



**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
NATUROPATHIC LICENSURE APPLICATION**

Please check one:  Initial Licensure  Reinstatement CT License #: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name and Mailing Address:** This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

**Name on License:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Gender:** \_\_\_\_\_

**RACE/ETHNIC DATA:** (This section is voluntary. Information gathered will be used solely for the purpose of examining the demographics of Connecticut licensees. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.)

- AMERICAN INDIAN OR ALASKAN NATIVE:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN OR PACIFIC ISLANDER:** Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent of the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- BLACK:** Persons having origins in any of the black racial groups of Africa.
- HISPANIC:** Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- WHITE (not of Hispanic Origin):** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**NATUROPATHIC EDUCATION:**

**Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
NO. & STREET CITY STATE ZIP CODE

**Dates attended From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Degree/Diploma received:** \_\_\_\_\_ **Date received:** \_\_\_\_\_

**PRE-PROFESSIONAL EDUCATION:**

**Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
NO. & STREET CITY STATE ZIP CODE

**Dates attended From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Degree/Diploma Received:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**LICENSURE: List all states/territories/Canadian provinces in which you have ever been licensed:**

STATE	LICENSE/PERMIT NUMBER	EXPIRATION DATE

Please indicate which month you plan to attend the Connecticut jurisprudence examination. Please see the Department's website at <http://www.dph.state.ct.us/Licensure/licensure.htm> for the examination schedule.

January       March       May       July       September       November

At the exam, do you require accommodation for any disabling condition? Yes  No  If Yes, attach a separate written statement to the application, briefly describing the nature of your disability and the accommodation you are seeking. Upon review of your request, this office will contact you for appropriate documentation.

**STATEMENT OF PROFESSIONAL HISTORY:** Please answer the following questions referring to the instructions, if applicable.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following:  
-Any hospital, nursing home, clinic, or similar institution;  
-Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;  
-Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;-Any third party reimbursement program, whether governmental or private? Yes  No   
**If your answer is "yes", give full details, names, addresses, etc. on separate notarized statement.**
2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? Yes  No   
**If your answer is "yes", give names of professional society or association, date and reasons your membership or certification was suspended or revoked on a separate notarized statement.**
3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? Yes  No   
**If your answer is "yes", give full details, names, addresses, etc. on a separate notarized statement.**
4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? Yes  No   
**If your answer is "yes" give full details, names, addresses, etc. on a separate notarized statement.**

5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit. Yes  No

**If your answer is "yes" give full details, names, addresses, etc. on a separate notarized statement.**

6. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? Yes  No

**If your answer is "yes" give full details on a separate notarized statement and submit notarized copy of agreement.**

7. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have a felony under the laws of this state? Yes  No

**If your answer is "yes" give full details on a separate notarized statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition of the case.**

On this \_\_\_\_\_ day of \_\_\_\_\_ (month/ year) \_\_\_\_\_ (applicant's name) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

*Affix a recent photograph here.*

**DO NOT STAPLE**

**All of the above statements contained herein are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ (month/year) \_\_\_\_\_.

Notary Public Signature \_\_\_\_\_ My Commission Expires \_\_\_\_\_.

**Please return this application and fee for \$565.00 (certified check or money order) made payable to, "Treasurer, State of Connecticut" to:**

Department of Public Health  
Naturopath Licensure-Remittance Unit  
410 Capitol Ave., **MS# 12MQA**  
P.O. Box 340308  
Hartford, CT 06134-0308

**IMPORTANT:** Please do not send this form and fee unless you have read and understood the licensing policies and requirements. All fees are nonrefundable.