|
| <input type="checkbox"/> Copy of drivers license or photo identification.
<input type="checkbox"/> Two recent and identical passport-type photos (approx. 2"X2") (print name on back)
<input type="checkbox"/> Two (2) character references in letter form.
<input type="checkbox"/> Photocopy of licensures/registrations
<input type="checkbox"/> Photocopy of transcripts for all education listed. | <input type="checkbox"/> Clinical experience & internships (Detailed information with signature of supervising doctor)
<input type="checkbox"/> Proof of practice for five years or longer (for registration as a Naturopath only) Please include detailed information pertaining to your practice with outside verification when possible. |
|--|--|

**** All Examination scores will be provided directly to the board by the examination administrator.**

Registration Selection

Please note that all registrants must be at least 18 years of age with good moral character. Registrants may not be: addicted to alcohol or illicit drugs or have been convicted felony. Please select the type of Registration you desire.

Registered Naturopath

Registration Requirements:

- A) Documented 5 years of practice as a naturopath.
- B) Pass written examination provided by the board.

Scope of practice:

Diagnoses, treats, and cares for patients, using a system of practice that bases treatment of physiological functions and abnormal conditions on natural laws governing human body. Utilizes physiological, and mechanical methods, such as air, water, light, heat, earth, phytotherapy, food and herb therapy, electrotherapy, mechanotherapy, and natural methods or modalities, together with natural medicines, vitamins and minerals, natural processed foods, herbal products and herbal preparations, homeopathic remedies and nature's remedies in both their oral and topical forms.

Titles for use by a registered Naturopath:

Naturopath (spelled out)

Naturopath Practitioner (spelled out)

Do not use abbreviations such as; ND, NP or the term doctor.

Do not use the abbreviation Dr. The use of the term physician is prohibited. Optional: You can use the term Registered in association with the title you prefer, example:

Registered, Naturopathic Practitioner

I, _____ agree that I will practice naturopathy in accordance with the practice standards set forth by the OBONEFPS.

Signature

Date

Doctor of Naturopathy

Registration Requirements:

- A) Degree issued with the title "Doctor" from a naturopathic or natural medicine institution or any doctorate of the natural health sciences.
- B) Pass written examination provided by the board.

Scope of practice:

Diagnoses, treats, and cares for patients, using a system of practice that bases treatment of physiological functions and abnormal conditions on natural laws governing human body. Utilizes physiological, and mechanical methods, such as air, water, light, heat, earth, phytotherapy, food and herb therapy, electrotherapy, mechanotherapy, and natural methods or modalities, together with natural medicines, vitamins and minerals, natural processed foods, herbal products and herbal preparations, homeopathic remedies and nature's remedies in both their oral and topical forms.

Titles for use by a registered Doctor of Naturopathy:

Doctor of Naturopathy or ND

Doctor of Naturopathic Medicine or DNM

Optional: You can use the term Registered in association with the title you prefer, example: Registered, DNM

Do not use the abbreviation Dr. without indication of what type of doctor you are. The use of Dr. must be followed by a description of naturopath, doctor of naturopathy, or doctor of naturopathic medicine. The use of the term physician is prohibited.

I, _____ agree that I will practice naturopathy in accordance with the practice standards set forth by the OBONEFPS.

Signature

Date

Doctor of Naturopathy-NA (Naturopathic Acupuncture)

Registration Requirements:

- A) Completion of Clean Needle Examination by the Board
- B) 100 Hours of board approved Acupuncture Training **or**
- C) Board approved Internship.
- D) Successful completion of both written and practical examinations.

Must complete **a** and **d** along with either **b** or **c**, but not both.

Scope of practice:

Diagnoses, treats, and cares for patients, using a system of practice that bases treatment of physiological functions and abnormal conditions on natural laws governing human body. Utilizes physiological, and mechanical methods, such as air, water, light, heat, earth, phytotherapy, food and herb therapy, electrotherapy, mechanotherapy, and natural methods or modalities, together with natural medicines, vitamins and minerals, natural processed foods, herbal products and herbal preparations, homeopathic remedies and nature's remedies in both their oral and topical forms. Also includes the practice of naturopathic acupuncture. Excludes advanced practice (AP) modalities.

Titles for use by a registered Doctor of Naturopathy -Naturopathic Acupuncture are:

Doctor of Naturopathy Registered Acupuncturist or ND, R. Ac.

Registered Naturopathic Acupuncturist or ND, R. Ac.

Doctor of Naturopathic Medicine Registered Acupuncturist or DNM-R. Ac; Registered Acupuncturist or R. Ac.

Optional: You can use the term Registered in association with the title you prefer, example: Registered, ND, R. Ac.

Do not use the abbreviation Dr. without indication of what type of doctor you are. The use of Dr. must be followed by a description of naturopath, doctor of naturopathy, or doctor of naturopathic medicine. The use of the term physician is prohibited.

I, _____ agree that I will practice naturopathy in accordance with the practice standards set forth by the OBONEFPS.

Signature

Date

Doctor of Naturopathy-AP (Advanced Practice)

Registration Requirements:

- A) Current certification in Cardio Pulmonary Resuscitation (CPR)
- B) Board Approved Refresher Course in "Injectable Nutrient Therapy"
- C) Successful completion of both written and practical examinations.

Scope of practice:

Diagnoses, treats, and cares for patients, using system of practice that bases treatment of physiological functions and abnormal conditions on natural laws governing human body. Utilizes physiological, and mechanical methods, such as air, water, light, heat, earth, phytotherapy, food and herb therapy, electrotherapy, mechanotherapy, and natural methods or modalities, together with natural medicines, natural processed foods herbal products and herbal preparations, homeopathic remedies and nature's remedies in both their oral and topical forms. Includes the use of injectable nutrients and those assimilable substances containing elements or compounds which are components of body tissues and are physiologically compatible with body processes for maintenance of life as set forth by the formulary provided by the board. Excludes the practice of naturopathic acupuncture unless the registrant has completed the requirements for the practice of naturopathic acupuncture.

Titles for use by a registered Doctor of Naturopathy- Advanced Practice are: Doctor of Naturopathy Advanced Practice or ND, A.P.; Doctor of Naturopathic Medicine, Advanced Practice or DNM-A. P.; Optional: You can use the term Registered in association with the title you prefer, example: Registered, DNM, A.P. Do not use the abbreviation Dr. without indication of what type of doctor you are. The use of Dr. must be followed by a description of naturopath, doctor of naturopathy, or doctor of naturopathic medicine. The use of the term physician is prohibited.

I, _____ agree that I will practice naturopathy in accordance with the practice standards set forth by the OBONEFPS.

Signature

Date

SCREENING QUESTIONS

All questions MUST be answered. If you answer "YES" to any of the questions below, please provide a complete explanation on a separate sheet of paper and attach to this application form.

Mark The Correct Answer

- | | | |
|---|-----------------------------|------------------------------|
| 1) Have you ever been convicted of a crime or misdemeanor other than minor traffic violations? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 2) Are you now or have you ever been licensed or registered in another state/jurisdiction? (If "Yes," be sure to provide details on page 2 of this application) | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 3) Have you ever been party to a malpractice action or had a malpractice action brought against you? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 4) Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 5) Have you ever been terminated from a clinical or professional training program? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 6) Do you have a physical or medical condition that currently impairs your ability to practice your profession? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 7) Are you drug or alcohol dependent? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 8) Have you withdrawn an application in any other state/jurisdiction to practice your profession? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 9) Has any authority or peer review board taken adverse action against your license or privileges? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 10) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law ? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 11) Has any authority or peer review board informed you of any pending charges(s) or investigation? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 12) Have you ever been terminated or asked to resign from employment relating to the practice of naturopathy? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 13) Have you ever had a license or registration revoked? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 14) Have you ever had a complaint filed against you by a patient or client? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

REGISTRATION Fees (check all that apply) Refer to Registration Requirements before selecting type of registration.

Registered Naturopath & Doctor of Naturopathy

- Standard Examination fee: \$125.00 _____
- Registration fee (2 year): \$400.00 _____

Doctor of Naturopathy -NA (Naturopathic Acupuncture)

- Standard Examination Fee: \$125.00 _____
- Naturopathic Acupuncture Examination Fee: \$150.00 _____

Doctor of Naturopathy-AP (Advanced Practice)

- Standard Examination Fee: \$125.00 _____
- Advanced Practice Exam: \$150.00 _____
- Advanced Practice Review: (Call) _____
- AP-Registration fee (2 year): \$600.00 _____

- Acupuncture Training: (Call) _____
- NA-Registration Fee (2 year): \$500.00 _____

Miscellaneous Fees:

- Late renewal fee: \$ 50.00 _____
- Duplicate wall certificate: \$ 65.00 _____

**Please note that the Advanced Practice Review & Naturopathic Acupuncture training fees may vary depending on the administering body. Call for current classes and clinical training available.

Total Enclosed: \$ _____

AFFIDAVIT: I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of false statement(s) on this application, including all writings and exhibits attached hereto, will cause this application to be rejected and subsequent registration to be revoked.

_____ Date

_____ Applicant's Signature

Make check or money order to: Oklahoma Board of Naturopathic Examiners for Practice Standards, LLP
Practitioners' Registration
P.O. Box 364 Roland, OK 74954

Phone: (918) 398-0252 Fax: (888) 595-1717