



Montana Board of Alternative Health Care

PO Box 200513

301 S Park, 4th Floor

Helena, MT 59620-0512

Phone: (406) 444-6880

Email: dlibsdhhelp@mt.gov Website: www.althealth.mt.gov

Licensing Requirements and Application Checklist Naturopathic Physician

License Requirements for Naturopathic Physician

Below are the minimum requirements you must meet in order to be licensed in the state of Montana.

1. Must be of good moral character. ([MCA 37-26-402](#) and [ARM 24.111.502](#))
2. Must be a graduate of an approved naturopathic medical college. ([MCA 37-26-402](#) and [ARM 24.111.501](#))
3. Must have verification from the North American Board of Naturopathic Examiners (NABNE) of passing the Naturopathic Physician Licensing Examination (NPLEX). ([MCA 37-26-402](#) and [ARM 24.111.502](#))

Checklist of Required Documents to Submit for Application for Naturopathic Physician

The following documents and additional forms are required in addition to the basic application. Some documents may be submitted directly by the applicant as part of the application. Others, such as transcripts, may need to be sent to the board directly from the source.

- Three letters of reference, at least one of which must be from a licensed naturopathic physician, attesting to the applicant's good moral character.
- Official transcript sent directly from the naturopathic medical college.
- Official verification sent directly from the North American Board of Naturopathic Examiners (NABNE) of passing the NPLEX.
- Official license verification from states and jurisdictions in which the applicant holds or has ever held a professional license of any type.

Checklist of Required Documents to Submit for Application for Naturopathic Physician – Out-of-State Applicants ([ARM 24.111.503](#))

The following documents and additional forms are required in addition to the basic application. Some documents may be submitted directly by the applicant as part of the application. Others, such as transcripts, may need to be sent to the board directly from the source.

- Copy of current unencumbered naturopathic physician license in another state or jurisdiction in the form of official license verification directly from the state or jurisdiction.
- Three letters of reference, at least one of which must be from a licensed naturopathic physician, attesting to the applicant's good moral character.
- Official transcript sent directly from the naturopathic medical college.
- Official verification sent directly from the North American Board of Naturopathic Examiners (NABNE) of passing the NPLEX.

- Official license verification from states and jurisdictions in which the applicant holds or has ever held a professional license of any type.

Checklist of Required Documents to Submit for Childbirth Specialty Certificate
(ARM 24.111.510)

The following documents and additional forms are required in addition to the basic application. Some documents may be submitted directly by the applicant as part of the application. Others, such as transcripts, may need to be sent to the board directly from the source.

- Official transcript from an approved naturopathic medical college, hospital, or a signed supervisor document showing completion of at least 100 clock hours or academic coursework, internship, or preceptorship in obstetrics.
- Log of natural childbirth care signed by a licensed naturopathic, medical, or osteopathic physician with specialty training in obstetrics documenting that the applicant has observed and assisted in the prenatal care and delivery of 50 supervised natural childbirths (3 of the births must have occurred within the 2 years immediately preceding the submission of the application, and in at least 1 of the 3 births, the applicant must have provided continuous care). Include date of birth, county and state of birth, the name of the primary birth attendant(s), and the name and license number of the supervisor.
- Provide proof of having passed a specialty examination in obstetrics approved by the board, or the American College of Naturopathic Obstetrics' (ACNO) obstetrics specialty examination, or the Naturopathic Physician Licensing Examination's (NPLEX) obstetrics specialty examination.

Application Fee(s) for Naturopathic Physician

The following fee(s) must be submitted with your application. Online applicants can pay using a credit card or bank account. If you submit a paper application you must submit a check or money order. Do not mail cash.

- \$300 application fee
- \$200 original license fee
- \$100 childbirth specialty certificate fee

You can apply for a license online at <https://ebiz.mt.gov/POL/> or download a paper application from the website. Online application is recommended.

Please include a valid e-mail address with your application. E-mail is the department's primary form of communication.

If you have any questions about the application process or the licensing requirements please contact the Department of Labor and Industry Professional Licensing Bureau using the contact information at the top of this checklist.

MONTANA BOARD OF ALTERNATIVE HEALTH CARE
301 S PARK, 4th FLOOR
PO BOX 200513
HELENA MONTANA 59620-0513
PHONE (406) 444-6880
EMAIL: dlibsdhhelp@mt.gov WEBSITE: www.althealth.mt.gov

Part 1: Application Type

I am applying for licensure as:

Naturopathic Physician

Plus Childbirth Specialty Certificate

Part 2: Applicant Contact Information

| | | | | |
|---|-------------------|----------------|------------|--------|
| First Name | | Middle Initial | Last Name | |
| Address | | City | State | Zip |
| Mailing Address (if different than above) | | City | State | Zip |
| Mobile Phone | Home Phone | | Work Phone | |
| Email Address | | | | |
| Other Names Known By | | | | |
| Social Security Number | Foreign ID Number | | Birth Date | Gender |

Part 3: Professional License Verification

If you have ever been licensed, certified or registered to practice in the profession for which you are now making application, or held any other professional license, certification or registration, you must complete this section. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must also be listed here. You must include jurisdictions both within and outside the United States. You must request official verification be sent to Montana from the states and jurisdictions in which you hold or held these licenses or certifications. Montana will accept whatever form of official license verification is offered by a particular state or jurisdiction.

| State/ Jurisdiction | Title of License | License Number | Applicant has Requested License Verification | |
|------------------------|------------------|----------------|--|---|
| | | | Yes | No, official verification is online lookup system |
| | | | Yes | No, official verification is online lookup system |
| | | | Yes | No, official verification is online lookup system |
| | | | Yes | No, official verification is online lookup system |

**PERSONAL HISTORY QUESTIONS - Part 4
IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

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|---|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | Yes | No |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | Yes | No |
| 5. Have you ever withdrawn an application for any professional license? | Yes | No |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? | Yes | No |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) | Yes | No |

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

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| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

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| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
| 11. Are you now subject to criminal prosecution or pending criminal charges? | Yes | No |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | Yes | No |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | Yes | No |
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? | Yes | No |
| 15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |

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|--|-----|----|
| 16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? | Yes | No |
| 17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? | Yes | No |
| 18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? | Yes | No |

DECLARATION

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Alternative Health Care.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Signature of Applicant

Date