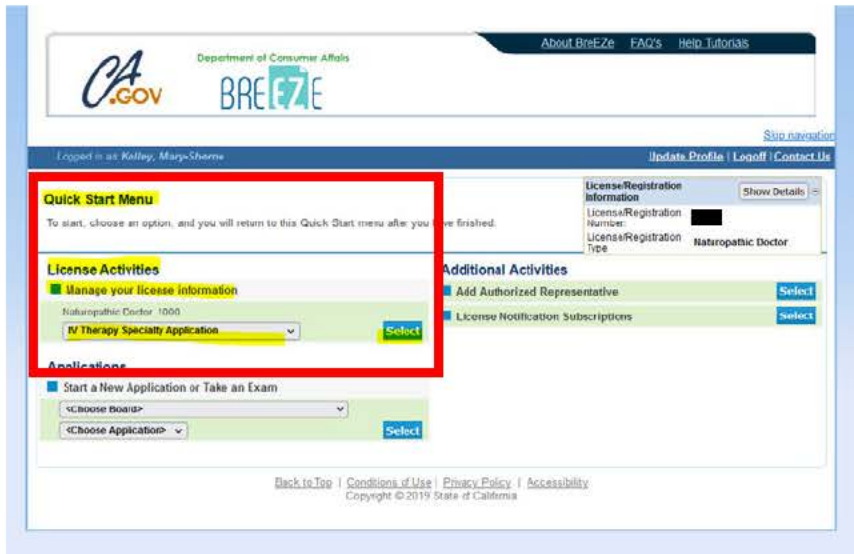


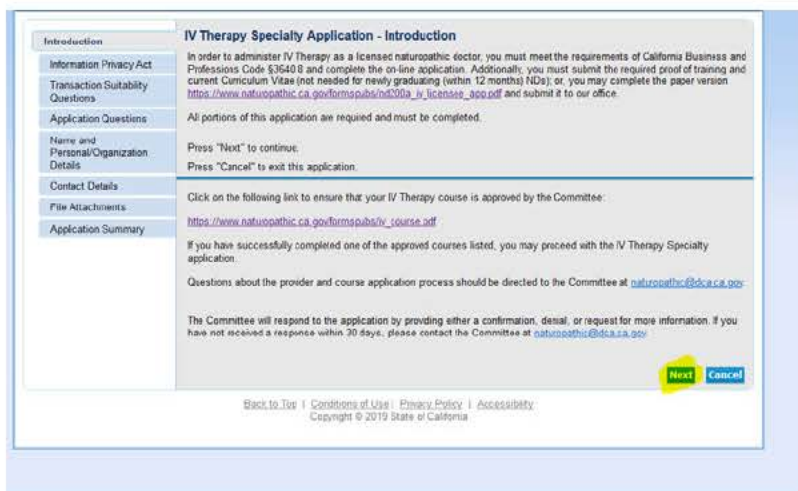
## How to Complete an IV Therapy Specialty Application online using BreZE

1. Log onto your BreZE online account.
2. At Quick Start Menu, under *License Activities – Manage your license information*, choose **IV Therapy Specialty Application** in drop-down box.
3. Click **Select** button.



## IV Therapy Specialty Application – Introduction page.

4. Read the Introduction and ensure that you meet the IV Therapy Specialty requirements (Business and Professions Code §3640.8),
5. Click **Next** button.



## IV Therapy Specialty Application – Information Privacy page.

6. Read the information and if you agree,
7. Click **Agree** button.

Introduction	<b>IV Therapy Specialty Application - Information Privacy Act</b> <b>INFORMATION COLLECTION AND ACCESS</b> <b>Agency requesting Information:</b> California Department of Consumer Affairs, Naturopathic Medicine Committee, 1300 National Drive, Suite 150, Sacramento, CA 95834-1991, (916) 928-4785. 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 determine your qualifications for licensure per Sections 3630-3637 of the California Business and Professions Code, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, or governmental or law enforcement agencies. You have the right to review your application subject to the provisions of the Information Practices Act. The Executive Officer of the Naturopathic Medicine Committee of California is the custodian of records. Disclosure of your social security number or individual taxpayer identification number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number or individual taxpayer identification number. Your social security number or individual taxpayer identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number or individual taxpayer identification number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information. Press "Agree" to continue. Press "Cancel" to exit this application.
Information Privacy Act	
Transaction Suitability Questions	
Application Questions	
Name and Personal/Organization Details	
Contact Details	
File Attachments	
Application Summary	

[Agree](#) [Cancel](#)

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## IV Therapy Specialty Application – Function Suitability page.

8. You must meet both of the following questions and answer them respectively with a YES answer in order to continue on with the application.
9. If you meet both questions, click on the **Yes** radio-button as shown below, and
10. Click **Next** button.

Introduction	<b>IV Therapy Specialty Application - Function Suitability</b> The following questions will determine if you are able to submit the online application. Press "Previous" to return to the previous section. Press "Next" to continue. Press "Cancel" to exit this application.
Information Privacy Act	
Transaction Suitability Questions	
Application Questions	
Name and Personal/Organization Details	
Contact Details	
File Attachments	
Application Summary	

Question	Answer
Are you a licensed ND in California with a current, unrestricted naturopathic doctors license?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Have you successfully completed one of the following approved IV Therapy courses: (1) International IV Nutritional Therapy for Professionals (2) Bastyr University (completion of both "Medical Procedures" course(s) and the elective "IV Therapy: Formulations, Compounding, and Safety Considerations" course 2007 and forward) (3) National University of Natural Medicine (2009 and forward)	<input checked="" type="radio"/> Yes <input type="radio"/> No

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## IV Therapy Specialty Application – Application Questions page.

11. Have you met the requirements for IV Therapy Certification? If Yes, choose **Yes** in drop-down menu.
12. Click **Next** button.

Introduction	<b>IV Therapy Specialty Application - Application Questions</b> Answer the questions and press "Next" to continue. Press "Previous" to return to the previous section. Press "Cancel" to exit this application.
Information Privacy Act	
Transaction Suitability Questions	
Application Questions	
Name and Personal/Organization Details	
Contact Details	
File Attachments	
Application Summary	

Have you met the requirements for IV Therapy Certification? Yes ▾

[Previous](#) [Next](#) [Cancel](#)



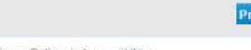
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## IV Therapy Specialty Application – Name and Personal Details page.

13. Ensure that your name and personal information is correct.

14. If so, then click on the **Next** button.

15. If not, you will need to contact our office to make the changes since this is information that is pulled from your online license file.


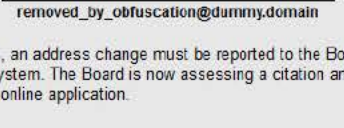
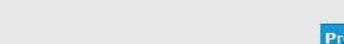
<b>Introduction</b>	<b>IV Therapy Specialty Application - Address Detail Summary</b>
<b>Information Privacy Act</b>	Add the practice location of where you will be administering IV Therapy, this should match your practice location on file, if not, please update your address(es) using BreEZe Address Change request.
<b>Transaction Suitability Questions</b>	Press "Previous" to return to the previous section.
<b>Application Questions</b>	Press "Next" when finished adding/changing addresses.
<b>Name and Personal/Organization Details</b>	Press "Cancel" to exit this application.
<b>Contact Details</b>	<b>License Specific Addresses</b>
<b>File Attachments</b>	<a href="#">Address of Record</a> Name: 
<b>Application Summary</b>	Address: 
	Phone Number: 
	E-mail: removed_by_obfuscation@dummy.domain
	Pursuant to the California Code of Regulations 4204, an address change must be reported to the Board within fourteen (14) days in writing or by updating address in using BreEZe system. The Board is now assessing a citation and fine for violations of this section. Items with an asterisk* are required for the online application.
	<a href="#">Previous</a> <a href="#">Next</a> <a href="#">Cancel</a>
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## IV Therapy Specialty Application – Address Detail Summary page.

16. Ensure that your address information is correct.

17. If so, then click on the **Next** button.

18. If not, you will need to update the address using the Change/Update Address option on the BreEZe home page.

<b>Introduction</b>	<b>IV Therapy Specialty Application - Address Detail Summary</b>
<b>Information Privacy Act</b>	Add the practice location of where you will be administering IV Therapy, this should match your practice location on file, if not, please update your address(es) using BreEZe Address Change request.
<b>Transaction Suitability Questions</b>	Press "Previous" to return to the previous section.
<b>Application Questions</b>	Press "Next" when finished adding/changing addresses.
<b>Name and Personal/Organization Details</b>	Press "Cancel" to exit this application.
<b>Contact Details</b>	<b>License Specific Addresses</b>
<b>File Attachments</b>	<a href="#">Address of Record</a> Name: 
<b>Application Summary</b>	Address: 
	Phone Number: 
	E-mail: removed_by_obfuscation@dummy.domain
	Pursuant to the California Code of Regulations 4204, an address change must be reported to the Board within fourteen (14) days in writing or by updating address in using BreEZe system. The Board is now assessing a citation and fine for violations of this section. Items with an asterisk* are required for the online application.
	<a href="#">Previous</a> <a href="#">Next</a> <a href="#">Cancel</a>
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## IV Therapy Specialty Application – Attachments page.

19. Click on the **Browse** button,
20. Select your file (attach IV Therapy Certificate of Completion or college transcripts from the approved IV Therapy school, copy of CV, etc).
21. Use **Notes** section to add a description of your attachment.
22. If you need to attach another document, click on the **Attach** button and repeat steps 1 – 3 above.
23. If you are done with your uploads, click **Next** button.

Introduction	<b>IV Therapy Specialty Application - Attachments</b>
Information Privacy Act	In order for your application to be complete, you must upload a copy of your proof of training for the IV Therapy specialty. If you received your training from Dastyr University or NUHM, we have a copy of your transcripts on file and you do not need to upload them again. Additionally, you must upload your most recent Curriculum Vitae (CV). Please note that if you graduated from naturopathic school in the last 12 months and this is your first time being licensed as an ND, you do not need to upload a CV.
Transaction Suitability Questions	
Application Questions	Locate a file with the "Browse" button and press "Attach" or "Remove" as required. Press "Next" when there are no more files to attach. Press "Previous" to return to the previous screen. Press "Cancel" to exit this application.
Name and Personal/Organization Details	
Contact Details	
File Attachments	
Application Summary	File Name: <input type="text" value="Browse... IV Therapy Specialty cert.docx"/> Notes: <input type="text" value="IV Therapy Cert_Jane Doe ND"/> <p>You may attach more than one file to your application. You MUST click the Attach button below each time you add a new file, even if you are only attaching one file. If you do not click the Attach button below before continuing with the online application, your file(s) will NOT be uploaded. Once the online application is submitted, you will not be able to attach any additional documents.</p> <p>PLEASE MAKE SURE TO VERIFY THAT THE DOCUMENT(S) WERE ATTACHED CORRECTLY BEFORE CONTINUING ON WITH THE APPLICATION.</p> <p><a href="#">Attach</a> <a href="#">Previous</a> <a href="#">Next</a> <a href="#">Cancel</a></p>

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## IV Therapy Specialty Application – Application Summary page.

24. Review and ensure all of the information is correct.
25. Click on **Proceed to Payment** button.

Introduction	<b>IV Therapy Specialty Application - Application Summary</b>
Information Privacy Act	Press "Previous" to return to the previous section.
Transaction Suitability Questions	Review the data and press "Proceed to Payment" to submit this application. Press "Cancel" to exit this application.
Application Questions	<b>IV Therapy Specialty Application Summary</b>
Name and Personal/Organization Details	License Type: Naturopathic Doctor File Number: [REDACTED] License Number: [REDACTED] Application Date: 10/01/2022 (modified)
Contact Details	
File Attachments	
Application Summary	<b>Application Questions</b> Have you met the requirements for IV Therapy Certification? <input checked="" type="checkbox"/> Yes
	<b>Personal Details</b> Title: [REDACTED] First Name: [REDACTED] Middle Name: [REDACTED] Last Name: [REDACTED] SSN(MIN): [REDACTED] Birthdate: [REDACTED] Gender: [REDACTED]
	<b>Addresses</b> <b>License Specific Addresses</b> <b>Address of Record</b> Name: [REDACTED] Address: [REDACTED] Phone Number: [REDACTED] E-mail: removed_by_obfuscation@summydomain
	<b>License Attributes Selected</b> Specialty: IV Therapy Cert
	<b>Attachments</b> IV Therapy Specialty Cert.docx IV Therapy Cert_Jane Doe ND After submitting your online application, you may log in to your online ElnEze account at <a href="http://www.ElnEze.ca.gov">www.ElnEze.ca.gov</a> at any time to view the most up-to-date status of your application. Processing times may vary. Due to varying processing times, please allow a minimum of 30 days for the initial evaluation of this online application. Once evaluated, your application status will be updated in your online ElnEze account. Once you click "Submit" you will be unable to add/delete/change/modify the data contained in this online application.

[Previous](#) [Proceed to Payment](#) [Cancel](#)

## IV Therapy Specialty Application – Attestation page.

26. Read the attestation summary.
27. Click on **Yes** radio-button
28. Click on **Proceed to Payment** button.

<b>Introduction</b>	<b>IV Therapy Specialty Application - Attestation</b>
<b>Information Privacy Act</b>	Press "Previous" to return to the previous section.
<b>Transaction Suitability Questions</b>	Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue. Press "Cancel" to exit this application.
<b>Application Questions</b>	I certify that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declares under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct, that I am the lawful holder of the degree of Doctor of Naturopathic Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were produced without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions, schools, and/or organizations my references, employers (past, present, future), business and professional associates (past, present, future), and all government agencies (local, state, federal, or foreign) to release to the Naturopathic Medicine Committee (Committee) of the California Department of Consumer Affairs or its successors any information, pertinent files or records, including educational records, requested by the Committee in connection with this application, or any further or future investigation by the Committee necessary to determine my medical competence, professional conduct, or physical or mental ability to safely engage in the practice of Naturopathic Medicine. I further authorize the Naturopathic Medicine Committee or its successors to release to the organizations, individuals, or groups listed above any information, which is material to this application, or any subsequent licensure.
<b>Name and Personal/Organization Details</b>	
<b>Contact Details</b>	
<b>File Attachments</b>	
<b>Application Summary</b>	<p>I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.</p> <p>I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments submitted is true and correct.</p> <p><input checked="" type="radio"/> <b>Yes</b> <input type="radio"/> No</p> <p><a href="#">Previous</a> <a href="#">Proceed to Payment</a> <a href="#">Cancel</a></p> <p><a href="#">Back to Top</a>   <a href="#">Conditions of Use</a>   <a href="#">Privacy Policy</a>   <a href="#">Accessibility</a> Copyright © 2019 State of California</p>

There is no fee associated with this application. Once you click on the **Proceed to Payment** button, you will have an option to print out your pdf copy of your application for your records. You can return to the home screen if you need to complete other actions on your account.