



DEPARTAMENTO DE

SALUD

GOBIERNO DE PUERTO RICO

**SECRETARÍA AUXILIAR PARA LA REGULACIÓN
DE LA SALUD PÚBLICA**

División de Licenciamiento de Médicos y
Profesionales de la Salud

Junta Examinadora de Doctores en Naturopatía

**PUERTO RICO BOARD OF NATUROPATHIC MEDICINE
EXAMINATION AND LICENSE APPLICATION**

FULL NAME: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____
(dd/mm/yyyy)

AFFIDAVIT

SECURELY PASTE A
PASSPORT-TYPE
PHOTOGRAPH IN THIS
SPACE

State or of (territory) _____ country of (or city) _____,
Being duly sworn, says that _____ is the person referred
to in this application and that the statements herein contained are true in every respect,
and that the attached photograph is a true likeness of her (his) self-taken recently.

The applicant understands that giving false information in this application is enough
reason for the Puerto Rico Board of Naturopathic Physicians to deny, cancel or revoke
its license.

The applicant authorizes any person, corporation, public or private agency to ask or
corroborate the information given in this application by the Puerto Rico Board of

Naturopathic Physicians.

Sworn and signed before me by _____ of the personal

circumstances indicated above and whom I CERTIFY that I have identified as provided by law,

_____ today _____ of _____

in _____, Puerto Rico.

AFFIDAVIT NUM: _____

Notarial Seal

Signature of Applicant

Signature of Public Notary

**PERSONAL INFORMATION OF THE APPLICANT**

1. Has your name ever been changed? YES _____ NO _____
If so, give date place of such change: _____ Original name: _____

2. Age: _____ Place of birth: _____

3. Are you a citizen of the United States? YES _____ NO _____
If naturalized, provide original documents of date and place of naturalization.

4. Have you been convicted of a felony or misdemeanor that indicates moral deprivation?
YES _____ NO _____

5. Do you suffer from mental or physical condition that could affect your practice of Naturopathic Medicine?
YES _____ NO _____
If answer yes, include in a separate document an explanation.

6. Do you ingest alcohol in excess and/or use narcotic drugs? YES _____ NO _____
If answer yes, include in a separate document an explanation.

7. Have you suffered from contagious disease? YES _____ NO _____
If answer yes, you must submit a medical certificate explaining the condition and your health status with this application.

PROFESSIONAL AND EDUCATIONAL INFORMATION

Name of academic institution where Doctorate in Naturopathic Medicine was obtained:

Address: _____

Specialty within Naturopathic Medicine: _____

Academic institution from where it was obtained: _____

Date obtained: _____ Time on specialty practice: _____

Have you taken the Naturopathic Physicians Licensing Examinations (NPLEX)? YES _____ NO _____
If answer yes, include the grade obtained: _____

List all jurisdictions in which you have been issued a license to practice Naturopathic Medicine: active, inactive or expired. Indicate number and date issued:

a) State: _____	License #: _____	Date issued: _____
b) State: _____	License #: _____	Date issued: _____
c) State: _____	License #: _____	Date issued: _____

Have you ever had a malpractice claim? YES _____ NO _____
If answer yes, include in a separate document an explanation.



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CERTIFICATE OF GOOD MORAL CHARACTER

(To be filled and signed by two License Naturopathic Doctors not related to applicant)

WE CERTIFY to the Puerto Rico Board of Naturopathic Physicians, that we personally know the applicant _____ for at least a year and ascertain that this person is responsible, respectful, and of good moral conduct. This is the reason we consider him(her) able to practice Naturopathic Medicine.

Printed name

Professional License Number

Address: _____

Phone number: _____

Signature

Printed name

Professional License Number

Address: _____

Phone number: _____

Signature

HEALTH CERTIFICATE

I, _____, authorized physician to practice in _____
with license number _____, granted by the Medical Board, certify that I have examined
_____ and that
he(she) is in a good general state of health and free of contagious disease or condition.

Date

Physician Signature

**REQUIREMENTS TO PRESENT WITH THIS APPLICATION**

Documents must be presented all at once. Official transcripts must be sent directly by educational or examining institutions by postal service to the postal address in this application.

1. **Official** application for examination duly fulfilled (from page 1 to page 3) with all requirements included. The application must be sworn before a notary public. If sworn outside of Puerto Rico but within the United States, it must include certification from the "County Clerk" of that jurisdiction verifying the authenticity of the notary.
2. Two (2) recent photographs (2x2 inches), taken within the last six (6) months, to complete the application.
3. Certificate of Good Moral Character signed by two (2) licensed Doctor of Naturopathy in Puerto Rico or by two (2) Licensed Naturopathic Physicians in any U.S. jurisdiction, who must be in "Good Standing" with the Board of that jurisdiction.
4. **Official**, sealed, and unopened transcript from the institution where the applicant completed a doctoral degree in Naturopathic Medicine, accredited by the Council on Naturopathic Medical Education (CNME), the Puerto Rico Council on Higher Education (CES), or any other recognized accrediting body, provided that the program of study is accepted and registered by the Board.
5. **Official** certificate of the degree awarded by the university where the doctoral degree in Naturopathic Medicine was completed.
6. **Official**, sealed, and unopened results of the Naturopathic Physicians Licensing Examinations (NPLEX) or their equivalent (if applicable).
7. **Original and copy** of the Birth Certificate. (PR Law NO. 191-2009)
8. **Original and copy of valid unexpired identification** (driver's license or state identification card). Provide evidence of U.S. Citizenship, if applicable (Passport, Visa, or proof of Alien Status).
9. **Original** Certificate of Background Check from your State Police or State Law Enforcement Agency where you have been living during the last six (6) months.
10. Postal or Bank Money order, ATH, VISA, MASTERCARD, or certified check for the amount of **\$250.00** (US Currency) payable to the Secretary of Treasury of Puerto Rico (**Fee is non-refundable**).
11. Three (3) envelopes with post stamps and your postal address.
12. Application **must** be submitted personally or by certified mail to the following address:

PUERTO RICO BOARD OF NATUROPATHIC PHYSICIANS

PO BOX 10200

SAN JUAN, P.R. 00908-0200

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.