

**NATUROPATHIC DOCTOR**  
**Verification of Licensure/Registration**

This form is for verification of all naturopathic doctor and other health care professional licenses or registrations from every board issuing any type of license including training and temporary permit even if license is not current. Each Board completing the form must **email or mail directly to the Minnesota Board of Medical Practice**. Any 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: \_\_\_\_\_

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**The State Board completes the following information:**

It is hereby certified that: \_\_\_\_\_  
(Name of Applicant)

Date of birth: \_\_\_\_\_  
(Month / Day / Year)

Was issued license/registration number: \_\_\_\_\_

By: \_\_\_\_\_ On: \_\_\_\_\_  
(State) (Month / Day / Year)

Expiration date is: \_\_\_\_\_  
(Month / Day / Year)

Issued on the basis of: \_\_\_\_\_

Disciplinary action ever initiated, pending, or invoked? Yes\* \_\_\_\_\_ No \_\_\_\_\_

Ever voluntarily relinquished license? Yes\* \_\_\_\_\_ No \_\_\_\_\_

State	Print name: _____
Seal**	Signature: _____
	Title: _____
	Date: _____

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