

State of Nevada
Board of Homeopathic Medical
Examiners
1301 Cordone Avenue Suite 126
Reno, NV 89502
Phone: (775) 324-3353
E-mail: nvhomeopathicboard@sbcglobal.net

For Official Use Only Do Not Write In This Space
_____ Date of Application
_____ Date <u>Application Fee</u> Paid (\$600.00)
_____ Date <u>Fingerprint Card Fee</u> Paid (\$50.00)

APPLICATION FOR HOMEOPATHIC MEDICAL LICENSE

Applicant: _____
(Print Full Name: Last, First, Middle)

PLEASE READ CAREFULLY:

IMPORTANT: This application and each of the requirements set forth below must be received by the Board at the above address **60 days prior to the date set by the Board for examination.**

APPLICATION FOR LICENSURE, REQUIREMENTS

A. Allopathic and Osteopathic Physicians Trained in a State or Territory of the U.S.A.:

1. To be eligible for licensure, the applicant must answer completely the questions posed in this application. If further space is required to answer a question, please attach completed answer to this form.
2. Affidavit from three (3) allopathic or osteopathic physicians who are currently in practice at the time of application, attesting to the good moral character of the applicant and his or her fitness to practice as a homeopathic physician. Please attach to the application.
3. Attach **two (2) photographs** clearly evidencing the likeness of the applicant, each taken within sixty (60) days of the date of the application. The photograph must be approximately 3" x 3" and **in color**. Applicant must *sign and date each photograph* and attach where indicated.
4. Official certified transcripts must be sent directly from the registrar of an approved allopathic, osteopathic or homeopathic medical school, to the Board at the above address. Please use the enclosed form to verify graduation from medical school. Please sign and fill out the top portion of the verification and return it **directly** to the Board so that we may forward it to the applicant's school in order to obtain a certified transcript.
5. Send a statement describing the applicant's studies and background in homeopathic medicine.
6. A certificate stating that the applicant holds a current, un-revoked, unsuspended, unrestricted and properly issued license to practice allopathic or osteopathic medicine, issued by Nevada, another state of the United States, the District of Columbia or from a foreign country must be received directly from the licensing board to the Nevada State Board of Homeopathic Medical Examiners. Please sign and fill out the top portion of the verification and return it **directly** to the Board so that we may forward it to the state or country in which you practice.
7. Send a certified check or money order in the amount of **\$600.00** made payable to the Nevada State Board of Homeopathic Medical Examiners, and a check in the amount of **\$50.00** for processing your fingerprint cards.
8. The applicant may be denied a certificate if he has been convicted of a crime on any basis. The questions asked regarding criminal record must be answered and the positive answers must be verified. The **fingerprinting cards** provided by the homeopathic board must be completed, and the applicant must submit the cards and **\$50.00**, payable to the board, for processing. The State Highway Patrol, Police or Sheriff's Department can assist in obtaining fingerprints.

9. Provided the application is satisfactory, applicant will be allowed to sit for a **written open book examination**. You may use books, notes, computer, or similar materials during the examination. The examination will be administered at various times during the year as set by the board. The passing grade for written examinations is **76%**. The applicant must appear before the board for an interview.

10. Attach a copy of your internship and residency certificates.

11. Attach a copy of your membership certificate and/or specialty certificate, if applicable.

12. And the other requirements set forth in Chapters **630A.230** and **630A.240** of the **Nevada Revised Statutes (N.R.S.)**.

An applicant shall submit evidence of a combined total of not less than 6 months training in homeopathic and complementary and alternative medicine (CAM) as defined in chapter 630A.040 of NRS. An interpretation of CAM therapies can be found in NAC 630A.014, NAC 630A.015, NAC 630A.020, NAC 630A.022, and NAC 630A.023, and can be reviewed at the following web page: http://www.nvbhme.com/statutes_nac630a.html#Anchor-Chapter-37516.

B. Allopathic and Osteopathic Physicians Trained in a Foreign Country:

1. An applicant for a license to practice homeopathic medicine who is a graduate of a foreign medical school shall submit to the board through its secretary-treasurer proof that he:

- (a) Is a citizen of the United States, or that he is lawfully entitled to remain and work in the United States;
- (b) Has received the degree of Doctor of Medicine or its equivalent, as determined by the board, from a foreign medical school recognized by the Educational Commission for Foreign Medical Graduates;
- (c) Has completed 3 years of postgraduate training satisfactory to the board;
- (d) Has completed an additional 6 months of postgraduate training in homeopathic medicine;

An applicant shall submit evidence of a combined total of not less than 6 months training in homeopathic and complementary and alternative medicine (CAM) as defined in chapter 630A.040 of NRS. An interpretation of CAM therapies can be found in NAC 630A.014, NAC 630A.015, NAC 630A.020, NAC 630A.022, and NAC 630A.023, and can be reviewed at the following web page: http://www.nvbhme.com/statutes_nac630a.html#Anchor-Chapter-37516.

- (e) Has received the standard certificate of the Educational Commission for Foreign Medical Graduates; and
- (f) Has passed all parts of the Federation Licensing Examination, or has received a written statement from the Educational Commission for Foreign Medical Graduates that he has passed the examination given by the Commission.

2. In addition to the proofs required by subsection 1, the board may take such further evidence and require such further proof of the professional and moral qualifications of the applicant as in its discretion may be deemed proper.

3. If the applicant is a diplomate of an approved specialty board recognized by this board, the requirements of paragraphs (c) and (d) of subsection 1 may be waived by the board.

4. Before issuance of a license to practice homeopathic medicine, the applicant who presents the proof required by subsection 1 shall appear personally before the board and satisfactorily pass a written or oral examination, or both, as to his qualifications to practice homeopathic medicine.

SECTION I

Name _____ SS# _____

Last First Middle

DEA# _____ Home Phone# _____ Bus Phone# _____

Business Address (es) _____

Street City State Zip

Residence Address _____

Street City State Zip

Birthplace _____ Birthdate _____

Age _____ HT _____ WT _____ SEX _____ Color or Hair _____ Color of Eyes _____

Driver's License Number _____ State (Country) Where Issued _____

SECTION II

Hospital _____ City _____ State _____ From/To _____ Degree _____

University _____

College _____

Medical School _____

Internship/Residency (1 year postgraduate training required for allopathic and osteopathic physicians trained in the USA; 3 years postgraduate training in allopathic or osteopathic medicine required for foreign trained physicians)

Homeopathic Training (6 months postgraduate training) _____

Have you been licensed by any state to practice any profession? _____

If so, give details: _____

Are you a member of any specialty colleges? _____

If so, which specialty? _____

Are you a Board Certified Specialist? _____

If so, which specialty? _____

In what states or countries are you currently licensed to practice allopathic, osteopathic or homeopathic medicine?

By examination? _____

By reciprocity? _____

State the number of years you have been in active practice: _____

Give places and dates where practiced: _____

Give names, dates, and locations of hospitals have you been affiliated within the past ten (10) years:

Have hospital staff privileges ever been limited or revoked? _____

Give names and details: _____

SECTION III

Have you ever served in the armed forces as a medical officer? _____

Branch: _____ Rank: _____ Years of Service: _____

SECTION IV

Has any state, country, territory or examining board refused or denied you a license by examination or reciprocity for any reason? _____. Have disciplinary actions ever been instituted against you? _____. If so, give details on a separate sheet, including name of board, place, and date, and attach to this application.

Has any license issued to you by any state, territory, country or examining board ever been placed on probation, suspended, revoked, or have you surrendered your license because of disciplinary action or pending disciplinary action? _____. If so, give details on a separate sheet, including name of board, place, and date, and attach to this application.

Have you ever been convicted or pleaded guilty to any criminal offense or violation of the U.S. statutes or the statutes of any one or more of the several states or countries? _____. If so, furnish a statement containing the offense, the place where it occurred, the title of the court, the date of conviction, the disposition of the charge and any other details.

Staple one photograph here

Include a 2nd photograph with application, unattached.

Place signature on both photos

SECTION V

(To be signed by Applicant and notarized)

Being first duly sworn upon his oath deposes and says: That he is the applicant and person named in the diploma accompanying this application and to whom said diploma was issued. That he is the lawful holder thereof and that the same was procured in the regular course of instruction and examination, without fraud or misrepresentation. That he is the person who subscribed to the above application and that the facts therein stated, as well as any facts stated on separate sheets attached hereto, are true. If this information is false or altered in any way in pursuant to N.R.S. 630A.350(1), it is grounds for denial or a revocation of license.

Signature of Applicant	State
Printed name of Applicant	County

Subscribed and Sworn to before me this _____ day of _____, 200__.

Notary Public	My Commission Expires
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SEAL

MEDICAL SCHOOL TRANSCRIPT

Please complete this section of the form and mail it **directly** back to the Nevada State Board of Homeopathic Medical Examiners. We will in turn, mail it to the medical schools you graduated from. (Please also include the medical school's mailing address) If needed, you may copy this form for transcripts from more than one medical school.

Dear Sir:

In applying for a license to practice Homeopathic Medicine in the State of Nevada, the Board of Homeopathic Medical
8/13/2010

Examiners requires this form to be completed by each medical school which I attended, and from which I obtained a degree. This is your authority to release all information in your files, favorable or otherwise, **directly** to the **Nevada State Board of Homeopathic Medical Examiners, 1301 Cordone Avenue, Reno, NV 89502.** Your early response is appreciated.

Signature		Name
Dates Attended		Address
City	Country	Zip

DO NOT DETACH

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE MEDICAL/OSTEOPATHIC SCHOOL AND RETURNED DIRECTLY TO THE NEVADA STATE BOARD OF HOMEOPATHIC MEDICAL EXAMINERS AS STATED ABOVE.

School Name: _____

Address: _____

Applicant's Name: _____

Dates of Attendance: _____ to _____ Date of Graduation: _____

Degree: _____ Grade Average: _____

Comments, if any: _____

I hereby certify the above information to be correct: _____

Signed

Official Capacity

Date

VERIFICATION OF LICENSE
(This is not an endorsement certification)

Please complete this section of the form and mail it **directly** back to the Nevada State Board of Homeopathic Medical Examiners. We will mail it to the state in which you are licensed. (Please also include the state's mailing address) If needed, you may make additional copies.

Dear Sir:

In applying for a license to practice Homeopathic Medicine in the State of Nevada, the Homeopathic Medical Board of Examiners requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, **directly to the Nevada State Board of Homeopathic Medical Examiners, 1301 Cordone Avenue Suite 126, Reno, NV 89502.** Your early response is appreciated.

Signature		Name
My license number is: _____		Address
City	State	Zip

DO NOT DETACH

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE LICENSING BOARD AND RETURNED DIRECTLY TO THE NEVADA STATE BOARD OF HOMEOPATHIC MEDICAL EXAMINERS AS STATED ABOVE.

Country/State **Address**

Full Name of Licensee **Licensee No.**

Issue Date **Degree**

By Endorsement/Reciprocity with: _____

By Your Board's Written Examination: _____

License current? _____ **If NO, why not?** _____

Has license ever been suspended or revoked? _____ **If YES, why?** _____

_____ (attach additional pages if needed)

Has disciplinary action ever been instituted against the license? _____ If YES, why? _____

Has licentiate ever been on probation? _____ if YES, why? _____

Has licentiate ever been requested to appear before your Board? _____ If YES, WHY? _____

Comments, if any: _____

BOARD SEAL

Signed

Title

Country/State Board

Date