

**California Board of Naturopathic Medicine**

1300 National Drive, Suite 150

Sacramento, CA 95834

916/928-4785 – Phone

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Email: [naturopathic@dca.ca.gov](mailto:naturopathic@dca.ca.gov) WEB:[www.naturopathic.ca.gov](http://www.naturopathic.ca.gov)**OFFICE USE ONLY**

Entity # \_\_\_\_\_

File # \_\_\_\_\_

Reviewed: \_\_\_\_\_ | Approved: \_\_\_\_\_

Denied  | Reason \_\_\_\_\_

**APPLICATION FOR  
INTRAVENOUS THERAPIES (IVT) SPECIALTY  
CERTIFICATION  
(ORIGINAL OR RECERTIFICATION)**

*(Please type or print clearly in ink)*

1. LICENSEE: Name & License #	Last	First	License #
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2. LICENSEE MAILING (confidential) ADDRESS: Number &amp; Street

City	State/Country	Zip/Postal Code
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3. LICENSEE PRACTICE ADDRESS: Number &amp; Street

City	State/Country	Zip/Postal Code
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4. LICENSEE TELEPHONE (with Area Code)

5. E-mail

6. Web Site

7. IS THIS APPLICATION FOR AN ORIGINAL IVT SPECIALTY OR AN IVT RECERTIFICATION? (Choose only one)

ORIGINAL IVT SPECIALTY APPLICATION IVT RECERTIFICATION APPLICATION 

7. INTRAVENOUS THERAPY TRAINING COURSE (Name of School and/or Course Vendor):
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8. ATTACH PROOF OF COMPLETION OF INTRAVENOUS THERAPY TRAINING (for Original and Recertification Apps). ATTACHED: Yes No 

9. DATE TRAINING COMPLETED:

10. APPLICANT'S SIGNATURE	DATE
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**Licensee Instructions:**

Licensees: Complete 1. Thru 10.

1. Complete the Intravenous Therapies Specialty Certification Application ND- 200A
2. Attach to application:
  - curriculum vitae
  - Certificate of Completion of IVT Training
3. E-mail electronic copies of application and attachments to [naturopathic@dca.ca.gov](mailto:naturopathic@dca.ca.gov) or fax to (916) 928-4787 or mail original application and attachments to California Board of Naturopathic Medicine 1300 National Drive, Suite 150, Sacramento, CA 95834-1991

**INFORMATION COLLECTION AND ACCESS**

Agency requesting information: California Department of Consumer Affairs, California Board of Naturopathic Medicine, 1300 National Drive, Suite 150, Sacramento, CA 95834-1991, (916) 928-4785, [www.naturopathic.ca.gov](http://www.naturopathic.ca.gov).

All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to help determine qualifications for course providers for intravenous therapies per Section 3640.8 of the California Business and Professions Code. The Executive Officer of the California Board of Naturopathic Medicine is the custodian of records.

