

**COMMONWEALTH OF PUERTO RICO
PUERTO RICO BOARD OF NATUROPATHIC PHYSICIANS
CALL BOX 10200
SANTURCE, P.R. 00908**

**BOARD EXAM AND LICENSE APPLICATION TO PRACTICE
NATUROPATHIC MEDICINE IN PUERTO RICO**

SWORN STATEMENT

To appear _____
(Full Applicant Name)

AND UNDER OATH.....

Certifies that he (she) is the person who this application refers to, the information given here is true, and the photo included is alike and was recently shot.

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

Authorize any person, corporation, public or private agency to ask or corroborate the information given in this application by the Puerto Rico Board of Naturopathic Physician.

| | |
|--------------------|-------|
| ADHIERA | |
| FOTOGRAFIA | |
| Se requiere tamaño | |
| 2x1/2 | 2x1/2 |

Applicant's Signature

Sworn and subscribed before me TO ME, the day of today _____ of _____ of _____, under my stamp and signature.

Public Notary Signature and Stamp

To be filled by applicant
(Use typewriting or handwriting).

Name
Last Name Middle Name First Name

Postal address

Date and place
of birth Month Day Year Place

Social Security Number Telephone

Are you a US resident? Yes No
If answer is negative inform if you have been naturalized
or resident Certificate Number

Card Number

Have your name been changed? Yes No
If you answered yes, indicate:

date & place of change reason for change original first and last name

Have you been convicted of felony or misdemeanor that indicates moral depravation?

Yes No . If answer is yes, explain and include in a separate paper
with the application.

Do you suffer from a mental or physical condition that could affect your practice of
Naturopathic Medicine? Yes No
If answer is yes, explain in a separate paper with the application.

Do you ingest alcohol in excess and/or use narcotic drugs? Yes No

If answer yes, have you been treated for this? Yes No

Have you suffered from a contagious disease? Yes No

If answer is yes, you must submit medical certificate explaining the condition and you
health status at the moment you present this application.

**NATUROPATHIC DOCTORATE CERTIFICATION FROM THE
UNIVERSITY FROM WHICH THE DEGREE WAS OBTAINED**

We CERTIFY that

Applicant's Name

Was admitted to this institution in _____ and completed _____ years of studies.
Date of admision

The degree obtained was _____ in _____
Date

INSTITUTION
STAMP

This certification was issued today

Month Day Year

CERTIFICATE OF MORAL CONDUCT
(Must be sign by two Naturopathic Doctors)

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, respectfull, and of good moral conduct, reason why we consider him (her) able to practice Naturopathic Medicine.

DOCTOR IN NATUROPATHIC MEDICINE NAME

POSTAL ADDRESS

TELEPHONE

DOCTOR IN NATUROPATHIC MEDICINE NAME

POSTAL ADDRESS

TELEPHONE

**COMMONWEALTH OF PUERTO RICO PUERTO RICO
BOARD OF NATUPATHIC PHYSICIANS**

DOCUMENTS CHECKLIST

Mr. (s):

Has complied and handed in the following documents:

APPLICATION FORM

BIRTH CERTIFICATE (ORIGINAL)

NEGATIVE CRIMINAL RECORD

HEALTH CERTIFICATE

DIPLOMA AND GRADUATION CERTIFICATION

DOCTORAL DEGREE TRANSCRIPT

NPLEX TRANSCRIPT

ASUME (NON DEBT CERTIFICATE)

MALPRACTICE INSURANCE

\$250.00 MONEY ORDER (DIRECTED TO PUERTO RICO TREASURER)

REGISTRATION FORM (WITH \$15.00 MONEY ORDER
P.R. TREASURER)

Received by:

Date received: