


APPLICATION FOR REGISTRATION RENEWAL

License Number	Profession/Title		FEE REQUIRED BY DUE DATE	DUE DATE
	H.M.D.		\$550.00	12/31/2007

Application is not complete without full and correct information below

Date of Birth	
Social Security #	
_____ (Mailing Address - if different from that at the left)	
_____ (City, State, Zip)	
_____ (Telephone Number)	_____ (E-Mail Address)

I certify that I have completed or will complete all renewal requirements before the expiration of my current license. I understand that I may be subject to audit by the Board.

SIGNATURE

(Carefully cut along the above line, detach, and mail the above to the Board)

**INSTRUCTIONS FOR REGISTRATION RENEWAL
THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE**

TIMELY RENEWAL: It is your responsibility to comply with all general and specific renewal requirements stated below and to submit your completed "Application for Registration Renewal" promptly. If we do not receive your completed application by the due date, you will not receive a new registration and will be restricted from practicing under NRS 630A.

RENEWAL FEES: The fees quoted above are current at the time this renewal form was printed. If you fail to renew your registration by the due date your license will be suspended.

APPLICATION APPROVAL: Your renewal application will be approved unless it is apparent that you do not meet the renewal requirements. You may be subject to audit by the Board. Those selected for this will be notified by a separate notice. Please note that the Board reserves the right to initiate action at any time against a licensee who did not meet the renewal requirements at the time their registration was renewed.

GENERAL REQUIREMENTS: Please insert any missing information and correct any errors on the Application for Registration Renewal from the above and sign the licensee registration. Detach and return the completed form, together with the appropriate renewal fee, at least 30 days prior to the due date. Payments are accepted by check or money order and should be payable to "Nevada State Board of Homeopathic Medicine." **DO NOT SEND CASH.**

****NOTE****

If requested by the Board, each homeopathic physician, advanced practitioner of homeopathy and homeopathic assistant must submit evidence that he/she has completed during the preceding year 20 credits of continuing education (CE) in courses sponsored by the Nevada Homeopathic and Integrative Medical Association (NHIMA), the Arizona Homeopathic and Integrative Medical Association (AHIMA), courses/workshops approved by the board, or courses/workshops sponsored the following organizations wherein any of the therapies listed in NRS 630A are taught:

- American Medical Association, American Institute of Homeopathy, American Osteopathic Association, American Association of Oriental Medicine, Complementary and Alternative Medicine, American Naturopathic Medical Association, Othomolecular Medical Society, and American College for Advancement in Medicine, and Courses in Thought Field Therapy.

NEVADA STATE BOARD OF HOMEOPATHIC MEDICAL EXAMINERS

435 Court St., Reno, Nevada 89501

TEL: (775) 324-3353

LICENSE REGISTRATION RENEWAL

(Complete **Both** Sides; Please print or type)

Name: _____

License Number: _____

Office Address: 1. _____

2. _____

(Street)

(Street)

(City)

(City)

Home Address: _____

(Street)

Office Phone: _____

Home Phone: _____

Cell Phone: _____

E-Mail Address: _____

Fax: _____

REGISTRATION RENEWAL DEADLINE AND FEE

\$550 received on or before December 31, 2007.

1. Has any disciplinary action (including surrender), limitation, or restriction been taken against any license you hold from another licensing authority since you last applied for issuance or renewal of this license?

YES _____ NO _____ If yes, attach a certified copy of the final order, stipulation or consent agreement.

2. Has any malpractice or any other lawsuit or settlement, award, or judgment been made against you or your business in any jurisdiction since you last applied for issuance or renewal of this license?

YES _____ NO _____ If yes, attach a certified copy of court action or settlement.

3. Have you been convicted of or pled nolo contendere to a felony, or to a misdemeanor involving moral turpitude since you applied for issuance or renewal of this license?

YES _____ NO _____ If yes, attach certified copies of court records showing court's decision and sentence.

4. List ALL states and/or United States territories with their license numbers where you CURRENTLY HOLD A LICENSE to practice:

State/Territory _____ License Number _____ M.D. ___ D.O. _____

State/Territory _____ License Number _____ M.D. ___ D.O. _____

State/Territory _____ License Number _____ M.D. ___ D.O. _____

State/Territory _____ License Number _____ M.D. ___ D.O. _____

State/Territory _____ License Number _____ M.D. ___ D.O. _____

State/Territory _____ License Number _____ M.D. ___ D.O. _____

patients:

- | | |
|--|--|
| <input type="checkbox"/> Herbal Therapy | <input type="checkbox"/> Bio Oxidative therapies |
| <input type="checkbox"/> Acupuncture-electrodiagnosis | <input type="checkbox"/> Neuromuscular Integration |
| <input type="checkbox"/> Classical (Kentian) homeopathy | <input type="checkbox"/> Chelation Therapy (see# 8 below) |
| <input type="checkbox"/> Complex homeopathy and electro-therapeutics (EAV and related) | <input type="checkbox"/> Nutrition, including parenteral therapy |
| <input type="checkbox"/> Orthomolecular therapy | <input type="checkbox"/> Neural Therapy |
| | <input type="checkbox"/> Other (specify) _____ |

6. Do you intend to offer intravenous chelation and/or intravenous bio-oxidative therapies as part of your practice:

- Yes, I intend to offer intravenous chelation therapy
- Yes, I intend to offer intravenous bio-oxidative therapy
- Yes, I follow the ACAM and/or IBOM protocols, including signed informed patient consent.
- Yes, my therapy protocol(s) are already on file with the board and have not changed since last year.
- No, I do not intend to offer chelation therapy.

7. Child Support: Federal Welfare Reform Act of 1997 (SB356) **requires** all licensing agencies to add the following questions to all license applications.

- I am not subject to a court order for child support.
- I am subject to a court order for child support and am in compliance or in compliance with plan approved by the District Attorney or other public enforcement agency.
- I am subject to a court order for child support and am **NOT** in compliance with the order or a plan approved by the district attorney or other public enforcement agency.

8. Do you have any medical condition, chemical dependency or are you suffering from any physical, emotional or psychiatric impairment that adversely affects or in any way impairs or limits your ability to practice medicine.

Yes If "Yes" please attach an explanation when returning this application.

No .

9. Your Social Security Number **IS REQUIRED**. The Board may use it for identification purposes in establishing your credentials to be issued or to renew this license. The Board **must** release it to proper legal authorities such as NV Attorney General's Office: SS# _____

10. Drug Enforcement Administration Number: _____

11. Pursuant to NAC 630A.095 you are required to obtain **20 continuing education credits** through the Nevada Homeopathic and Integrative Medical Association or courses approved by the board. Have you fulfilled this requirement? Yes No . You may be required by the board to produce evidence of your compliance.

ATTESTATION

I, the undersigned, attest that the information contained in this license registration renewal form is true, correct, and complete. I understand I will be subject to disciplinary action including, but not limited to, the revocation of my Homeopathic License for violating NRS 630A.350(3) by providing false, incomplete or misleading information.

Signed

_____/_____/2007
Date

Make check payable to "Homeopathic Physicians Board." All payments must be in U.S. funds. Do not postdate your check. If you wish for the board to maintain a copy of your various consent forms, you may also enclose them.