



BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

State of Idaho

Division of Occupational and Professional Licenses

Idaho Board of Naturopathic Health Care

11341 W Chinden Blvd.
P.O. Box 83720
Boise, ID 83720-0063
(208) 334-3233
dopl.idaho.gov

This application is for voluntary licensure as a naturopathic doctor and registered naturopaths pursuant to Title 54, Chapter 59, Idaho Code.

"Licensed naturopathic doctor" means an individual licensed as a medical doctor, doctor of osteopathy, doctor of podiatric medicine, doctor of chiropractic medicine, doctor of dental medicine, or doctor of nursing practice who has obtained an approved naturopathic doctoral degree, as set forth in rule, and who voluntarily elects to seek and receives licensure under Title 54, Chapter 59, Idaho Code, to practice naturopathic health care in Idaho.

Naturopaths who are not licensed naturopathic doctors may, but shall not be required to, obtain registration under the provisions of Title 54, Chapter 59, Idaho Code, and pursuant to the rules of the board. The scope of practice for a registered naturopath under this chapter shall be limited to practices permitted pursuant to Idaho Code § 54-1804(1)(l).

54-1804(1) Under the circumstances described and subject in each case to limitations stated, the following persons, though not holding a license to practice medicine in this state, may engage in activities included in the practice of medicine:

(l) A person who administers treatment or provides advice regarding the human body and its functions and who:

(i) Does not use legend drugs or prescription drugs in such practice;

(ii) Uses natural elements such as air, heat, water and light;

(iii) Uses only class I or class II nonprescription, approved, medical devices as defined in section 513 of the federal food, drug and cosmetic act;

(iv) Uses only vitamins, minerals, herbs, natural food products and their extracts, and nutritional supplements;

(v) Does not perform surgery; and who

(vi) Requires each person receiving services to sign a declaration of informed consent that includes an overview of the health care provider's education which states that the health care provider is not an "M.D." or "D.O." and is not licensed under the provisions of this chapter

To qualify for license or registration, the applicant must fully complete the application, pay the required fee, and provide all requested information. Applications must include a valid social security number or other documentation as required under Idaho Code § 73-122. Incomplete applications (excluding those items that must be sent directly to the Division of Occupational and Professional Licenses from an issuing authority) will not be processed.

VOLUNTARY NATUROPATHIC DOCTOR LICENSE FEE: \$800

REGISTRATION FEE: \$500

FEES ARE NON-REFUNDABLE. Please make checks and money orders payable to the Division of Occupational and Professional Licenses/IDOPL. All returned checks are subject to a \$20.00 fee.

MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES:

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you may be entitled to expedited processing of your application. *See Idaho Code § 67-9405.* Additionally, active members of the military may be eligible for a waiver of the registration fee. *See Idaho Code § 67-2606.*

APPLICATION CHECKLIST FOR LICENSURE:

☐ Licensure Fee \$800

☐ License verification showing current, unrestricted licensure in any jurisdictions as a medical doctor, doctor of osteopathy, doctor of podiatric medicine, doctor of chiropractic medicine, doctor of dental medicine, or doctor of nursing practice. (The Division will attempt to obtain this information online. If this information is not available online, you will be notified. If required, license verification must be received directly from every state an applicant has held a license.)

☐ Proof of Satisfactory Completion of Naturopathic Doctor Curriculum

☐ Proof of Experience

☐ Proof of Identification (a clear and readable color copy of a government-issued photo ID such as a passport, valid driver's license, or military ID).

☐ If the name provided on this application does not match the name on the required documents, please provide a copy of proof of name change (i.e., marriage certificate, divorce decree, or court order showing the transition of name).

APPLICATION CHECKLIST FOR REGISTRATION:

☐ Registration Fee \$500

☐ Proof of Identification (a clear and readable color copy of a government-issued photo ID such as a passport, valid driver's license, or military ID).

☐ If the name provided on this application does not match the name on the required documents, please provide a copy of proof of name change (i.e., marriage certificate, divorce decree, or court order showing the transition of name).



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Naturopathic Doctor License and Registered Naturopath Application

Applicant Legal Name: _____

Address of Record: _____

(The above address is a public record.)

Street/PO Box

City

State

Zip

Mailing Address: _____

(Will be used as address of record if none provided above.)

Street/PO Box

City

State

Zip

Date of Birth: _____

Social Security Number: _____

(Required by Idaho Code§ 73-122)

Phone: _____ **Cell Phone:** _____

Applicant Email: _____

Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?
() Yes () No

For license applications only: Please provide medical professional licensure information:

State	License Number	Profession

For license applications only: Please provide naturopathic doctor curriculum information:

Program	Institution	Credit Hours

For license applications only: I have completed one (or more) the following (proof required):

- ☐ Four (4) years of experience in the practice of naturopathic health care in Idaho or two (years) of experience before July 1, 2024.
- ☐ Passed a naturopathic health care national board examination.
- ☐ Passed an Idaho state examination approved by the Board.

LICENSURE/REGISTRATION LIABILITY QUESTIONS

The Board recognizes the critical importance of physical and mental health and advocates proactive management of all health conditions to support the well-being of professional licensees and their patients. Our professionals experience trauma, whether directly or vicariously, which may lead to grief, depression, or other conditions. Ethical healthcare professionals will monitor their own personal well-being and attend to their own needs by seeking appropriate care to optimize their ability to care for others. Counseling and treatment provide important support for mental health and personal well-being. Therefore, nothing in the following attestation is intended to discourage those who might benefit from treatment or counseling from seeking it. Voluntarily seeking or receiving mental health treatment and counseling remains confidential and will not negatively impact your eligibility to obtain or retain a professional license.

Attestation:

As a healthcare professional, I commit to monitoring my personal health and well-being and, if I ever need treatment or counseling to support my health, I will attend to those needs by obtaining that treatment or counseling.

Signature

Date

I, _____ attest that all of the information contained herein is true, complete, and accurate to the best of my knowledge and belief. Should I furnish any false information, or cause any material omission, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license.

Signature

Date

1. Have you had an application for a professional license/registration denied or refused? If you have previously reported this information, you may select "No".

☐ Yes ☐ No

2. Have you been the subject of any proceeding by a licensing authority which either sought or resulted in censure, reprimand, probation, suspension, surrender, revocation, fine or other discipline/penalty in connection with any professional license/registration you held? If you have previously reported this information, you may select "No".

☐ Yes ☐ No

3. Have you ever had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited, or restricted? If you have previously reported this information, you may select "No".

☐ Yes ☐ No

4. Have you been arrested, charged, cited, indicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime or offense, including actions that resulted in a deferred or withheld judgment? If you have previously reported this information, you may select "No".

☐ Yes ☐ No

5. Have you received a finding of guilt under the uniform code of military justice? If you have previously reported this information, you may select "No".

☐ Yes ☐ No

6. Have any judgments or settlements been paid on your behalf as a result of a professional liability or malpractice case(s)? If you have previously reported this information, you may select "No".

☐ Yes ☐ No

Unsafe behaviors resulting from habitual alcohol or substance use are grounds for formal discipline. However, the Division of Occupational and Professional Licenses believes that professionals who acknowledge their practice may be negatively impacted as a result of alcohol or substance use and who are actively engaged in recognized recovery methods do not represent a threat to the public and should be allowed to continue practicing in Idaho. In order to assure public safety, the Board supports monitoring of these professionals outside of the process of formal disciplinary investigations under provisions that assure support of recovery and prevention of return to use. The Idaho Health Professionals Recovery Program (HPRP) is an alternative to discipline program for licensed professionals with alcohol use or substance use disorders. For information about this Program, contact Katie Stuart, HPRP Administrator for the Division of Occupational and Professional Licenses, at (208) 577-2489 or Southworth Associates at (208) 323-9555 or toll free at (800) 386-1695.

7. I am currently enrolled as a participant in an alternative to discipline, diversion, peer assistance, or recovery program in another state and will need to transfer monitoring to Idaho. If you have previously reported this information, you may select "No".

☐ Yes ☐ No

CERTIFICATION

I hereby certify, to the best of my knowledge, the information on this application is true and correct. I further certify I have read the statutes and rules pertaining to naturopathic health care in Idaho. I understand my license or registration may be suspended, revoked, or otherwise disciplined if it was obtained through false information or if I violate any applicable statutes or rules. I further understand the Division of Occupational and Professional Licenses may release information contained in licensing applications as required by law.

Signature of Applicant _____ **Date** _____

Experience in the Practice of Naturopathic Health Care in Idaho
(This form applies only to applicants for licensure)

For applicants claiming four (4) years of experience in naturopathy, the Idaho Board of Naturopathic Health Care requires completion of this form to document and fulfill that requirement pursuant to Idaho Code § 54-5905(1)(d)(i). This form should be submitted with your application or mailed separately to: Division of Occupational and Professional Licenses, PO Box 83720, Boise, ID 83720-0063.

Naturopathic Health Care Experience	
Provide a list of all naturopathic health care experience <u>in</u> Idaho for the last four (4) years or two (2) years of experience prior to July 1, 2024.	
<u>Name of Employer and Experience</u>	Dates Worked: <u>MM/YY – MM/YY</u>

I declare, under penalty of perjury, that the information provided by me on this form is true and correct. Should I furnish any false information, or cause any material omission, I hereby agree that such act shall constitute cause for denial of the license.

Signature of Affiant _____ Date _____