

DOCUMENT CHECKLIST – NATUROPATHIC PHYSICIAN REINSTATEMENT LICENSE APPLICATION

Each item indicates whether it can be submitted **ONLINE** via the application portal, or by **EMAIL or MAIL** directly to DC Health.

Also, please keep a photocopy of any submitted documents for your records, as they will not be returned.

- Authorization to Release Information Form (ONLINE)**
The Board cannot discuss the status or details of your application with a third party, without a signed release from you authorizing the Board and its staff to communicate said matters.
- One (1) Recent Passport Type Photo of the Applicant’s Face (approx. 2” x 2””) (ONLINE)**
The photo should be uploaded into the license portal and must be a front-facing headshot with your face and shoulders clearly visible. The background must be plain white with patterns or shadows.
- One (1) photocopy of a current government issued photo ID (ONLINE)**
- Social Security Number (ONLINE)**
Applicants without a social security number must submit the SSN affidavit. [SSN Affidavit](#)
- Criminal Background Check (CBC) (ONLINE)**
To access the CBC form and instructions, go to <https://dchealth.dc.gov/node/120532> or contact the CBC unit at (877) 783-4187.
- Continuing Medical Education (CME) (EMAIL or MAIL)**
Thirty (30) hours of CE, which includes two (2) hours of CE in the subject of LGBTQ cultural competency and three (3) hours must be in a topic designated as a public health priority.
- Proof of Supervision (EMAIL or MAIL)**
One hundred sixty (160) hours within a sixty (60) day period of professional practice under the supervision of a naturopathic physician
- Verification(s) of Licensure (EMAIL or MAIL)**
Verifications should be provided from the issuing jurisdiction(s) for each license identified on the application.
- Malpractice Claims Form (if responded “Yes” to screening question #2) (ONLINE)**
Must submit all relevant court documentation (e.g., Complaint, Answer, and Final Order/Decision).
- National Practitioner Databank (NPDB) Self Query Report (if responded “Yes” to screening question #2 and #6) (ONLINE)**
The Self-Query Report must be requested from the NPDB (<https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp>) no more than thirty (30) days prior to submission of the application.
- Payment (ONLINE)**
\$374.00 (USD) Application Fee
\$50 Background Check Fee