

NATUROPATHIC DOCTOR
Verification of Naturopathic Medicine Education

This form is for certification of naturopathic medicine education for and must be completed and **emailed or mailed by the facility directly to the Minnesota Board of Medical Practice**. Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Print Name: _____ SS#: _____

Signature: _____ Date: _____

Date of Degree(mo/day/yr) _____ Degree Received _____

The School completes the following information:

It is hereby certified that: _____
(Name of Applicant)

Matriculated in: _____
(Name of School)

Program located at: _____
(City/State of School)

And received a diploma conferring: _____ On: _____
(Degree) (Mo/Day/Year)

Program accredited by: (check one)

___ Council on Naturopathic Medicine Education (CNME)

___ Other (explain) _____

If other, is this a federally recognized accrediting body for the naturopathic medical profession? Yes ___ No ___

Any disciplinary action? Yes* ___ No ___

Any derogatory information on file? Yes* ___ No ___

President, Secretary Dean, Registrar

School

Print Name: _____

Seal**

Signature: _____

Title: _____

Date: _____

Phone: _____ Fax _____

*Please attach letter of explanation.

**If there is no seal, attach letter of explanation on letterhead.