NATUROPATHIC MEDICINE

A COMPREHENSIVE REVIEW
OF THE
NATUROPATHIC PROFESSION

Prepared by the American Association of Naturopathic Physicians

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I. PROFILE OF THE NATUROPATHIC PROFESSION

Karen Howard

The practice of naturopathic medicine combines centuries-old, natural, non-toxic therapies with current advances in medicine, covering all aspect of health, from prenatal to geriatric care. Naturopathic medicine tailors treatment to an individual patient by looking for the underlying cause of the condition, rather than focusing solely on symptomatic treatment. NDs also emphasize prevention and self-care to ensure recovery and prevent recurrences.

The Leadership of the Profession

The naturopathic profession is represented by a robust cadre of national and international organizations working collectively to ensure the growth and integrity of the profession. The profession as a whole is strongly committed to the future, so much so that it has created the Naturopathic Coordinating Council (NCC), composed of leaders from all the major stakeholders. The NCC represents an agreement between the established and recognized naturopathic professional organizations in North America to collaborate in planning and coordinating action, geared toward creating a vibrant and successful profession.

NCC members include:

- The Association of Accredited Naturopathic Colleges (AANMC), whose member programs and colleges are committed to health and lifelong wellness; has the goal of enhancing the individual and collective success of member organizations in delivering high quality, innovative, and accessible naturopathic medical education and research. The ANNMC advocates on the local, state, and federal levels for:
  - An intellectually challenging, humane, and holistic educational experience;
  - Public awareness of naturopathic medical education;
  - Naturopathic research with a view to demonstrating effectiveness both in its approach to health and wellness, as well as cost-effectiveness;
- Accessibility of naturopathic medical education in other higher education institutions; and
- Inclusion of the principles of naturopathic medicine.

- The Council for Naturopathic Medical Education (CNME), the U.S. Department of Education-approved accrediting agency for naturopathic colleges and programs in the United States and Canada.
- The North American Board of Naturopathic Examiners (NABNE) which administers the national exam (NPLEX) recognized by all licensing laws.
- The American Association of Naturopathic Physicians (AANP), the only national professional organization representing licensed NDs, works diligently to accomplish a vision to “transform the healthcare systems from a disease management system to a comprehensive health program, incorporating the principles of naturopathic medicine.” The AANP’s work includes a Washington DC lobby day and reception that draws more than 600 legislators and staff who come to speak with our NDs, learn about naturopathic medicine, and sample healthy foods.
- The Canadian Association of Naturopathic Doctors (CAND), the AANP’s sister organization in Canada, which is a strong voice in Canadian healthcare, working to ensure the optimal health of Canadians through the active promotion of the art and science of naturopathic medicine and the advancement of its practice.

These organizations, the AANP, the AANMC, NABNE and CAND, meet on a regular basis to envision and prepare for the future of naturopathic medicine and its patients. The NCC has the responsibility to develop a strategic vision for the viability, sustainability and success of the naturopathic medical profession in the context of global health and well-being.

In addition, thought leaders from the Naturopathic Medical Student Association, Natural Doctors International, the Naturopathic Post-Graduate Association, and the AANP’s not-for-profit foundation join in public policy discussions on health care trends, industry developments and a host of other issues, all for the purpose of expanding access to naturopathic medicine.

**The Practice of Naturopathic Medicine**

There are approximately 6000 NDs practicing in North America, 3900 of whom are in the United States. Over 50% of these physicians have been in practice for 12 or fewer years.

In the past seven years, the applicant pool for new students has increased by 81.2%. Approximately 400 new doctors graduate each year.
Internal surveys show that naturopaths spend, on average, approximately 45-60 minutes with new patients and 30 minutes with established patients per visit. This amount of time is necessary in a holistic practice and naturally leads to a more patient-centered approach and more physician satisfaction. This degree of satisfaction with professional life is not always seen with mainstream physicians. In a national survey conducted by the AANP, over 80% of NDs described themselves as “Satisfied” to “Very Satisfied” in their practices, with 51% reporting they are in solo practices or are the principal in a clinic environment. While many choose to work part-time for a multitude of reasons, 77% see more than 31 patients per week. Sixty-nine percent treat the underserved and 45% offer sliding fee scales to their patients. Sixty-six percent have instituted ‘green living’ into their practices, and more than 61% are members of various environmental groups.

While NDs, in large part, are practicing as primary care providers, there is a trend towards specialization. One specialty society, the Oncology Association of Naturopathic Physicians (OncANP), was founded with the goal to bring naturopathic doctors into standard medical oncology practices. To achieve this, the organization has worked to create a credentialing process to assure a level of expertise in naturopathic oncology. Naturopathic physicians who meet standards representative of advanced experience and knowledge in cancer care are eligible for board certification and credentialing as a Fellow of the American Board of Naturopathic Oncology.

Other recognized professional organizations include the American College of Naturopathic Obstetricians, the Naturopathic Academy of Therapeutic Injection, the Naturopathic Association of Environmental Medicine, and the new Pediatric Association of Naturopathic Physicians.

Who sees naturopathic doctors? Each month more than 34,000 unique visitors to the AANP’s online physician locator service seek access to naturopathic doctors across the country. The reasons for seeing naturopathic physicians vary, but the top three reasons people elect to see NDs are:

- Issues surrounding fatigue, particularly Adrenal Fatigue. This also includes concerns about other endocrine disorders;
- Women’s health and aging concerns, including bio-identical hormone treatment for peri-menopausal difficulties and breast health; and
- Digestive system discomfort, including irritable bowel syndrome and irritable bowel disorders.
Other reasons given for seeking naturopathic medicine are autoimmune disorders, asthma and allergic disorders, heart disease, diabetes, other chronic disorders and natural pediatric care.

**Accreditation**

Each of the 7 naturopathic colleges is accredited by the Council on Naturopathic Medical Education, the U.S. Department of Education-approved accrediting agency for naturopathic colleges and programs in the United States and Canada. Students and graduates of naturopathic colleges and programs accredited or pre-accredited candidacy by CNME are eligible to apply for the Naturopathic Physician Licensing Examinations as administered by the North American Board of Naturopathic Examiners and are generally eligible for state and provincial licensure in the U.S. and Canada. Our U.S. schools are also accredited by the U.S. Department of Education’s regional institutional accreditors.

The Council on Naturopathic Medical Education’s mission is quality assurance: serving the public by accrediting naturopathic medical education programs that voluntarily seek recognition for meeting or exceed CNME’s standards.

**Loan Eligibility**

ND candidates, who enter naturopathic medical school with college degrees, are eligible for the same federal loans as their MD and DO candidate colleagues, including Direct Subsidized and Unsubsidized Loans and the Direct Graduate Plus Loans. The AANP is working closely with its state affiliates to capitalize on existing state and new federal laws that allow NDs to participate in loan repayment programs. The enactment of federal health care reform has the potential to expand access into these programs, including the Washington and Oregon loan repayment programs that include naturopathic physicians, but suffer from a lack of funding for their programs.

The January 23, 2012 Indian Health Service (IHS) ruling made licensed NDs eligible to participate in IHS loan repayment.

**The Role of the American Association of Naturopathic Physicians**

The AANP works closely with naturopathic organizations from individual states on implementation of PPACA (health care reform) and the implementation of loan repayment plans. The scope of practice varies in the 18 regulated states and jurisdictions, and across the country, but legislatures are expanding scope and access to naturopathic medicine. For example:
Six state legislatures designate NDs as primary care givers: Alaska, California, Montana, New Hampshire, Utah, and Vermont.

Vermont incorporates NDs in its Medicaid program.

Hawaii expanded naturopathic scope of practice to include IV therapy and minor surgery, in addition to prescription authority.

Arizona, Hawaii, Oregon and Washington allow NDs full prescription authority.

Naturopathic doctors in 43 states have organized to advocate for the expansion of existing laws or government regulation and licensure of naturopathic medicine, to ensure every ND has the ability to fully use their training for the benefit of their patients. In states where efforts to obtain licensing are in full swing, ND practices thrive, due to the public’s growing desire to have access to the expertise of highly trained physicians who specialize in natural medicine and can treat the underlying cause of their illnesses. In fact, 11% of out-of-pocket spending for health care is for alternative approaches to medicine, a significant proportion of that going to practitioners of natural medicine. It is also important to note that NDs across all jurisdictions work in tandem with the patient’s entire health care team, a true reflection of patient-centered care.

Those trained in naturopathic medicine may also choose careers other than a private or group practice. NDs have also chosen to teach, research various naturopathic modalities, work in the nutraceutical industry or clinical laboratories, and work in areas of public health. Projected annual growth of the profession is estimated to be between 7-13% through the year 2018.

Naturopathic physicians are highly-trained and highly-skilled individuals who maintain a holistic relationship with their patients and communities.

They maintain the highest traditions of natural medicine, while working to increase the quality and quantity of evidence-based knowledge concerning natural medicine. Students entering a naturopathic medical school can expect a personally and professionally rewarding career in the art and science of natural medicine.
II. HISTORY OF THE PROFESSION OF NATUROPATHIC MEDICINE

Naturopathic medicine is a distinct system of medicine for the diagnosis, treatment and prevention of human disease and impairment. It stresses health maintenance, disease prevention, patient education, and patient responsibilities and emphasizes the treatment of the whole person, rather than just treating the disease. Unlike other health care systems, naturopathic medicine is not identified with any particular therapy, but with a philosophy of life, health and disease; Vis Medicatrix Naturae, “the healing power of nature.” Fundamental to this belief is a deep confidence in the ability of the body and mind to heal itself, given the opportunity. All true healing is the result of the whole organism’s inherent and natural capacity to be as healthy as it can be. Naturopathic physicians help remove obstacles to the cure and employ natural therapies that strengthen and stimulate each person’s own healing processes.

History and the Formative Years

Naturopathic medicine grew out of the alternative healing systems of the eighteenth and nineteenth centuries, but traces its philosophical roots to the vitalistic school of medicine of Ancient Greece, circa 400 BC. Over the centuries, the two competing philosophies of medicine, vitalistic (now called natural medicine) and mechanistic (now called allopathic or conventional medicine), have alternately diverged and converged, influencing and shaping one another.

Dr. Benedict Lust was the founder of naturopathy and the man who sustained and popularized it. Lust had been exposed to a wide range of practitioners and the practices of natural healing arts. He was a student of Father Sebastian Kneipp, a practitioner of hydrotherapy (water therapy). Lust brought Kneipp’s hydrotherapy with him to America from Germany in 1892. In 1902, he founded the American School of Naturopathy. The years from 1900 to 1917 were formative for naturopathic medicine in America as the various forms of natural medicines were combined into one eclectic system. Here the American dietetic, hygienic, physical culture, hydrotherapy, spinal manipulation, mental and emotional healing, Thompsonian/eclectic (botanical/herbal medicine) and homeopathic systems of natural healing were all merged into naturopathy.
The Halcyon Years
From 1918 to 1937, there emerged a great interest and support for naturopathic medicine from the public. In the early 1920s the naturopathic movement reached its peak of public awareness and interest. Conventions nationwide were well attended by professionals, the public, and even several members of Congress. Many states enacted naturopathic licensure laws.

The naturopathic journals of the 1920s and 1930s provide much valuable insight into the prevention of disease and the promotion of health. Much of the dietary advice focused on correcting poor eating habits, including the lack of fiber in the diet and an overreliance on red meat as a protein source. In the 1990s, the National Institutes of Health and the National Cancer Institute confirmed the early assertions of naturopathic physicians that such poor dietary habits could lead to degenerative diseases and only now are advocating for the very same dietary principles that naturopaths have advocated for decades.

Suppression and Decline
From 1938 – 1970, growing political and social dominance of allopathic medicine, fueled by the drug’s industry’s financial backing, led to the legal and economic suppression of naturopathic healing. In the mid-1920s the editor of the Journal of the American Medical Association made it a mission of attacking naturopathic physicians, accusing them of quackery. Public infatuation with technology, introduction of “miracle drugs,” the development of surgery and other high-tech medical interventions, as well as the growing political power and sophistication of the AMA as well as the death of Benedict Lust in 1945 all combined to cause the decline of naturopathic medicine and natural healing in the United States.

With the AMA’s new political power they were able to not only get more restrictive medical practice laws passed, but were also successful in getting many state naturopathic licensure laws repealed. With these political developments, the courts often took the view that naturopathic physicians were not true doctors. Lack of insurance coverage, lost court battles, and a hostile legislative environment progressively restricted practices and eliminated funding for naturopathic education.

Naturopathic Medicine Reemerges
The back-to-nature, ecology and women’s movements of the late 1960s, the public’s growing awareness of the importance of nutrition, and America’s disenchantment with organized institutional medicine (especially its limitations, dehumanization, and prohibitive expense) resulted in increasing respect for alternative medicine and the rejuvenation of naturopathy.
A new wave of students was attracted to the philosophical foundations of the naturopathic profession, bringing an appreciation for the appropriate use of science as well as modern collegiate education.

In order for the naturopathic profession to move back into the mainstream, it needed to establish accredited institutions, perform credible research, and establish itself as an integral part of the health care system. In 1978, after twenty years with only one legitimate college graduating naturopathic physicians (the National College of Naturopathic Medicine), the first new naturopathic medical school was opened. In 1987 Bastyr University became the first naturopathic college to become accredited. The Council on Naturopathic Medical Education (CNME) is the federally recognized accrediting agency for all naturopathic medical colleges. Visit the CNME website (www.cnme.org) for more information on accredited naturopathic medical colleges in the U.S. and Canada.

With these esteemed colleges, active research, and an appreciation of the appropriate application of science to natural medical education and clinical practice, naturopathic medicine began its journey back to the mainstream. While the naturopathic physicians of the past century were astute clinical observers, they lacked the scientific tools to assess the validity of their concepts. In the past few decades, a considerable amount of research has provided the scientific documentation for many concepts of naturopathic medicine and the new breed of scientifically trained naturopathic physicians is utilizing this research to continue the development of the profession.

A dark side of the growth in popularity of naturopathic medicine and alternative medicine in general is the proliferation of unaccredited ND and other so-called doctoral degrees by mail. With supposed training measured in months instead of years and without rigorous supervised clinical training, it is far below American education standards to offer a doctoral degree in health care through distance learning. But, beyond failing conventional standards for doctoral degrees, these programs are also not accredited by agencies that meet any national standards. Thus, there is little accountability for what is being taught.

Because naturopathic physicians are only licensed in sixteen states, anyone can use the title in the other 32 states; however, Arkansas and Florida recently passed laws outlawing this practice.

As naturopathic medicine has gained more respect in the health care community, the media and the general public, the ND has become increasingly desirable and marketable. Without state regulation these supposed doctors may mislead the public as to their training (whether intentional or not) and can create significant risk to the publics’ health. In 1999 the tragic death
of an eight-year-old diabetic girl in North Carolina graphically illustrated this problem. She was taken off her insulin by a person with a correspondence degree who was claiming to be a doctor. It is thought that her mother believed she was seeing a real naturopathic doctor. [To learn more about these programs see the article in the Chronicle of Higher Education or the Oregon State Office of Authorization website on “diploma mills.” These sources do not list the unaccredited naturopathic institutions, but give a good overview of the problem. To learn more about how to evaluate someone’s credentials see Credential, Diploma Mills and Alternative Medicine on the AANP’s website, www.naturopathic.org.]

There are currently naturopathic licensure laws in Alaska, Arizona, California, Connecticut, Hawaii, Idaho, Kansas, Maine, Minnesota, Montana, New Hampshire, North Dakota, Oregon, Utah, Vermont, Washington, and the District of Columbia to prevent graduates of unaccredited programs from claiming the ND credentials. Naturopaths also practice in other states under other laws (i.e., as licensed acupuncturists or chiropractors), or without official government sanction (i.e., as nutritionists or natural health consultants).

**The Future**

Naturopathic medicine is at the forefront of the paradigm shift occurring in medicine. Scientific tools now exist to assess and appreciate many aspects of natural medicine. It is now common for conventional medical organizations, which in the past have spoken out strongly against naturopathic medicine, to endorse such naturopathic techniques as lifestyle modification, stress reduction, exercise, and toxin reduction.

More importantly, consumers are demanding a wider range of health care services. Patients want to start with the least invasive of techniques. Naturopathic physicians fill a gap, answer a demand and bring to the public a “bilingual” health care solution with an understanding of both natural and allopathic medicine. They are the knowledgeable gateway to integrative medicine, a true ‘health’ care system.

(Adapted from Fundamental of Complementary and Alternative Medicine, ed. Marc S. Micozzi, MD, PhD, “Natural Medicine’ by Joseph E. Pizzorno, JR., Churchill Livingstone Inc., New York, 1996.)
III. LICENSURE AND REGULATION

Naturopathic Medicine Full Scope Sample Bill:

Statement of Purpose

The practice of naturopathic medicine is declared to affect the public health, safety, and welfare and to be subject to regulation and control in the public interest. It is further declared to be a matter of public interest that naturopathic physicians and the practice of naturopathic medicine as defined in this Act, merit the confidence of the public, that only qualified persons be authorized to practice naturopathic medicine and that no person shall practice naturopathic medicine without a valid existing license to do so. The legislature recognizes that naturopathic doctors comprise a distinct health care profession that affects the public health, safety, and welfare and increases freedom of choice in health care. This Act shall be liberally construed to best carry out these subjects and purposes.

Article I. An act relating to naturopathic medicine and –

providing definitions; falling under an existing Board; providing membership and duties of the board; providing guidelines for probable cause panels and disciplinary decisions; providing powers and duties of the board including rulemaking authority; providing additional powers and duties of the board; specifying authority of the department and the board with respect to disciplinary action and revising grounds for disciplinary action with respect to such authority; specifying authority for setting the fee for the re-issuance of license under certain circumstances; specifying educational requirements; providing requirements for licensure as a naturopathic physician; providing fees; providing grounds for denying or restricting licenses; providing for the applicability of certain rights to naturopathic physicians who have certain qualifications; providing exemptions from licensure requirements; providing that certain rights and privileges of active licensees are retained; providing an effective date; and providing severability.
Article II. Legislative purpose.

Section 2.01 The general objective of the Legislature in enacting this chapter is to protect the public health, safety and welfare, and specifically those persons who are the direct recipients of services regulated by this chapter and to provide for administrative supervision, licensure, regulation, and disciplinary procedures for every person providing naturopathic medical services who meets and maintains the requirements, standards of practice and code of ethics as adopted by the board.

Sections 2.02 In order to protect the public health, safety, and welfare, the specific objectives of this chapter are:

Section 2.02 (i) To provide and maintain standards for the licensing, regulation, and competency of naturopathic physicians;

Section 2.02 (ii) To maintain certain standards in the delivery of naturopathic medical services to the public;

Section 2.02 (iii) To ensure that the health care provided by qualified naturopathic physicians is directly accessible and broadly available; and

Section 2.02 (iv) To provide a means of identifying qualified naturopathic physicians.

Article III. Definitions - The following words, terms and phrases, as used in this chapter, shall have the following meanings ascribed to them except where the context clearly indicates a different meaning:

Section 3.01 ‘Board’ means the Board that will oversee Naturopathic Medicine pursuant to Article X of this chapter.

Section 3.02 ‘Department’ means the Department of Health or equivalent agency that oversees licensure.

Section 3.03 ‘Director’ means the Director of the Division of Professional Regulation or equivalent agency.

Section 3.04 ‘Division’ means the Division of Professional Regulation or equivalent agency.

Section 3.05 ‘Naturopathic medicine’ means a system of health care for the prevention, diagnosis, and treatment of human health conditions, injury, and disease; the promotion of restoration of health; and the support and stimulation of a patient’s inherent self-healing
processes through patient education and the use of naturopathic therapies and therapeutic substances.

Section 3.06 ‘Naturopathic physician’ and all designations listed in Article IV, means a practitioner of naturopathic medicine who has been properly licensed for that purpose by the Division of Professional Regulation under this chapter, who may diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals. May use physiological, psychological, or physical methods. May also use natural medicines, prescription or legend drugs, foods, herbs, or other natural remedies.

Section 3.07 ‘Approved naturopathic medical program’ means:

Section 3.07 (i) A naturopathic medical education program in the United States providing the degree of Doctor of Naturopathy or Doctor of Naturopathic Medicine. Such program shall offer graduate-level full-time didactic and supervised clinical training and shall be accredited, or have achieved candidacy status for accreditation by the Council on Naturopathic Medical Education or an equivalent federally recognized accrediting body for naturopathic medical programs also recognized by the Board. Additionally, the program shall be an institution, or part of an institution of higher education that is either accredited or is a candidate for accreditation by a regional or national institutional accrediting agency recognized by the United States Secretary of Education; or

Section 3.07 (ii) A degree granting college or university that, prior to the existence of the CNME, offered a full-time structured curriculum in basic sciences and supervised patient care comprising a doctoral naturopathic medical education; such course, as a prerequisite to graduation there from, having been not less than 132 weeks in duration and which required completion within a period of not less than 35 months; such college of naturopathic medicine shall have been reputable and in good standing in the judgment of the Board; and if still in existence has current programmatic accreditation by the CNME or federally recognized equivalent accrediting agency; or

Section 3.07 (iii) A diploma granting, degree-equivalent college or university, that if in Canada and prior to accreditation by the CNME, had provincial approval for participation in government funded student aid programs, and that offered a full-time structured curriculum in basic sciences and supervised patient care comprising a doctoral naturopathic medical education; such course, as a prerequisite to graduation there from, having been not less than 132 weeks in duration and shall require completion within a period of not less than 30 months; such college of liberal arts and naturopathic medicine having been reputable and in good standing in the judgment of the Board; and if still in existence has current programmatic accreditation by the
CNME or federally recognized equivalent accrediting agency. Additionally, this college or university currently has provincial approval for participation in government funded student aid programs.

Section 3.07 (iv) A diploma granting, degree-equivalent college or university in Canada that offers graduate-level full-time didactic and supervised clinical training and shall be accredited, or has achieved candidacy status for accreditation by the Council on Naturopathic Medical Education or an equivalent federally recognized accrediting body for naturopathic medical programs also recognized by the Board. Additionally, this college or university has provincial approval for participation in government funded student aid programs.

Section 3.08 ‘Prescription drug’ means any drug defined by Section 503 (b) of the federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 353) if its label is required to bear the statement “Prescription/Rx only.”

Article IV. Title and Designation

Section 4.01 Persons represent themselves as practitioners of naturopathic medicine when they use or adopt any of the following designations: “doctors of naturopathic medicine” or “doctors of naturopathy”. Licensees shall use the title “naturopathic physician” and the recognized abbreviation “N.D.”. Naturopathic physicians shall have the exclusive right to use the terms: “naturopathic physician,” “naturopathic doctor”, “naturopath”, “doctor of naturopathic medicine”, “naturopathic health care”, “naturopathy”, “ND” “N.D.” “NMD” and “N.M.D.”.

Section 4.02 No person shall represent himself or herself to the public as a naturopathic physician, a doctor of naturopathic medicine, a doctor of naturopathy, or as being otherwise authorized to practice naturopathic medicine without first obtaining from the Division a license to practice naturopathic medicine pursuant to the provisions of this Chapter.

Section 4.03 The titles and terms in subsection 4.02 of this section identify naturopathic physicians and are restricted to describing and identifying licensed practitioners.

Article V. Qualifications for Licensure – To be eligible for a license to practice naturopathic medicine, the following shall be required of the applicant:

1 Deleted depending on the political climate and compromise with unlicensable naturopaths in the [state], and would need to be included if the bill includes tiered registration for ‘naturopath’ – defined in Article III as an unlicensed registrant.

2 This may need to be deleted depending on the political climate and compromise with unlicensable naturopaths in the [state].
Section 5.01 Submission to the Board the following:

Section 5.01 (i) An application for licensure designed and approved by the Division;

Section 5.01 (ii) An application fee established by the Division;

Section 5.01 (iii) Evidence that s/he is a graduate of an approved naturopathic medical program in accordance with the requirements specified in Article 3 Section 3.07 of this Chapter and that s/he has successfully passed a competency-based national naturopathic licensing examination administered by the North American Board of Naturopathic Examiners, or successor agency that has been nationally recognized to administer a naturopathic examination that represents federal standards of education and training.

Section 5.01 (iv) For graduates of approved naturopathic schools as defined in Article 3, Section 3.07 (ii) and Section 3.07 (iii), eligibility for licensure may be granted with evidence of successful passage of an approved competency examination or Canadian provincial examination.

Section 5.02 An applicant must be able to provide documentation that attests to their good, ethical, and professional reputation.

Section 5.03 An applicant must be physically and mentally capable of safely practicing naturopathic medicine with or without reasonable accommodation.

Section 5.04 An applicant must not have had a license to practice naturopathic medicine or other health care license registration or certificate refused, revoked or suspended by any other jurisdiction for reasons that related to the applicant’s ability to skillfully and safely practice naturopathic medicine unless that license, registration or certification has been restored to good standing by that jurisdiction.

Article VI. Scope of Practice

Section 6.01 A naturopathic physician may order and perform physical and laboratory examinations consistent with naturopathic education and training, for diagnostic purposes, including, but not limited to, phlebotomy, clinical laboratory tests, orificial examinations, and physiological function tests.

Section 6.02 A naturopathic physician may order diagnostic imaging studies consistent with naturopathic training. All diagnostic tests not consistent with naturopathic medical education and training must be referred for performance and interpretation to an appropriately licensed health care professional.
Section 6.03 A naturopathic physician may dispense, administer, order, and prescribe or perform the following:

Section 6.03 (i) Food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines and nosodes, all dietary supplements and nonprescription drugs as defined by the Federal Food, Drug, and Cosmetic Act.

Section 6.03 (ii) Prescription substances as determined by the naturopathic formulary council in conjunction with the Board.

Section 6.03 (iii) Hot or cold hydrotherapy; naturopathic physical assessment and medicine; electromagnetic energy; and therapeutic exercise.

Section 6.03 (iv) Devices, including, but not limited to, therapeutic devices, barrier contraception, and durable medical equipment.

Section 6.03 (v) Health education and health counseling.

Section 6.03 (vi) Minor surgery procedures with additional training and continuing education equivalent to other general practitioners annually.

Section 6.03 (vii) Musculoskeletal physical assessment and treatment consistent with naturopathic education and training.

Section 6.04 A naturopathic physician may utilize routes of administration that include oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, and intramuscular consistent with the education and training of a naturopathic physician.

Section 6.05 A naturopathic physician may perform those therapies as trained and educated, and approved by the Board.

Article VII. Prohibitions – A naturopathic physician licensed under this chapter shall not:

Section 7.01 Prescribe, dispense or administer any controlled substance or device identified in the federal controlled substance act, 21 U.S. C. sections 801 through 971 (1988), as amended, except as authorized by this chapter;
Section 7.02 Perform surgical procedures unless minor surgery procedures;

Section 7.03 Practice or claim to practice as a medical doctor, osteopath, dentist, podiatrist, optometrist, chiropractor, psychologist, advanced practice professional nurse, physician assistant, physician therapist, acupuncturist, or any other health care professional not authorized in this chapter unless licensed- as such;

Section 7.04 Use general or spinal anesthetics;

Section 7.05 Administer ionizing radioactive substance for therapeutic purposes:

Section 7.06 Perform surgical procedures using a laser device;

Section 7.07 Perform surgical procedures involving the eye, ear, tendons, nerves, veins or arteries extending beyond superficial tissue;

Section 7.08 Perform chiropractic adjustments or musculoskeletal manipulation as defined by state code.

Section 7.09 Perform acupuncture, unless licensed as an acupuncturist as defined by state code or by standard set forth for substance abuse and addiction protocols of auricular acupuncture.

Article VIII. Exemptions

Section 8.01 Nothing in this chapter shall be construed to prohibit or to restrict

Section 8.02 The practice of a profession by individuals who are licensed, certified, or registered under other laws of the state who are performing services within their authorized scope of practice;

Section 8.03 The practice of naturopathic medicine by an individual employed by the government of the United States while the individual is engaged in the performance of duties prescribed by the laws and regulations of the United States;

Section 8.04 The practice of naturopathic medicine by students enrolled in an approved naturopathic medical college. The performance of services shall be pursuant to a course of instruction or assignments from an instructor and under the supervision of the instructor. The instructor shall be a naturopathic physician licensed pursuant to this chapter, or a duly licensed professional in the instructed field;

Section 8.05 Anyone from treating themselves and their families based on religious or health beliefs;
Section 8.06 Anyone who sells vitamins and herbs from providing information about their products;

Section 8.07 Any person or practitioner from advising in the use of a therapy, including, but not limited to: herbal medicine, homeopathy, nutrition or other non-drug or non-surgical therapy that are within the scope of practice of naturopathic physicians as outlined in this Act as long as such therapy is within that individual’s lawful rights or, if a licensed healthcare provider, within that legally defined scope of practice as granted by the existing laws; and provided that such person is not using a title protected pursuant to this Chapter or holding themselves out to be a naturopathic doctor.

Section 8.08 This Chapter shall not be construed to prohibit the practice of naturopathic medicine by persons who are licensed to practice in any other or district in the United States, as practicing naturopathic physicians, enter this State to consult with a naturopathic physician of this State; provided, however, that the consultation is to be limited to examination, recommendation, or testimony in litigation.

Article IX. Powers and Duties of the Director

Section 9.01 The Director shall:

Section 9.01 (i) Promulgate all rules, and conduct all hearings, required by this Chapter;

Section 9.01 (ii) Adopt the competency-based national examination consistent with the requirement outlined in section 5.01 (iii) and 5.01 (iv) of this Act and approved by the Board as the naturopathic licensing examination.

Section 9.01 (iii) Formulate rules and regulations with appropriate notice to those affected where such notice can reasonably be given.

Section 9.01 (iv) Designate the application form to be used by applicants, and to process all applications;

Section 9.01 (v) Issue licenses, and renewals thereof, to all persons who meet the qualifications for licensure as described in Article V. of this chapter and as recommended by the Board;

Section 9.01 (vi) Charge a reasonable fee for the issuance of a license, or for the renewal of a license, to offset the Division’s administrative expenses;

Section 9.01 (vii) Establish procedures for the issuance of licenses, and renewals thereof, to those applicants who qualify for licensure by reciprocity to be licensed in this State, in lieu of
taking the written examination taken by all other persons applying for licensure, provided that the educational and examination requirements for the state issuing the original license are equivalent to those described herein;

Section 9.01 (viii) Determine the malpractice liability coverage requirements for licensees;

Section 9.01 (ix) Investigate complaints of unprofessional conduct by a licensee

Section 9.01 (x) Require by subpoena the attendance and testimony of witnesses or the production of any paper, record, or other information at any public disciplinary hearing or investigation conducted by the Division.

Section 9.01 (xi) Determine whether or not a naturopathic physician shall be the subject of a disciplinary hearing;

Section 9.01 (xii) Designate and impose the sanction and penalties for violation of this Chapter or the Division’s regulations;

Section 9.01 (xiii) Provide for the rules for continuing education; and

Section 9.01 (xiv) Bring proceedings in the courts for the enforcement of this Chapter

Section 9.02 (xv) Delegate to the Board overseeing naturopathic physicians the performance of any administrative, disciplinary, and rulemaking functions assigned to the Director by this Chapter;

Section 9.02 The Director shall consult the Board on matters involving:

Section 9.02 (i) The qualifications of candidates who apply for licensure to practice naturopathic medicine;

Section 9.02 (ii) The content of regulations and proposed regulations governing the practice of naturopathic medicine;

Section 9.02 (iii) The content of regulations and proposed regulations governing the practice of naturopathic medicine;

Section 9.02 (iv) Investigation of all credible complaints from naturopathic physicians and the public and consult with the Board on the technical aspects of the complaint;
Section 9.02 (v) The requirements for issuance, continuing educational hours (at least 30 hours annually and renewal of naturopathic medical licenses; and

Section 9.03 The Director shall not, in any manner whatsoever, discriminate against any applicant or person holding or applying for a license to practice naturopathic medicine by reason of sex, age, race, color, creed or national origin.

Article X. Governance of Naturopathic Medicine

Section 10.01 Naturopathic Medicine will fall under one of the current established boards. Two representatives will be appointed by the Governor to the board.

Section 10.02 The members of the board must be licensed doctors of naturopathic medicine or licensed naturopathic physicians, as defined in this chapter, who are in good standing, or for the initial board, in the state in which they are licensed as such, who are residents, and who have been engaged in the practice and/or instruction of naturopathic medicine for at least 3 years; and

Section 10.03 The names of naturopathic physicians eligible to serve on the Board shall be forwarded to the Governor by the State Association of Naturopathic Physicians.

Section 10.04 For the purpose of staggering terms, the Governor shall initially appoint to the board members of terms of 4 years. As the terms of board members expire, the Governor shall appoint successors for terms of 4 years, and such members shall serve until their successors are appointed.

Section 10.05 The Governor may remove any member of the board for cause, prior to the expiration of the member’s term.

Section 10.06 The Board positions shall remain uncompensated positions unless and until deemed appropriate by the Director.

Section 10.07 All provisions of Article XI relating to activities of the board are applicable.

Article XI. Powers and duties of the board and the department –

Section 11.01 The board may adopt such rules as are necessary to carry out the purposes of this chapter, may recommend disciplinary actions as provided by this chapter, and shall:

Section 11.01 (i) Perform any administrative, disciplinary, and rulemaking functions assigned to the Board by the Director as provided by this Chapter;
Section 11.02 Determine the qualifications of persons applying for licensure pursuant to this chapter and define, by rule, the appropriate scope of naturopathic medicine, provided however that the scope of practice may not exceed that defined in Article VI of this chapter;

Section 11.03 Review the content of regulations and proposed regulations governing the practice of naturopathic medicine;

Section 11.04 Evaluate the content of any clinical, practical, or residency requirement;

Section 11.05 Contract, sue and be sued, and pursue other matters lawful relating to naturopathic medicine;

Section 11.06 Provide such other services and perform such other functions as are necessary and desirable to fulfill its purposes:

Section 11.07 Establish by rule examination standards, consistent with the standards enumerated in this Act, for licensure and when those examinations will be provided;

Section 11.08 Establish a minimum amount and kind of continuing education to be required annually for each naturopathic physicians seeking licensure renewal (minimum recommended 30 hrs. of continuing education);

Section 11.09 Limit any prescribing authority for prescription drugs to naturopathic physicians who have graduated from an approved naturopathic medical program that included pharmacology as part of its curriculum or to graduates who have up-to-date certification of equivalent training, as determined by the Board.

Section 11.10 Investigate all credible complaints from naturopathic physicians and the public as directed by the Director.

Section 11.11 The board shall by rule establish guidelines for the disposition of disciplinary cases involving specific types of violations. Such guidelines may include minimum and maximum fines, periods of supervision or probation, or conditions of probation or reissuance of a license; and

Section 11.2 Provide evaluations regarding the requirements for issuance and renewal of naturopathic medical licenses to the Division.

**Article XII. Naturopathic Formulary Council Established**

Section 12.01 There is hereby established a naturopathic formulary council, which is separate and distinct from the board, to be composed of five (5) members.
Section 12.02 Two (2) members shall be naturopathic physicians licensed under this chapter, appointed by the Board.

Section 12.03 Two (2) members shall be pharmacists licensed within and in accordance with the Code of the state, appointed by the Board and nominated by from a list of nominees provided by the state board of pharmacy.

Section 12.04 One (1) member shall be a physician licensed within the state and in accordance with the Code of the state, appointed by the Board from a list of nominees provided by the board of medicine.

Section 12.05 It shall be the duty of the naturopathic formulary council to establish a formulary for use by naturopathic physicians, and immediately upon adoption or revision of the formulary, the council shall transmit the approved formulary to the Board, which shall adopt the formulary by temporary rule.

Section 12.06 The formulary will be reviewed annually by the council, or at any time at the request of the board.

Section 12.07 The formulary list may not go beyond the scope of natural medicines or legend drugs and devices covered by approved naturopathic education and training or board approved continuing education.

Section 12.08 The naturopathic formulary shall not include medicines or devices that are inconsistent with the training provided by approved naturopathic medical programs.

Section 12.09 Nothing herein shall allow a naturopathic physician to dispense, administer or prescribe any legend drug or device as defined in the Code of the state, unless such prescription drug or legend device is specifically included in the naturopathic formulary.

Article XII. Disciplinary Actions-

Section 14.01 The Board may elect to refuse to issue or renew licensure on any of the following grounds:

Section 14.01 (i) The Director shall not issue a license to any person who has been convicted of a felony or pending criminal charge relating to such an offense, the circumstances of which substantially relate to the practice of naturopathic medicine.
Section 14.01 (ii) The Director shall not issue a license to any person who has an impairment related to drugs or alcohol that would limit the applicant’s ability to undertake the practice of naturopathic medicine in a manner consistent with the safety of the public.

Section 14.01 (iii) The Division shall not issue a license to any person who has been found to be mentally incompetent by a physician and such mental incompetence impairs the applicant’s ability to undertake the practice of naturopathic medicine in a manner consistent with the safety of the public.

Section 14.01 (iv) In addition to his or her application, application fee, and any other evidence required by this section, each applicant shall submit any and all evidence relating to any administrative penalties s/he may have been assessed regarding his or her practice of naturopathic medicine (including but not limited to fines, formal reprimands, probationary limitations, and license suspensions or revocations for reasons other than nonpayment of license renewal fees) and any “consent agreements” into which s/he may have entered that contain conditions placed by an administrative agency on his or her professional conduct and practice, including any voluntary surrender of a license. The Division in its sole discretion may determine, after a hearing, whether a consent agreement into which an applicant has entered, or an administrative penalty that s/he has received, is grounds to deny licensure.

Section 14.02 Doctors of naturopathic medicine or naturopathic physicians shall observe and be subject to all state, county and municipal regulations in regard to the control of contagious and infectious diseases, the reporting of births and deaths, and to any and all other matters pertaining to the public health in the same manner as is required of other practitioners of the healing arts.

Section 14.03 A license is “in good standing” within a jurisdiction if it is active, is not subject to a suspension or revocation, is not subject to any form of probationary or provisional period, is not the subject to any administrative or criminal investigation arising from acts of the holder thereof in association with the practice of naturopathic medicine.

Section 14.04 The following acts constitute grounds for denial of a license or disciplinary action:

Section 14.04 (i) Attempting to obtain, obtaining, or renewing a license to practice naturopathic medicine by bribery, or by fraudulent misrepresentation.

Section 14.04 (ii) Having a license to practice naturopathic medicine revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.
Section 14.04 (iii) Being convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which directly relates to the practice of naturopathic medicine or to the ability to practice naturopathic medicine. Any plea of nolo contendere shall be considered a conviction for purposes of this chapter.

Section 14.04 (iv) False, deceptive, or misleading advertising.

Section 14.04 (v) Advertising, practicing, or attempting to practice under a name other than one’s own.

Section 14.04 (vi) Aiding, assisting, procuring, or advising any unlicensed person to practice naturopathic medicine contrary to this chapter or to a rule of the department or the board.

Section 14.04 (vii) Failing to perform any statutory or legal obligation placed upon a licensed doctor of naturopathic medicine or naturopathic physician.

Section 14.04 (viii) Making or filing a report or record required by the false, intentionally or negligently failing to file a report or record required by the state or federal law, willfully impeding or obstructing such filing or inducing another person to do so. Such reports or records shall include only those, which are signed in the capacity as a licensed doctor of naturopathic medicine or naturopathic physician.

Section 14.04 (ix) Paying or receiving any commission, bonus, kickback, or rebate, or engaging in any split-fee arrangement in any form, whatsoever with a physician, organization, agency, or person, either directly or indirectly, for patients referred to providers of health care goods and services, including, but not limited to, hospitals, nursing homes, clinical laboratories, ambulatory surgical centers, or pharmacies. The provisions of this paragraph shall not be construed to prevent a doctor of naturopathic medicine or naturopathic physician from receiving a fee for professional consultation services.

Section 14.04 (x) Exercising influence within a patient-physician relationship for purposes of engaging a patient in sexual activity. A patient shall be presumed to be incapable of giving free, full, and informed consent to sexual activity with her or his naturopathic physician.

Section 14.04 (xi) Failing to keep written or electronic medical records justifying the course of treatment of the patient, including, but not limited to, patient histories, examination results, test results, imaging results, and records of the prescribing, dispensing, and administering of drugs.
Section 14.04 (xii) Gross or repeated malpractice or the failure to practice naturopathic medicine with that level of care, skill, and treatment that is acceptable under similar conditions and circumstances.

Section 14.04 (xiii) Delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified by training, experience, or licensure to perform them.

Section 14.04 (xiv) Violating any provision of this chapter or the most current version of the Code of Ethics of the American Association of Naturopathic Physicians, or any rules adopted pursuant thereto.

Section 14.05 The board department shall not reinstate the license of a doctor of naturopathic medicine or naturopathic physicians until such time as the board is satisfied that such person has complied with all the terms and conditions set forth in the final order and that such person is capable of safely engaging in the practice of naturopathic medicine.

Section 14.06 Any person who shall be determined to commit any of the following acts shall be guilty of a felony of the third degree, punishable as provided in the Code of the state. These acts include:

Section 14.06 (i) Sell, fraudulently obtain, or furnish any naturopathic diploma, license, record, or registration or aid or abet in the same;

Section 14.06 (ii) Practice naturopathic medicine or naturopathy under the cover of any diploma, license, record, or registration illegally or fraudulently obtained or secured or issued unlawfully or upon fraudulent representations;

Section 14.06 (iii) Advertise to practice naturopathic medicine or naturopathy under a name other than her or his own or under an assumed name;

Section 14.06 (iv) Falsely impersonate another practitioner of a like or different name;

Section 14.06 (v) Practice or advertise to practice naturopathic medicine or naturopathy or use in connection with her or his name any designation tending to imply or to designate the person as a practitioner of naturopathic medicine or naturopathy without then being lawfully licensed and authorized to practice naturopathic medicine or naturopathy in this [state]; or

Section 14.06 (vi) Practice naturopathic medicine during the time her or his license is suspended or revoked.
Article XV. Licensure without additional examination

Section 15.01 The Board may issue a license without additional examination to any applicant who submits an application for licensure together with the appropriate fee, proof acceptable to the Division of current naturopathic medicine licensure in good standing in another state, the District of Columbia or territory of the United States, whose standards for licensure are at least equivalent to those of this State.

Section 15.02 Any applicant seeking a license without additional examination pursuant to this section shall provide proof of licensure in good standing in all states in which he or she is or has been licensed.

Article XVI. License expiration; renewal denial, revocation, and continuing education

Section 16.01 Each license issued pursuant to this title, or renewed pursuant to this section, shall expire 2 years following its issuance or last renewal.

Section 16.02 The Director may renew the license of any licensee who, upon the expiration of his or her license:

Section 16.02 (i) Has submitted an application for renewal;

Section 16.02 (ii) Has paid a renewal fee established by the Division;

Section 16.02 (iii) Meets the qualifications for licensure set forth in this Chapter;

Section 16.02 (iv) Meets the continuing education requirements established by the Board (recommended 30 CE hrs. annually).

Section 16.03 Reissue of license. – Any person who practices naturopathic medicine/naturopathy after her or his license has been revoked and registration annulled shall be deemed to have practice naturopathic medicine/naturopathy without a license; provided, however, at any time after 6 months after the date of said conviction, the department may grant a license to the person affected, restoring to her or him all the rights and privileges of and pertaining to the practice of naturopathic medicine/naturopathy as defined and regulated by this chapter. The fee therefore shall be set by the board not to exceed $300.

Section 16.04 Where the board proposes to refuse to issue or renew a license, or proposes to revoke or suspend a license, opportunity for a hearing shall be pursuant to the provisions of the Code of the state.
**Article XVII. Fees-**

Section 17.01 The amount to be charge for any fee imposed under this Chapter shall approximate and reasonably reflect all costs necessary to defray the expenses of the Professional Regulation. A separate fee may be charge for each service or activity, but no fee shall be combined with any other fee or charge, except as specifically set forth herein. At the beginning of each fiscal year, the Division, or any other state agency acting in its behalf, shall compute, for each separate service or activity, the appropriate fee for the fiscal year.

**Article XVIII. Investigation, Hearing and Subpoena**

Section 18.01 Any person may report to the Division of Health Professionals in writing any information the person has reasons to believe indicates that a naturopathic physician is or may be medically or legally incompetent, engaged in the unauthorized practice of naturopathic medicine, guilty of unprofessional conduct, or mentally or physically unable to engage safely in the practice of naturopathic medicine.

Section 18.02 The following persons shall report to the Division in writing any information the person has reason to believe indicates that a naturopathic physician is or may be medically or legally incompetent, engaged in the unauthorized practice of naturopathic medicine, guilty of unprofessional conduct, or mentally or physically unable to engage safely in the practice of naturopathic medicine, within 30 days of becoming aware of such information:

Section 18.02 (i) All naturopathic physicians licensed under this Chapter.

Section 18.02 (ii) All licensed health care providers.

Section 18.02 (iii) All health care institutions in the state.

Section 18.02 (iv) All state agencies.

Section 18.02 (v) All law enforcement agencies in the state.

Section 18.03 A naturopathic physician’s voluntary resignation from the staff of a health care institution, voluntary limitation of staff privileges, failure to reapply for hospital privileges at such an institution, should be promptly reported to the Division by the institution and the licensee if that action occurs while the licensee is under formal or informal investigation by the institution or a committee thereof for any reason related to possible medical incompetence, unprofessional conduct, or mental or physical impairment.
Section 18.04 Upon receiving a credible complaint or report concerning a licensee, or on its own motion, the Division of Professional Regulation may investigate any evidence that appears to show a licensee is or may be medically incompetent, guilty of unprofessional conduct or mentally or physically unable to engage safety in the practice of medicine.

Section 18.05 Any person, institution, agency, or organization required to report under this section who does so in good faith shall not be subject to civil damages or criminal prosecution for so reporting.

Section 18.06 Within 10 days of receipt thereof, the Director shall acknowledge receipt of all reports required by this section and any complaint against a licensee submitted to the Department. Within 10 days thereafter, the Director shall inform any person or entity whose report or complaint has resulted in action by the Division, of the final disposition of the matter.

Section 18.07 Any person or entity who fails to make a report required by this section may be assessed by the Director, in his or her discretion and after consultation with the Board, and administrative penalty of not more than $300 Assessment of an administrative penalty pursuant to this subsection shall be supported by substantial evidence and may be appeals to the Superior Court. On appeal, the Court may receive any relevant evidence supporting or opposing the assessment and may affirm or reverse the Director’s decision.

18.08 Enforcement Penalty-

18.08 (i) Except as provided in the exemptions of Article VIII of this Act, it is unlawful for persons to practice naturopathic medicine as defined in this Act without a license to do so.  

18.08 (ii) It shall constitute a felony for any person to practice naturopathic medicine as defined in this Act without a license and upon conviction thereof shall be imprisoned in the state prison for a period not to exceed 5 years, or shall be fined not more than $10,000 or shall be punished by both such fine and imprisonment.

18.08 (iii) Except as provided in Article IV of this Act, it is unlawful for any person to assume or use the titles “naturopathic physician,” “naturopathic doctor,” “physician of naturopathic medicine”, “doctor of naturopathy”, “doctor of naturopathic medicine”, “naturopath”\(^4\), or the abbreviations “ND” or “NMD”, or any other title, designation, words, letters, abbreviation, sign, card, or device to indicate to the public that such person is so licensed, and upon conviction thereof such person shall be imprisoned not to exceed 1 year, or shall be fined not more than $3000, or shall be punished by both fine and imprisonment.

\(^4\) Do not include if naturopath is not a protected title.
Article IXX. Severability

Section 19.02 If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

This Act provides that the Division of Professional Regulation shall regulate the provision of Naturopathic Medicine with the advice of, and in consult with, the Board. This Act also provides a method for initial appointment of the Board and requires that the Director of the Division of Professional Regulations promulgate such regulations necessary to implement this Act.

Coverage of Services Provided by Naturopathic Physicians

1. Notwithstanding the uniformity of treatment requirement of section, () a policy or contract providing for third-party payment or prepayment of health or medical expenses shall include a provision for the payment of medical care and treatment provided by a naturopathic physician licensed pursuant to chapter () and performed within the scope of the license of the licensed naturopathic physician if the policy or contract would pay for the care and treatment if the care and treatment were provided by a person engaged in the practice of medicine and surgery or osteopathic medicine and surgery under chapter () The policy or contract shall provide that policyholders and subscribers under the policy or contract may reject the coverage for services which may be provided by a licensed physician assistant or licensed advanced registered nurse practitioner if the coverage is rejected for all providers of similar services.

This section applies to the following classes of third-party payment provider contracts, policies, or plans delivered, issued for delivery, continued, or renewed in the on or after (INPUT DATE);

a. Individual or group accident and sickness insurance providing coverage on an expense-incurred basis.

b. An individual or group hospital or medical service contract issued pursuant to chapter()

c. An individual or group health maintenance organization contract regulated under chapter()

d. An individual or group Medicare supplemental policy, unless coverage pursuant to such policy is preempted by federal law.

e. A plan established pursuant to chapter () for public employees

f. The Hawk-i program under chapter ()
2. The commissioner of insurance shall adopt rules pursuant to chapter () as necessary to administer this section.

Section () is amended by adding the following new subsection:

Licensed naturopathic physicians

1. The department shall adopt rules pursuant to chapter () entitling naturopathic physicians who are licensed pursuant to chapter () to payment for health services provided to recipients of medical assistance, subject to limitations and exclusions the department finds necessary on the basis of federal laws and regulations.
IV. STANDARDS OF CARE FOR NATUROPATHIC MEDICINE

Introduction

A. The purpose for standards of practice is to:
   1. Provide criteria that will offer guidelines for the daily practice of naturopathic medicine;
   2. Identify to the public the responsibilities of the naturopathic physicians and to give surety in maintaining public safety;
   3. Ensure that the interests of public health are maintained;
   4. Provide guidelines to state boards, licensing and federal agencies with which they might evaluate professional actions;
   5. Provide a template for newly-licensed states to develop standards based criteria on licensing laws;
   6. Provide assurance of uniform agreement among the naturopathic profession on the principles and practice of naturopathic medicine; and
   7. Periodically review and, where necessary, modify standards of practice and care in order to assure public safety, compliance with public health standards and to accommodate the ongoing advances in medical practice.

B. Definition of terms:
   1. **Standards**: that which is established by custom or authority as a model, criterion, or rule for comparison of measurement.
   2. **Care**: supervision, charge; in the care of a doctor.
   3. **Practice**: the use by a health care professional of knowledge and skill to provide a service in the:
      1. Prevention of illness,
      2. Diagnosis and treatment of disease,
   4. **Service**: to be of assistance, to render aid.
   5. **Standards of Practice**: the established model, criterion or rule by which the physician undertakes their supervision or care of the individual patient.
C. Naturopathic medicine is defined as follows:

1. Naturopathic doctors (NDs) are primary care physicians clinically trained in natural therapeutics and whose philosophy is derived in part from a Hippocratic teaching more than 2000 years old: Vis medicatrix naturae--nature is the healer of all diseases. Their practice is based on the same basic bio-medical science foundation that allopathic practice is; however, their philosophies and approaches differ considerably from their conventional counterparts. Naturopathic physicians diagnose disease and treat patients by using natural modalities such as physical manipulation, clinical nutrition, herbal medicine, homeopathy, counseling, acupuncture, and hydrotherapy, among others. They choose treatment based on the individual patients, not based on the generality of symptoms. This approach has proven successful in treating both chronic and acute conditions.

2. The six principles that guide the therapeutic methods and modalities of naturopathic medicine include:
   a. First Do No Harm- primum non-nocere
      Naturopathic medicine uses therapies that are safe and effective
   b. The Healing Power of Nature-vis medicatrix naturae
      The human body possesses the inherent ability to restore health. The physician’s role is to facilitate this process with the aid of natural, nontoxic therapies.
   c. Discover and Treat the Cause, Not Just the Effect – tolle causam
      Physicians seek and treat the underlying cause of a disease. Symptoms are viewed as expressions of the body’s natural attempt to heal. The origin of disease is removed or treated so the patient can recover.
   d. Treat the Whole Person- tolle totum
      The multiple factors in health and disease are considered while treating the whole person. Physicians provide flexible treatment programs to meet individual health care needs.
   e. The Physician is a Teacher- docere
      The physician’s major role is to educate, empower, and motivate patients to take responsibility for their own health. Creating a healthy cooperative relationship with the patient has a strong therapeutic value.
   f. Prevention is the best “cure”
      Naturopathic physicians are preventive medicine specialists. Physicians assess patient risk factors and heredity susceptibility and intervene appropriately to reduce risk and prevent illness. Prevention of disease is best accomplished through education and a lifestyle that supports health.
D. Scope of practice:

1. The scope of a naturopathic physicians practice is eclectic and dynamic in nature.
2. The naturopathic physician is trained to understand and utilize a wide variety of therapeutic modalities and selects the treatment that in their opinion, best serves the patient’s condition.
3. The types of therapeutic modalities a physician may choose from include, but are not limited to:
   a. Acupuncture [with additional certification]
   b. Botanical medicine
   c. Clinical nutrition & nutritional counseling
   d. Electrotherapy
   e. Homeopathy
   f. Hydrotherapy
   g. Light and air therapy
   h. Massage therapy / neuro-muscular technique
   i. Natural childbirth [with additional certification]
   j. Naturopathic manipulative technique
   k. Orthopedics
   l. Physical medicine
   m. Psychotherapy and counseling
   n. Soft tissue manipulation
   o. Surgery
   p. Use of appropriate pharmacological agents

4. The naturopathic physician is obligated to keep up with the changes in medicine, which may be accomplished through:
   a. Continuing education seminars, preceptorships, post graduate study, internships or residency programs (see education section VII A).

5. In the event the physician belongs to a specialty society, they are obligated to maintain the standards of education set by that society.
6. The naturopathic physician has an obligation to critically and without bias evaluate new therapeutic agents and methods that may be of benefit to their patients.
7. The naturopathic physician is encourage to continually evolve his or her manner of practice of health care in order to provide increased benefit to his or her patients.

E. A naturopathic physician is trained to be a primary care physician that specializes in natural medicine. Individual physicians may choose to specialize in certain methods, modalities or areas of practice within the scope of a general practice. In those
instances the physician is obligated to:
1. Notify the patients and colleagues of the nature of any such practices and any limitations to such stated modalities and/or therapeutic approaches.
2. This may be accomplished by notification at the time of first visit; on the physician’s letterhead or business card; or by advertisement.
3. Any physician who has a limited practice is obligated to make appropriate referrals if requested by the patient or deemed necessary by the physician.
4. A naturopathic physician trained as a primary care, family practice physician may choose to emphasize or specialize in a specific area either singly or within the scope of a general practice.

F. Code of ethics:
1. See guidelines

G. Naturopathic physicians are trained as primary care naturopathic medicine physicians and have a responsibility to the patients to provide the best health care available. The patient can expect his or her health care to include some or all of the following:
1. Thorough history and appropriate physical examination
2. Appropriate laboratory and radiographic analysis
3. Accurate diagnosis
4. Lifestyle and risk assessment
5. Diet and nutrition analysis and counseling
6. Preventive medicine programs
7. Appropriate follow up
8. Appropriate referral when necessary

H. Patients are entitled to:
1. Expect the physician to comply with state, local and public health guidelines by naturopathic physicians.
2. Receive treatment with respect and dignity
3. Be treated with respect for privacy.
5. Confidentiality.

I. The American Association of Naturopathic Physicians through its membership and House of Delegates is responsible for the development, ongoing review, modification and implementation of standards of practice and care.
II. Patient Evaluation

A. Record Keeping
1. All naturopathic physicians should keep clear and concise chart notes documenting patient care.
2. It is important that the record be legible, orderly, complete, and that abbreviations/symbols employed are commonly used and understood.
3. There are several important reasons for keeping charts, which include:
   a. Documented visits to assure optimal on-going care.
   b. Documented communication with other health care professionals.
   c. Use in clinic or office research.
   d. Important administrative and legal documents.
   e. Basis of a peer review process.
4. It is recommended that the Problem Oriented Medical Record, also known as the SOAP format, be used as the standard form for keeping records.

B. Types of data collected: and whom it may be collected from:
1. The individual affected:
   a. Family, friends.
   b. Medical records may be obtained from previous physicians, or other health care providers for the purpose of patient evaluation.
2. Subjective
   a. The History: a written record of the patient history should include the following. Patient intake forms may be used for these purposes and should contain:
      i. Identifying data: name, age, sex, relationship status, and occupation.
      ii. Chief complaint: recorded in the patients’ own words and a priority from most to least important may be assigned.
      iii. Present illness: state the problem(s) as it is at the visit, clarifying the time course in a chronological manner. Include any concurrent medical problems.
      iv. Past Medical History: previous illnesses, surgeries, medications, hospitalizations, childhood illnesses, accidents or injuries, and pregnancies.
      v. Current Health Status: Allergies (drugs, food or inhalant), current medications and supplements (prescription and OTC), immunization history, tobacco, alcohol or recreational drug use, exercise and leisure activities, sleep habits, diet (breakfast, lunch, dinner, snacks), disease screening and environmental hazards.

vii. *Psychosocial*: Brief biography, family/home situation, occupation, lifestyle, emotional make-up, stressors, and typical day’s events.

viii. *Review of Systems*: Placed in a structured system-by writing out the positive findings and the pertinent negatives.

3. **Objective**
   a. Physical exam, mini mental status exam, and lab findings. A standard format includes: patient’s general appearance, vital signs and the results of the focused or comprehensive examination.
   b. Results of laboratory studies completed during or soon after the patient visit may be included.

III. **Diagnosis**

A. In the establishment of the diagnosis, the naturopathic physician may utilize the following types of diagnostic criteria:
   1. Conventional medical diagnostic criteria.
   2. Other diagnostic criteria may be used, including those of non-western medical traditions such as Ayurvedic, Traditional Chinese, etc.

B. All diagnostic criteria must be consistent with other health care disciplines that utilize the same criteria.
   1. The physician may use a combination of conventional and other diagnostic methods.
   2. Any physician utilizing diagnostic criteria which are other than conventional and/or experimental is also encouraged to apply conventional forms when:
      a. Another health care provider is also evaluating the patient for the same or a related condition, in order to maintain continuity among the different disciplines of medicine and to assure quality patient care.
      b. When faced with a life threatening or degenerative illness when there is the possibility that interventional therapies may be needed.
      c. The physician knows that the patient will need referral for the same or other illnesses.
      d. At the patient’s request.
      e. As required by state laws.
IV. Plan

The naturopathic physician develops a specific written treatment plan for each patient that is:

A. Rational:
   1. Based on identified needs.
   2. Realistic in its goals.
   3. Practical in light of the patient’s condition and situation.
   4. In the best interest of the patient.
   5. Logical in sequence and internally consistent.
   6. Prioritized to the patient’s most pressing conditions.
   7. Compatible with other therapies the patient may be undergoing.
   8. Cost effective
   9. Flexible to accommodate new developments/findings
   10. Experimental only with informed consent and only in areas of doctor expertise.

B. Based on proper assessment, including:
   1. Ruling out / identifying life-threatening or hidden conditions with appropriate history, examination and testing, including referral for specialized evaluation, when appropriate.
   2. Allowing for timely on-going reassessment.

C. Based on naturopathic principles including:
   1. Stimulating the patient’s vital force to promote healing or, in special instances, supplementing or replacing the action of the vital force when the patients is unable to respond to curative treatment.
   2. Removing the cause of conditions, when known.
   3. Choosing treatments to the whole patient, including referral to appropriate adjunctive health resources for specialized therapies.
   4. Individualizing treatments to the whole patient, including referral to appropriate adjunctive health resources for specialized therapies.
   5. Educating the patient to participate responsibly in his or her own healthcare and to learn principles for building of health and preventing future disease.
   6. Involving, when appropriate, others significant to the patient in the treatment plan.

D. Self-critical:
   1. A mechanism for timely evaluation of plan effectiveness.
   2. A mechanism for timely modification of failed plans, including referral to other appropriate practitioners.
   3. Appropriate intervention with conventional pharmacological agents when necessary.
V. Assessment of patient’s progress

A. Responsibility
The physician, in concert with the patient, ultimately determines progress. Family members may be involved, with patient permission, in assessment of progress, and may be consulted by the physician to aid in these determinations. Although final assessment must rest with the physician, this is only meaningful when the patient understands and accepts the advice of the physician. If the patient disagrees with the physician over assessment of progress, which cannot be resolved by the application of objective criteria, the patient should be encourage to seek a second opinion.

B. Development of Assessment
1. Assessment of medical progress includes two aspects; the subjective and the objective. It is expected that the physician will use both aspects of assessment of the patient’s progress when appropriate.
   a. Subjective evaluation of assessment is primarily the determination of the patient: Such assessment is solicited and recorded by the physician, and is a gauge of progress.

2. Objective measurement of progress occurs in several forms. The first form is in determining the restoration of function or decrease in symptom. This assessment can be done by physical measurements, function scales, etc. Another method is by laboratory or radiographic analysis.
   a. Objective assessment of progress is the use of conventional diagnostic and laboratory methods. These should be employed when necessary, at the discretion of the physician.
   b. Objective assessment may also include the traditional or empirical such as pulse, tongue, iris, reflex point, or whichever of the traditional methods the physician employs, including experimental as supplemental to objective assessment methodologies.
   c. A fourth kind of objective assessment would include the experimental forms. Physicians experiment with methods of assessment, as appropriate. Experimental methods should be used in conjunction with conventional and traditional methods of evaluation. (See guideline for education and research.)

3. Assessment: The assessment should begin with an “abstract” of the history and physical, recapping the findings in a way that supports the differential diagnosis or working diagnosis. Included should be some explanation of the analysis and reasoning that went into the decision. This may include:
a. The type of care needed, including immediacy, acute, chronic, long or short term.
b. A discussion of naturopathic considerations including Tolle Causum, Vis Medicatrix Naturae or Vital Force.
c. The patient’s ability to respond to treatment should also be assessed by the physician. The judgment is based on past medical history and the physician’s subjective assessment.

C. Physician Response

1. A patient’s progress measured against the physician’s prognosis will determine the physician’s response to treatment.
   a. If assessed progress is deemed appropriate, the treatment plan should be continued. Treatment might be discontinued when sufficient progress had been achieved, or revised, based upon the patient’s response.
   b. Lack of appropriate progress could indicate the need for reevaluation of the treatment plan, or it may indicate need for reevaluation of the condition or underlying basis of the condition being treated.
   c. In cases where no progress is made, at some point the determination to refer the patients for consultation with another physician may be necessary. This prerogative always lies with the patient, but is also the responsibility of the physician. If the physician determines his or her treatment plan has reached the limit of time or expertise, or is endangering the well-being of the patient, and after which no further could be expected, referral is appropriate. The timing of this determination is based in part upon the prognosis in the patient’s case. It is assumed that a referral for this purpose will be made in a timely manner, to preserve the health of the patient.

VI. Patient Participation in Health

A. Patient’s Rights: recognizing that patients are inherently responsible for their own health, the Naturopathic physician is committed to the patient’s right of:
   1. Informed consent.
   2. Having all information provided for them to make informed and educated decisions.
      a. The naturopathic physician is obligated to present the patient with all the options for medical care in an unbiased manner.
b. The physician has the right, and may choose to express their opinions as to the quality of the different types of health care options, or if requested to by the patient.


B. Choice of medical care is understood to ultimately be that of the patient.
   1. Recognizing that the decision for treatment is ultimately the patients.
   2. Although the input of the physician is crucial in treatment decisions, he or she is strongly encourage not to make the choice for the patient.

C. Physician’s role in patients’ illness is to:
   1. Provide guidance to the patient, which may include the use of printed educational or informational materials, counseling or referral to appropriate agencies.
   2. Provide optimal care, which may include referral to institutions or physicians who can better provide those services.
   3. Inform patients of their progress, through family or individual conferences, periodic or yearly evaluations, by letter or phone consultation.
   4. Refer patient if no progress is being made in their treatment after a reasonable length of time.
   5. Change treatment protocol based upon reevaluation of the case.

D. Appropriateness of Patient Participation
   1. The naturopathic physician encourages patient participation in their own health care as it is recognized that such participation leads to better compliance and a faster recovery.
      a. The physician must assess whether the patient has the ability to participate; this assessment should include:
         i. Ability of the patient to understand the nature of the illness.
         ii. Ability of the patient to understand the medical options available and their consequences.
         iii. The patient’s mental status.
         iv. Ability of the patient to make an informed consent.

E. Setting Priorities and Goals
   1. Determination
      a. The physician, patient or a combination of both may set the goals and priorities.
      b. If in the opinion of the physician, the patient makes a choice that may be harmful, the physician may:
         i. Refuse to participate further in the health care of the patient. This is accomplished both verbally and in writing.
ii. Refer the patient to another physician.

2. Family Participation
   a. Family members may participate at the discretion of the patient and physician.
   b. In the event that the patient is unable to make a choice for themselves or participate in their health care, their spouse, parent, eldest or designated child or court appointed guardians or advocate may participate on their behalf.

F. Revising Treatment Plans

1. Treatment plans should be reviewed at periods determined by the physician. These commonly occur at each visit but should be reviewed in the event the patient fails to progress.

VII. The Role of the Naturopathic Physician in Health Promotion

A. Prevention

1. Naturopathic medicine emphasizes the prevention of disease. This is accomplished through education and the promotion of healthy lifestyles. The naturopathic physician assesses risk factors and hereditary susceptibility to disease, and makes appropriate interventions to prevent illness. Naturopathic medicine asserts that one cannot be healthy in an unhealthy environment, and strives to create a world in which the individual may thrive (see the Definition of Naturopathic Medicine).

2. Naturopathic physicians therefore have a wellness orientation.
   a. Encourage the individual towards independence and self-direction.
   b. View health optimization as the ultimate goal rather than crisis intervention.
   c. Assist the individual to identify, testing out, and evaluation of constructive patterns of living.
   d. Reinforce positive behavior patterns.

B. Public Health

1. The naturopathic physician follows the guidelines of the public health service.
   a. Reporting diseases:
      i. Observe and be subject to all laws and regulations relative to reporting births and all matters pertaining to the public health with equal rights and obligations as physicians and practitioners of other schools of medicine.
   b. Keeping up with public health data.
i. Center for Disease Control updates.
ii. State health department updates.
c. Informing the public of health policy.

2. Methods by which prevention and maintenance of health may be achieved.
a. Employ a variety of naturopathic interventions to assist individuals to achieve their optimum health.
b. Periodic screening for common risk factors such as:
   i. Elevated serum (blood) cholesterol
   ii. Hypertension
   iii. Obesity
c. Periodic screening for specific diseases such as:
   i. Cancer
   ii. Coronary artery disease
   iii. Diabetes
   iv. Glaucoma
   v. Osteoporosis
   vi. Thyroid dysfunction
d. Immunization
   i. Informed consent
e. Preventive methods
   i. Natural foods diet, allergen avoidance
   ii. Antioxidants
   iii. Quality air and sunshine
   iv. Avoidance of environmental hazards (sunburn, fluorescent lights, VDT’s etc.)
v. Hygiene and sanitation
   vi. Elimination of body wasted (colonic irrigation, etc)
   vii. Exercise and posture
   viii. Botanical and homeopathic medicine
   ix. Stress reduction and management
   x. Mental hygiene
   xi. Self-actualization
f. Health education
   i. Identify the learning needs of the individual
   ii. Use appropriate teaching techniques to meet the individual’s learning needs.
   iii. Evaluate the teaching carried out.
VIII. Guidelines for Education and Research

(These recommendations do not supersede established state guidelines.)

A. Continuing Education Recommendations

1. Continuing education shall be recommended of all naturopathic physicians, including those who practice in unlicensed states. The physician should complete a total of 30 hours which may come from the following sources:
   a. Professional level course which pertain directly to the medical aspect of naturopathic practice.
      i. These include approved C.E. hours in licensed states.
      ii. Business courses are not applicable.
   b. Independent study which includes preparation time for those who teach medical students or for professional level courses.
      i. This does not include public talks, preparation time for handouts or visual aids.
   c. Group study with case review, one hour for every three hours.
   d. Preceptorships with licensed physicians or institutions, one CE for every three hours.
   e. Involvement with examination writing, cut scoring, review and research, one CE for every three hours.

2. Each physician shall keep a record of continuing education activities.
   a. This may be done by the state Boards of Naturopathic Examiners.

B. Research Guidelines

It is recommended that guidelines are:

1. Clearly explained to the patient verbally and in writing and include:
   a. What the protocol involves.
   b. What other treatment options exist.
   c. The length of time of the protocol.
   d. The level of safety/risks of the protocol or its individual parts.
   e. The cost of the protocol.

2. The studies must be humanitarian in that they do not knowingly or by neglect cause bodily harm or significant emotional harm to the participants.

3. Review the study to determine the potential for harm.
   a. The review committee shall consist of three or more physicians or specialist in the related field(s) which shall review and approve the study.
b. At least one member of the review committee shall be knowledgeable in the area of research design.

c. The physician in charge of the study shall be responsible for obtaining approval from an appropriately qualified review committee and for keeping written documents of their approval until completion and publication of the study.

4. Documentation of Research
   a. Case studies: documentation follows standard charting procedures. It is recommended that case study protocol and their results be kept on file so that they may be used for providing the basis of further study and research. Charting should include:
      i. Careful and detailed follow-up.
   b. The following documentation is recommended for formal research studies:
      i. Statement of purpose.
      ii. Summary of pertinent literature review.
      iii. Study design and protocol.
      iv. Screening requirements for participants.
      v. Participant consent forms.
      vi. Analysis of methods.
      vii. Raw data.
      viii. Data analysis and conclusions.

C. Critical Review of Studies and New Methods

1. Introduction: Critical review of new method in medicine needs to take into account any potential for causing harm to the public. The naturopathic medical profession endeavors to avoid unnecessary judgment of new methods and theories but rather to review them critically, embracing those which stand the test of time and scientific scrutiny.
   a. Peer review- as per section VIII B3.
   b. Peer review infractions:
      i. In the event that a physician conducting a case study or formal study protocol does not meet the guidelines under section VIII B., the Research Review Committee (RRC) of the AANP may undertake a review.
      ii. The RRC may notify the physician that they are in violation of the research guidelines and may take other actions as appropriate.
D. Publication

1. There are no additional standards for publication of research in naturopathic medicine other than those that already exist. Articles submitted to the different publications, including the Journal of Naturopathic Medicine, shall follow the guideline established by those publications.

2. The naturopathic physician is strongly encouraged to publish the results of any research conducted. For those physicians who are conducting clinical trials with unproven or marginally proven therapies or diagnostic procedures, the profession of naturopathic medicine considers it crucial that the results of their studies be made available for other physicians to examine in a critical and unbiased manner.
V. NATUROPATHIC MEDICINE EDUCATION

Examination Board Comparison

ND students must sit for and pass two board exams known as the Naturopathic Physicians Licensing Exam (NPLEX) before qualifying for licensure. The NPLEX Part I, biomedical science examination is equivalent to USMLE Step 1 and COMLEX Level 1. These are systems based exams taken upon successful completion of graduate level training in anatomy, physiology, biochemistry, genetics, microbiology, immunology and pathology. They are clinically oriented examinations requiring the synthesis of all basic sciences.

The NPLEX Part II is comparable to USMLE (Steps 2 and 3) and COMLEX (Level 2 and 3) with an emphasis on the knowledge needed to begin practice as a solo practitioner. NPLEX Part II is taken after graduation from a CNME approved naturopathic medical school. It is a case based exam requiring the synthesis and application of knowledge of the clinical sciences the Naturopathic Physicians must have in order to practice safely.

<table>
<thead>
<tr>
<th>Naturopathic Doctor</th>
<th>Doctor of Osteopathy</th>
<th>Medical Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPLEX Part 1</td>
<td>COMLEX Level 1</td>
<td>USMLE Step 1</td>
</tr>
<tr>
<td>Systems based exams testing graduate level training in anatomy, physiology, biochemistry, genetics, microbiology, immunology and pathology.</td>
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<td></td>
</tr>
<tr>
<td>2 Years Primary Care Clinicals</td>
<td>2 Years Specialty and Subspecialty Clinical Rotations</td>
<td></td>
</tr>
<tr>
<td>NPLEX Part 2</td>
<td>COMLEX Level 2</td>
<td>USMLE Step 2</td>
</tr>
<tr>
<td>Clinical Intern Year</td>
<td>COMLEX Level 3</td>
<td>USMLE Step 3</td>
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<tr>
<td>Case based exams with an emphasis on the knowledge required to begin practice as a solo practitioner.</td>
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</table>
National College of Natural Medicine Curriculum

FIRST YEAR
Musculoskeletal Anatomy I & II
Organ System A & P I, II & III
Anatomy Lab I, II & III
Cellular Systems w/Tutorial I, II & III
Medical Histology
Basic Science Clinical Correlate I, II & III
Naturopathic Med Phil and Ther I, II & III
Research and Statistics
Microbiology/Public Health I & II
Hydrotherapy w/Lab
Palpation I & II Lab
Doctor Patient Communication I w/Lab
Pathology I
Introduction to Clinic
Medical Ethics
Stress Management

SECOND YEAR
Chinese Medicine I & II
Clinical/Physical Diagnosis I
Physical Diagnosis Lab I, II & III
Pathology II, III & IV
Intro Homeopathy
Clinical Case Presentations I, II & III
Office Orthopedics I & II
Clinical Rotation Hydro/Massage
Botanical Material Medicia I & II
Clinical/Physical Diagnosis II & III
Homeopathy I & II
Clinical Rotation Hydro/Massage
Nutrition I
Naturopathic Manipulative Ther I w. Lab I

THIRD YEAR
Botanical Materia Medica III
Diagnostic Imaging I-III
Homeopathy III-IV
Naturopathic Man. Ther. II-IV w/lab II-V
Gynecology
Nutrition II-IV
Obstetrics I
Clinic Secondary Shift # 1-6
Clinic Grand Rounds/Clinic Ed
Clinic Lab Practicum
Business Practice Seminar I
Cardiology
Pediatrics
Minor Surgery II with lab
First Aid & Emergency Medicine
Gynecology Lab
Clinic Grand Rounds/Clinic Ed
Clinic Lab Practicum

FOURTH YEAR
Clinic X-Ray Practicum
Clinic Senior Lab Post
Clinic Primary Shifts 1-13
Clinic Field Observations 1-6
Clinic Community Service
Eye, Ears, Nose, Throat
Environmental Medicine
Dermatology
Psychological Assessment
Geriatrics
Exercise Therapeutics
Clinic Grand Rounds/Clinic Ed/I-III
Neurology
Urology
Proctology
Endocrinology
Counseling Tech.
Thesis
Clinic Education
Medical Genetics
Jurisprudence
Business Practice Seminar II
Oncology

ELECTIVES
Advanced Minor Surgery
Chronic Viral Disease
Colonics
Homeopathy V-VIII
Northwest Herbs I-III
Northwest Herbs II
Advanced Bot Med I-II
Advanced Bot Med II
Obstetrics II-VII
Natural Pharmacology
Bodywork I Massage Foundations
Bodywork II Advanced Massage
Somatic Re-Education I-V
Clinical Case Presentation IV
TCM III Part A & B
IV Therapy
The Liver in Health & Disease
Advanced Pediatrics
Nature Cure

HOUR SUMMARY

Class Hours: 2460
Lab Hours: 828
Clinic Hours: 1548
Total Required Hours: 4836
Total Elective Hours: 930
# Hours of Pharmacology

Hours of Pharmacology Coursework in ND/NMD Schools and Iowa Medical and Osteopathic Schools

<table>
<thead>
<tr>
<th>School</th>
<th>Year Established</th>
<th>Class Size*</th>
<th>Pharmacology Hours Required for Graduation</th>
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<tbody>
<tr>
<td>National College of Natural Medicine Portland, Oregon</td>
<td>1956</td>
<td>81</td>
<td>72 hours</td>
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<tr>
<td>Bastyr University Seattle, Washington</td>
<td>1977</td>
<td>260</td>
<td>55 hours</td>
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<tr>
<td>Southwest College of Naturopathic Medicine and Health Sciences Scottsdale, Arizona</td>
<td>1993</td>
<td>65</td>
<td>110 hours</td>
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<tr>
<td>University of Bridgeport College of Naturopathic Medicine Bridgeport, Connecticut</td>
<td>1996</td>
<td>19</td>
<td>44 hours</td>
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<tr>
<td>Canadian Naturopath Medical College Toronto, Ontario, Canada</td>
<td>1978</td>
<td>135</td>
<td>110 hours</td>
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<tr>
<td>Boucher Institute of Naturopathic Medicine New Westminster, British Columbia, Canada</td>
<td>2001</td>
<td>16</td>
<td>42 hours</td>
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<tr>
<td>University of Iowa Roy J. and Lucille A. Carver College of Medicine Iowa City, Iowa</td>
<td>1870</td>
<td>131</td>
<td>69 hours</td>
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<tr>
<td>Des Moines University College of Osteopathic Medicine Des Moines, Iowa</td>
<td>1898</td>
<td>221</td>
<td>90 hours</td>
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BASTYR UNIVERSITY
SCHOOL OF NATUROPATHIC MEDICINE
Sample Booklist Academic Year
Submitted by Jane Guiltinan, ND, Dean

FALL

**BC 5104 Biochemistry 1**
*Marks’ Basic Medical Biochemistry 3rd Ed-Lierberman*
Required
*Medical Biochemistry at a Glance 2nd Ed-Salway*
Recommended

**BC 5107 Human Physiology 1 Lec/Lab**
*Human Physiology 4th Edition-Rhoades*
Required
*Physiology Coloring Book, 2nd Ed-Kapit*
Recommended

**BC 5110 Histology Lec/Lab**
*Netter’s Essential Histology-Ovalle*
Required
*Histology Lab Manual-Frederickson/Love*
Required

**BC 5112 Embryology**
*Developing Human 8th Ed-Moore*
Required

**BC 5122 Gross Human Anatomy 1 Lec**
*Clinically Oriented Anatomy 5th Ed-Moore*
Required
*Bates Guide to Physical Examination 9th Ed-Bickley*
Required
*Physical Examination of the Spine and Extremities 2nd Ed-Hoppenfield*
Required
*Atlas of Human Anatomy 4th Ed-Netter*
Required

**BC 6200 Human Pathology 1**
*Robbins and Cotrans Pathologic Basis of Disease 8th Ed-Kumar*
Required
*Pocket Companion to Pathologic Basis of Disease 7th Ed-Mitchell*
Optional

**BC 6204 A & B Immunology**
*Immune System 3rd Ed-Parham*
Required

**BC 6301 Botanical Medicine 2**
*Medical Herbalism-Hoffman*
<table>
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<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Textbook Titles</th>
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<tbody>
<tr>
<td>BO 6301</td>
<td>Botanical Medicine 2</td>
<td><em>Principles and Practices of Phytotherapy</em>-Mills</td>
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<td></td>
<td></td>
<td><em>Herbal Medicine from the Heart of the Earth</em>-Tilgner</td>
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<tr>
<td></td>
<td></td>
<td><em>Medicinal Plants of the Pacific West</em>-Moore</td>
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<tr>
<td>BO 7300</td>
<td>Botanical Medicine 4</td>
<td><em>Herbal Medicine: Classic Ed</em>-Weiss</td>
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<td><em>Medical Herbalism</em>-Hoffman</td>
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<td><em>Principles and Practices of Phytotherapy</em>-Mills</td>
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<td><em>Medicinal Plants of the Pacific West</em>-Moore</td>
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<tr>
<td>BO 7300L</td>
<td>Botanical Medicine 4-Lab</td>
<td>See BO 7300 lecture for textbooks</td>
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<tr>
<td>HO 6300</td>
<td>Homeopathy 1</td>
<td><em>Pocket Manual of Homeopathic Materia Medica and Repertory</em>-Boericke</td>
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<td><em>Lectures on Homeopathic Materia Medica-Kent</em></td>
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<td><em>Repertory of the Homeopathic Materia Medica-Kent</em></td>
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<td><em>Homeopathic Treatment of Children</em>-Herscu</td>
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<td><em>Lectures on Homeopathic Philosophy</em>-Kent</td>
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<tr>
<td>MW 7320</td>
<td>Normal Maternity</td>
<td><em>Heart and Hands, Midwife’s GT Pregnancy and Birth</em>-Davis</td>
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<td><em>Holistic Midwifery, Volumes 1 &amp; 2</em>-Frye</td>
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<td><em>Ina May’s Guide to Childbirth</em>-Gaskin</td>
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<td><em>Varney’s Midwifery, 4th Ed</em>-Varney</td>
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<td><em>Williams Obstetrics, 23rd Ed</em>-Cunningham</td>
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<tr>
<td>NM 5113</td>
<td>Naturopathic Medicine in Historical Context</td>
<td><em>Vitalism: History of Herbalism, Homeopathy, Flower Essences</em>-Wood</td>
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<td><em>Nature Doctors</em>-Kirchfeld</td>
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<td><em>Nature Cure</em>-Lindlahr</td>
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<td><em>Energy Medicine</em>-Oschman</td>
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<td><em>Embracing Mind</em>-Wallace</td>
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<td><em>Art of Possibility</em>-Zander</td>
</tr>
<tr>
<td>NM 5804</td>
<td>Clinic Entry</td>
<td>No Required Textbook</td>
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<tr>
<td>NM 6210</td>
<td>Clinical Lab Diagnosis</td>
<td><em>Clinical Hematology and Fundamentals of Hemostasis</em>-5th Harmening</td>
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<td><em>Manual of Laboratory &amp; Diagnostic Tests, 8th Ed</em>-Fischbach</td>
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<td><em>Merck Manual, 18th edition</em>-Beers</td>
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<td><em>Cecil Essentials of Medicine 7th Ed</em>-Andreoli</td>
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<td><em>5-minute Clinical Consult 2010</em>-Domino</td>
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<td><em>Ferri’s Clinical Advisor 2010</em>-Ferri</td>
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</tbody>
</table>
**Recommended**

**NM 6210D** Clinical Lab Diagnosis Discussion  
*Field guide to Bedside Diagnosis 2nd* Ed-Smith  
Required

**NM 6210L** Clinical Lab  
*Color Atlas of Hematology 3rd* Ed-Theml  
Required  
*Color Atlas & Instruction Manual of Peripheral Blood Cell Morphology-O’Connor*  
Recommended  
*Interpretation of Diagnostic Tests 8th* Ed-Wallach  
Recommended

**NM 6221** Physical/Clinical Diagnosis 1  
*Lecture*  
*Bates Guide to Physical Examination and History 9th* Ed-Bates  
Required  
*Harrisons Principles of Internal Medicine 17th* Ed- Fauci  
Highly Recommended  
*Ferri’s Clinical Advisor 2010-Ferri or 5-Minute Clinical Consult, 2010-Domino*  

**NM 6221L** Physical/Clinical Diagnosis 1 Lab  
*Lecture*  
*Bates Guide to Physical Examination and History 9th* Ed- Bickley  
Required  
*Orthopedic Physical Assessment 5th* Ed–Magee  
Recommended

**NM 7302** Gastroenterology  
*Naturopathic Gastroenterology-Yarnell*  
Highly Recommended

**NM 7307** Ear, Eye, Nose, and Throat  
*Natural Approach to Ophthalmology/Otolaryngology 6th* Ed-Conroy  
Required  
*Basic Ophthalmology 8th Edition-Bradford*  

**Recommended**

*Essentials of Otolaryngology 5th* Ed- Lucente  
Recommended

**NM 7313** Gynecology  
*Berek & Novak’s Gynecology 14th* Ed- Berek  
Required  
*Women’s Encyclopedia of Natural Medicine 2nd* Ed-Hudson  
Recommended  
*Contraceptive Technology 19th* Ed-Hatcher  
Recommended  
*Glass’ Office Gynecology 6th* Ed- Curtis  
Recommended  
*Women’s Gynecologic Health-Schuiling*  
Recommended  
Optional

**NM 8101** Ethics  
*Principles of Biomedical Ethics 6th* Ed- Beauchamp  
Recommended  
*Clinical Ethics 6th* Ed- Jonsen  
Recommended

**NM 8206** Radiographic Interpretation 1  
*Lecture*  
No Required Textbook

**NM 8207** Radiographic Interpretation 1 Lab  
*Pocket Atlas of Radiographic Anatomy 2nd* Ed-Moeller  
Required  
*Merrill’s Pocket Guide to Radiography 6th* Ed-Frank  
Required  
*Normal Findings in Radiography-Moeller*  
Recommended

**NM 8303** Geriatrics  
*Primary Care Geriatrics 5th* Ed-Ham  
Required
Merck Manual of Geriatrics 3rd Ed-Merck
Recommended (out of print)

NM 8303 Endocrinology
Greenspan’s Basic and Clinical Endocrinology
8th Ed-Greenspan
Required
Endocrinology and Naturopathic Therapies 8th Ed-Powell
Highly Recommended

NM 8312 Urology
Naturopathic Urology and Men’s Health-Yarnell
Required

NM 8413 Advanced Naturopathic Therapeutics 1
Adrenal Fatigue: The 21st Century Syndrome-Wilson
Recommended
PM 7301 Naturopathic Manipulation 2
Muscle Energy Techniques 3rd Ed-Chaitow
Recommended
Photographic Manual of Regional Orthopaedic and Neurological Test 4th Ed-Cipriano
Recommended

PM 7302 Naturopathic Manipulation 3
Chiropractic Technique-Peterson
Required

PM 7305 Orthopedics
Photographic Manual of Regional Orthopaedic and Neurological Tests 4th Ed-Cipriano
Recommended
Physical Examination of the Spine-Hoppenfield
Recommended
Orthopedic Physical Assessment-Magee
Recommended

PS 6305 Naturopathic Counseling 1
Essential of Intentional Interviewing-Ivey
Required

PS 6305L Naturopathic Counseling 1 Lab
No Required Textbook

PS 7200 Psychological Assessment
DSM IVTR-APA
Required

TR 6310 Food Dietary Systems & Assessment
Healing with Whole Foods-Pitchford
Recommended
Worlds Healthiest Foods-Mateljan
Recommended
Omnivore’s Dilemma-Pollan
Recommended

TR 7411 A&B Diet & Nutrient Therapy 1
No Required Textbook

WINTER

BC 5105 Biochemistry 2
Mark’s Basic Medical Biochemistry: A Clinical Approach 2nd Ed-Smith
Required
Metabolism at A Glance 3rd Ed-Salway
Recommended

BC 5108 Human Physiology 2 Lec/Lab
Medical Physiology 3rd Edition-Rhoades
Required
Physiology Coloring Book 2nd edition-Kapit
Required

BC 5112 Embryology
Developing Human 8th Ed-Moore

BC 5123 Gross Anatomy 2
Gray’s Atlas of Anatomy-Drake
Required
Clinically Oriented Anatomy 5th Ed-Moore
Required
Bates Guide to Physical Examination 9th Ed-Hoppenfield
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<td>BC 5142</td>
<td>Human Pathology 2</td>
<td>Robbins and Cotran Pathologic Basis of Disease 7th Ed-Kumar, Lecture Outlines in Human Pathology 2-Frederickson</td>
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<td>BC 6201</td>
<td>Infectious Disease</td>
<td>Mim’s Medical Microbiology 4th Ed-Goering, Sanford GT Antimicrobial Therapy 2008-Gilbert</td>
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<td>BC 6209</td>
<td>Pharmacology</td>
<td>Cecil’s Essentials of Medicine 7th Ed-Andreoli</td>
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Required
*Color Atlas of Hematology 2nd Ed-Theml
Recommended
*Clinical Hematology Atlas 3rd Ed-Carr
Recommended
*Manual of Laboratory & Diagnostic Tests, 8th Ed-Fischbach
Recommended
*Interpretation of Diagnostic Tests 8th Ed-Wallach
Recommended

**NM 62222 Physical/Clinical Diagnosis 2**
*Bates Guide to Physical Examination 9th Ed-Bickley
Required
*Harrisons Principles of Internal Medicine 17th Edition- Fauci/Kasper
Highly recommended
*Merck Manual 18th Ed-Merck
Recommended
*5-Minute Clinical Consult 2009-Domino
Recommended

**NM 6223L Physical/Clinical Diagnosis 2 Lab**
*Bates Guide to Physical Examination 9th Ed-Bickley
Required
*Orthopedic Physical Assessment 4th Ed-Magee
Recommended

**NM 7101 Environmental Medicine**
Needed Books on reserve at library

**NM 7102 Public Health**
*Understanding Health Policy 5th Ed-Bodenheimer
Required

**NM 7115 Naturopathic Clinical Theory 2**
No Required Textbook

**NM 7142 Critical Evaluation of Medical Literature**

---

*Evidence Based Medicine Toolkit 2nd Ed-Heneghan
Recommended

**NM 7304 Dermatology**
*Fitzpatrick’s Color Atlas/Synopsis Clinical Dermatology, 5th Ed –Wolff
Required

**NM 7306 Oncology**
*Oncology 2nd Ed –Watson
Required

**NM 7314 Pediatrics I**
*Herbal Treatment of Children –McIntyre
Required
Choose one of these two:
* Nelson’s Essentials of Pediatrics 5th Ed–Behrman
  Required or choose
* Current Pediatric Diagnosis/Treatment
  18th Ed- Hay
  Required

**NM 8101 Ethics**
*Principles of Biomedical Ethics 5th Ed-Beauchamp
Recommended
*Clinical Ethics 6th Ed- Jonsen
Recommended

**NM 8212 Radiographic Interpretation 2**
*Chest X-Ray Made Easy 2nd Ed-Corne
Optional
*Essential of Skeletal Radiology 2nd Ed. – Yochum
Special Order

**NM 8213 Diagnostic Imaging**
*Essential Radiology 2nd Ed- Gunderman
Required
*Right Imaging Study – Eisenberg
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<td>Rheumatology</td>
<td>Integrative Rheumatology – Vasquez</td>
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<td>Primer on the Rheumatic Diseases</td>
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<td>Syndrome – Wilson</td>
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<td>Hypothyroidism Type 2- Starr</td>
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<td>Evidence Based Guide to Therapeutic Physical Agents – Belanger</td>
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<td>Lectures in Naturopathic Hydrotherapy – Boyle</td>
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<td>Manual of Hydrotherapy and Massage</td>
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<td>Naturopathic Manipulation 3</td>
<td>Chiropractic Technique – Bergmann</td>
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<td>Naturopathic Manipulation 4</td>
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<td>PM 7341</td>
<td>Sports Medicine/Therapeutic Exercise</td>
<td>Conditioning for Outdoor Fitness- Musnick</td>
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<td>Clinical Sports Medicine, 3rd Ed –</td>
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<td>Naturopathic Counseling 2</td>
<td>Cognitive Therapy: Basics and Beyond- Beck</td>
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<td>Clinical Handbook of Psychological Disorders</td>
<td>4th Ed-Barlow</td>
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<td>Mindfulness and Psychotherapy-Germer</td>
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<td>Acceptance and Commitment Therapy- Hayes</td>
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<td>PS 7203</td>
<td>Addictions and Disorders</td>
<td>Uppers, Downers, All Arounders 6th Ed- Inuba</td>
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<td>TR 6311</td>
<td>Macro &amp; Micronutrients</td>
<td>Advanced Nutrition and Human Metabolism 5th Ed- Groff</td>
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<td>Evidence-Based Approach to Vitamins and Minerals-Higdon</td>
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<td>Biochemical and Physiological Aspects of Human Nutrition 2nd Ed- Stipanuk</td>
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<td>TR 7412</td>
<td>Diet &amp; Nutrient Therapy 2</td>
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<td>BC 5106</td>
<td>Biochemistry 3</td>
<td>Mark’s Basic Medical Biochemistry 2nd Ed- Smith</td>
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<td>Metabolism at a Glance 3rd Ed- Salway</td>
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<td>BC 5109</td>
<td>Human Physiology 3 Lecture</td>
<td>Medical Physiology 3rd Ed- Rhoades</td>
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**Physiology Coloring Book 2nd Ed- Kapit**  
Required

**BC 5124 Gross Human Anatomy 3**  
**Lecture**  
*Gray’s Atlas of Anatomy- Drake*  
Required  
*Clinically Oriented Anatomy 5th Ed- Moore*  
Required  
*Bates Guide to Physical Examination 9th Ed- Bickley*  
Required  
*Physical Examination of the Spine and Extremities- Hoppenfield*  
Required  
*Anatomy Coloring Book 2nd Ed- Kapit*  
Recommended  
Choose one:  
*Stedman’s Medical Dictionary 28th Ed*  
Highly recommended (*this or Dorland’s- see below)  
*Dorland’s Illustrated Medical Dictionary 31st Ed*  
Highly recommended (*this or Stedman’s-see above)  

**BC 5124L Gross Human Anatomy 3 Lab**  
*Grant’s Dissector 14th Ed- Sauerland*  
Required  
*Atlas of Human Anatomy 4th Ed- Netter*  
Recommended  
*Color Atlas of Anatomy 6th Ed- Rohen*  
Recommended

**BC 5129 Neuroscience**  
*The Human Brain, 6th Edition- Nolte*  
Required

**Neuroanatomy Atlas of Structures, Sections, Systems 7th- Haines**  
Required

**BC 5142 Fundamentals of Research Design**  
*Epidemiology 4th Ed- Gordis*  
Required

**BC 6202 Human Pathology 3**  
*Robbins and Cotrans Pathologic Basis of Disease 7th Ed- Kumar*  
Required

**BO 6303 Bot Med Dispensary Lab**  
No Required Textbook

**BO 7301 Botanical Medicine 5**  
*Herbal Medicine Classic Ed- Weiss*  
Required  
*Principles and Practice of Phytotherapy- Mills*  
Recommended  
*Medical Herbalism- Hoffman*  
Recommended  
*Herbal Vade Mecum-Skendari*  
Recommended

**BO 6302 Homeopathy 3**  
*Lectures on Homeopathic Philosophy- Kent*  
Required  
*Lectures on Homeopathic Materia Medica- Kent*  
Required  
*Pocket Manual of Homeopathic Materia Medica & Repertory- Boericke*  
Required

**HO 9303 Homeopathy 6**
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<td>NM 5115</td>
<td>Naturopathic Medicine in Global Context</td>
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<td>In Search of the Medicine Buddha- Crow</td>
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<td>NM 5804</td>
<td>Clinic Entry 1</td>
<td>No Required Textbook</td>
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<td>NM 6212</td>
<td>Clinical Lab Diagnosis 3</td>
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<td>Cecil’s Essentials of Medicine 7th Ed-Andreoli</td>
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<td>Manual of Laboratory Diagnostic Tests 8th Ed-</td>
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<td>NM 6212D</td>
<td>Clinical Lab Diagnosis 3 Disc</td>
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<td>Field Guide to Bedside Diagnosis 2nd Ed-Smith</td>
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<td>NM 6212L</td>
<td>Clinical Lab Diagnosis 3 Lab</td>
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<td>Handbook of Routine Urinalysis-Graff</td>
<td>Coping with Food Intolerances 4th Ed-Thom</td>
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<td>NM 6223</td>
<td>Physical/Clinical Diagnosis 3</td>
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<td>Bates’ Guides to Physical Examination 9th Ed-</td>
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<td>NM 6223L</td>
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<td>Practice Management 1</td>
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<td>Success Signals-Hiler</td>
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<td>NM 7109B</td>
<td>Practice Management 1</td>
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<td>12 Months to Your Ideal Practice: a workbook-</td>
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<td>NM 7302</td>
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<td>NM 7305</td>
<td>Clinical Ecology</td>
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<td>Food Allergies and Food Intolerance- Brostoff</td>
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Recommended

**NM 7311 Neurology**
*Four-Minute Neurologic Exam-Goldberg*
Required

*Neurology for the Non-Neurologist 5th Ed-Weiner*
Recommended

**NM 7315 Pediatrics 2**
*Herbal Treatment of Children- McIntyre*
Required

Choose one of these two:
* Nelson’ Essentials of Pediatrics 5th Ed-Behrman*
Required or choose
*Current Diagnosis and Treatment in Pediatrics 19th Ed-Hay*
Required

**NM 7320 Family Medicine**
No Required Textbook

**NM 7330 Healing Systems**
No Required Textbook

**NM 7341 Cardiology**
*Pathophysiology of Heart Disease 4th Ed-Lilly*
Required

*Rapid Interpretation of EKG’s 6th Ed-Dubin*
Required

**NM 7416 Minor Office Procedures**
No Required Textbook

**NM 7417 Medical Procedures**
*Plumer’s Principles and Practice of IV Therapy 8th Ed-Weinstein*
Recommended

**NM 8102 Jurisprudence**
*Primary Care Provider’s Guide to Compensation and Quality 2nd Ed- Buppert*
Recommended

*Success Signals-Hiler*
Recommended

**NM 8109B Practice Management 2**
*12 Months to Your Ideal Practice: a workbook- Grodzki*
Required

**NM 8212 Radiographic Interpretation 2**
*Essential Radiology 2nd edition-Gunderman*
Required

*Clinical Radiology Made Ridiculously Simple 2nd Ed-Ouellette*
Recommended

*Chest X-Ray Made Easy 2nd Ed-Corne*
Recommended

**NM 8213 Diagnostic Imaging**
*Essential Radiology 2nd Ed-Gunderman*
Optional

**NM 8308 Endocrinology**
*Greenspan’s Basic & Clinical Endocrinology 8th Ed-Gardner*
Required

*Endocrinology & Naturopathic Therapies 8th Ed-Powell*
Highly Recommended

**NM 8314 Pulmonary Medicine**
No Required Textbook

**NM 8325 Nat Case Analysis & Mgmt 2**
No Required Textbook
NM 9562 IV Therapy
Plumer’s Principles and Practice of Intravenous Therapy 8th Ed-Weinstein
Recommended

OM 5120 Fundamental Principles of TCM (ND)
Web That Has No Weaver- Kaptchuk
Required

PM 5310 Myofascial Analysis
Anatomy Trains, 2nd edition-Myers
Recommend
Palpation and Assessment Skills 2nd Ed-Chaitow
Recommended
Patient Gowns required for the class are located by the lab coats.

PM 6300 Naturopathic Manipulation 1
Physical Examination of the Spine-Hoppenfeld
Recommended
Anatomy Trains, 2nd edition- Myers
Recommended
Photographic Manual of Regional Orthopaedic/Neurological Tests 4th Ed-Cipriano
Recommended

PM 7303 Naturopathic Manipulation 4
Chiropractic Technique 2nd Ed- Peterson
Recommended

PM 7315 Naturopathic Counseling 3
Motivational Interviewing- Miller
Required
Learning ACT: Training Manual for Therapist- Luoma
Required

Cognitive Therapy: Basics and Beyond-Beck
Recommended

SUMMER

AV 9110 Fundamental of Ayurvedic Medicine
Textbook of Ayurveda-Lad
Recommended

BC 5110 Histology
Netter’s Essential Histology-Ovalle
Required
Photographic Atlas of Histology-Leboffe
Required
Histology Laboratory Guide-Frederickson
Required

BC 5110L A Histology Lab
See BC 5110 Lecture

BC 5110L B Histology Lab
See BC 5110 Lecture

BC 5142 Fundamentals of Research Design
Epidemiology 4th Ed- Gordis
Required

BC 6204 Immunology
Immune System 3rd Ed- Parham
Required

BC 9505 Laboratory Research Methods
No Required Textbook

BO 6303 Bot Med Dispensary Lab
Herbal Medicine-Makers Handbook- Green
Required
Encyclopedia of Herbal Medicine 2nd Ed-Chevallier
Recommended
Herbal Medicine from the Heart of the Earth-Tilgner
Recommended
Complex Herbs-Complete Medicines-Brinker
Recommended
Making Plant Medicine 3rd Ed-Cech
Recommended
Phytochemistry and Pharmacy for Practitioners-Yarnell
Recommended
Medical Herbalism- Hoffman
Recommended
Herbal Recipes for Vibrant Health-Gladstar

NM 7325 Nat Case Analysis & Mgmt. 1
Clinicians Handbook of Natural Medicine 2nd Ed- Pizzorno
Required

NM 7341 A & B Cardiology
Pathophysiology of Heart Disease 4th Ed- Lilly
Required
Rapid Interpretation of EKGs 6th Ed- Dubin
Required

NM 7416 Minor Office Procedures
No Required Textbook

NM 7417 Medical Procedures
Plumer’s Principles and Practice IV Therapy- Weinstein
Recommended

NM 8206A Radiographic Interp 1 Lecture
No Required Textbook

NM 8207 Radiographic Interp 1 Lab
Pocket Atlas of Radiographic Anatomy 2nd Ed-Moeller
Required
Pocket Guide to Radiography 6th Ed-Ballinger
Required

Normal Findings in Radiography-Moeller
Recommended

OM 5120 Fundamental Principles of TCM
(ND)

Web That Has No Weaver- Kaptchuk
Required

PM 7301 Naturopathic Manipulation 2
Muscle Energy Techniques 3rd Ed-Chaitow
Recommended

Photographic Manual of Regional Orthopaedic and Neurological Tests-Cipriano
Recommended

PS 7200 Psychological Assessment
DSM-IV-TR-APA
Required
DSM-IV Made Easy-Morrison
Recommended

TR 7413 Diet & Nutrient Therapy 2
No Required Textbook
## VI. NATUROPATHIC MEDICINE SCOPE OF PRACTICE

### Scope of Practice for Licensed States

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<th>State</th>
<th>Year Licensure Enacted</th>
<th>Number of ND’s</th>
<th>Primary Care</th>
<th>Prescriptive Authority</th>
<th>Imaging and Labs</th>
<th>Minor Office Procedures</th>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Minnesota</td>
<td>2009</td>
<td>35</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Montana</td>
<td>1991</td>
<td>90</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>1995</td>
<td>62</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Oregon</td>
<td>1927</td>
<td>925</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>1927</td>
<td>925</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Utah</td>
<td>1997</td>
<td>41</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Vermont</td>
<td>1995</td>
<td>190</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Virgin Islands</td>
<td>2005</td>
<td>35</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Washington</td>
<td>1919</td>
<td>1025</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Continuing Medical Education Requirements

Comparing Average Annual Continuing Medical Education Requirements between Naturopathic Doctors (ND), Medical Doctors (MD) and Osteopathic Doctors (DO)

<table>
<thead>
<tr>
<th>STATE</th>
<th>ND</th>
<th>MD</th>
<th>DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>None</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Arizona</td>
<td>30</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>California</td>
<td>30</td>
<td>25</td>
<td>50</td>
</tr>
<tr>
<td>Connecticut</td>
<td>15</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>D.C.</td>
<td>15</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Idaho</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Kansas</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Maine</td>
<td>37</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Minnesota</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Montana</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Oregon</td>
<td>40</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Utah</td>
<td>12</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Vermont</td>
<td>15</td>
<td>None</td>
<td>15</td>
</tr>
<tr>
<td>Washington</td>
<td>20</td>
<td>50</td>
<td>50</td>
</tr>
</tbody>
</table>
Accrediting Agencies for Health Education Programs Recognized by the United States Department of Education

<table>
<thead>
<tr>
<th>Health Program</th>
<th>US Dept. of Ed Recognized Programmatic Accrediting Authority</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| Naturopathic Medicine| Council on Naturopathic Medical Education                                                     | P.O. Box 178
Great Barrington, MA 01230
413-528-8877
www.cnme.org |
| Allopathic Medicine  | Liaison Committee on Medical Education                                                         | 2450 N Street N.W. Washington, DC 20037
202-828-0596
(contact for July 2008-June2009)
www.lcme.org |
| Osteopathic Medicine | Commission on Osteopathic College Accreditation                                                | 142 East Ontario Street
Chicago, IL 60611
312-202-8097
www.osteopathic.org/index.cfm?PageID=acc_predoc |
| Podiatry             | Council on Podiatric Medical Education                                                         | 9312 Old Georgetown Road
Bethesda, MD 20814-1621
301-581-9200
www.cpme.org |
| Acupuncture          | Accreditation Commission for Acupuncture and Oriental Medicine                               | Maryland Trade Center #3
7501 Greenway Center Drive
Suite 760
Greenbelt, MD 20770
301-313-0855
www.acaom.org |
| Dental               | Commission on Dental Accreditation                                                           | 211 East Chicago Ave.
Chicago, IL 60611-2678
312-440-2500
www.ada.org/prof/ed/accred/commission/index.asp |
# Education and Scope

Same scope as a Nurse Practitioner with 3 times the education and training.

<table>
<thead>
<tr>
<th>Education</th>
<th>ND</th>
<th>MD</th>
<th>DO</th>
<th>PA</th>
<th>NP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Level Didactic</td>
<td>2 years</td>
<td>2 years</td>
<td>2 years</td>
<td>1 year</td>
<td>1 year</td>
</tr>
<tr>
<td>Graduate Level Clinical</td>
<td>2 years</td>
<td>2 years</td>
<td>2 years</td>
<td>1 year</td>
<td>0.5 year</td>
</tr>
<tr>
<td>Average Clinical Hours</td>
<td>2,800</td>
<td>3,200</td>
<td>3,200</td>
<td>2,000</td>
<td>700</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>100 hours</td>
<td>70 hours</td>
<td>90 hours</td>
<td>60 hours</td>
<td>50 hours</td>
</tr>
<tr>
<td>Nutrition</td>
<td>130 hours</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Botanical Medicine</td>
<td>110 hours</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chinese Medicine</td>
<td>160 hours</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Scope of Practice</td>
<td>Primary Care</td>
<td>Primary care, specialties, subspecialties, surgery, anesthesiology, radiology, etc.</td>
<td>Primary care, specialties, subspecialties, surgery, anesthesiology, radiology, etc.</td>
<td>Family care through limited surgical with varied levels of supervision</td>
<td>Primary Care</td>
</tr>
</tbody>
</table>

## Naturopathic Doctor

### Systems based exams testing graduate level training in anatomy, physiology, biochemistry, genetics, microbiology, immunology and pathology.

<table>
<thead>
<tr>
<th>2 Years Didactic</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPLEX Part 1</td>
</tr>
<tr>
<td>COMLEX Level 1</td>
</tr>
<tr>
<td>USMLE Step 1</td>
</tr>
</tbody>
</table>

## Doctor of Osteopathy

### 2 Years Specialty and Subspecialty Clinical Rotations

<table>
<thead>
<tr>
<th>2 Years Primary Care Clinicals</th>
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<tbody>
<tr>
<td>NPLEX Part 2</td>
</tr>
<tr>
<td>COMLEX Level 2</td>
</tr>
<tr>
<td>USMLE Step 2</td>
</tr>
<tr>
<td>Clinical Intern Year</td>
</tr>
<tr>
<td>COMLEX Level 3</td>
</tr>
<tr>
<td>USMLE Step 3</td>
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</table>
VII. PHYSICIAN SAFETY STATISTICS

Comparative Malpractice Claims

<table>
<thead>
<tr>
<th></th>
<th>Year(s)</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD/DO Malpractice Claims Paid</td>
<td>2009</td>
<td>107,391</td>
</tr>
<tr>
<td>MD/DO Malpractice Claims Estimated Total Filed</td>
<td>2009</td>
<td>1 million</td>
</tr>
<tr>
<td>MD/DO Malpractice Claims Total Paid</td>
<td>2009</td>
<td>$34.7 Billion</td>
</tr>
<tr>
<td>ND Malpractice Claims Total Filed</td>
<td>1990-2010</td>
<td>17</td>
</tr>
</tbody>
</table>

Malpractice claims against CAM practitioners occur less frequently and typically involved less severe injury than claims against Conventional Physicians.\(^{iv,v}\)

-Journal of the American Medical Association

<table>
<thead>
<tr>
<th>Naturopathic Licensing Boards-Disciplinary Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ND License Enacted</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>Alaska</td>
</tr>
<tr>
<td>Arizona</td>
</tr>
<tr>
<td>California</td>
</tr>
<tr>
<td>Kansas</td>
</tr>
<tr>
<td>Maine</td>
</tr>
<tr>
<td>Minnesota</td>
</tr>
<tr>
<td>Oregon</td>
</tr>
<tr>
<td>Vermont</td>
</tr>
</tbody>
</table>
VIII. CODE OF ETHICS FOR NATUROPATHIC PHYSICIANS

NATUROPATHIC MEDICINE CODE OF ETHICS

I

• The Naturopathic Physician’s primary purpose is to restore, maintain and optimize health in human beings.
• The Naturopathic Physician acts to restore, maintain and optimize health by providing individualized care, according to his/her ability and judgment, following these principles of Naturopathic Medicine.
• The Naturopathic Physician shall endeavor to first, do no harm; to provide the most effective health care available with the least risk to his/her patients at all times. (Primum Non Nocere)
• The Naturopathic Physician shall recognize, respect and promote the self-healing power of nature inherent in each individual human being. (Vis Medicatrix Naturae)
• The Naturopathic Physician shall strive to identify and remove the causes of illness, rather than to merely eliminate or suppress symptoms. (Tolle Causum)
• The Naturopathic Physician shall educate his/her patients, inspire rational hope and encourage self-responsibility for health. (Doctor as Teacher)
• The Naturopathic Physician shall treat each person by considering all individual health factors and influences. (Treat the Whole Person)
• The Naturopathic Physician shall emphasize the condition of health to promote well-being and to prevent disease for the individual, each community and our world. (Health Promotion, the Best Prevention)

II

• The Naturopathic Physician shall acknowledge the worth and dignity of every person.
• The Naturopathic Physician shall safeguard the patient’s right to privacy and only disclose confidential information when either authorized by the patient or mandated by law.
• The Naturopathic Physician shall act judiciously to protect the patient and the public when health care quality and safety are adversely affected by the incompetent or unethical practice by any person.
• The Naturopathic Physician shall maintain competence in naturopathic medicine and strive for professional excellence through assessment of personal strengths, limitations and effectiveness and by advancement of professional knowledge.
• The Naturopathic Physician shall conduct her/his practice and professional activities with honesty, integrity and responsibility for individual judgment and actions.
• The Naturopathic Physician shall strive to participate in professional activities to advance the standards of care, body of knowledge and public awareness of naturopathic medicine.
• The Naturopathic Physician shall respect all ethical, qualified health care practitioners and cooperate with other health professions to promote health for the individual, the public and the global community.
• The Naturopathic Physician shall strive to exemplify personal well-being, ethical character and trust worthiness as a health care professional.
IX. CNME FREQUENTLY ASKED QUESTIONS

1. Can you compare the colleges? Which one is best?
   We treat as confidential the information we receive from naturopathic medicine programs. All accredited programs have our recommendation, but we do not rank them. Each naturopathic college has unique qualities. We encourage prospective students to visit the campuses and to participate in the schools’ student-for-a-day programs.

2. Does CNME recognize home-study schools or external-degree programs?
   Many correspondence schools offer N.D. or N.M.D degrees or diplomas. Some are exempt from state regulations because they claim a religious purpose or they do not recruit students from their home states. Correspondence programs do not prepare students for practice as state or provincial licensed naturopathic physicians, and the programs are not eligible for affiliation with our agency. In states and provinces without licensing laws, it is generally not illegal for those who obtain N.D. or N.M.D degrees from correspondence schools to use the initials after their names; they may not, however, legally represent themselves as physicians or engage in the practice of medicine unless they are otherwise licensed as medical practitioners. Although correspondence courses can be effective in many disciplines, naturopathic licensing agencies do not believe they are adequate for preparing students to practice as licensed physicians. The American Association of Naturopathic Physicians and the Canadian Association of Naturopathic Doctors do not consider those who obtain N.D. or N.M.D. degrees from correspondence schools to be part of the naturopathic medical profession.

3. Is there a difference between the N.D. and the N.M.D. degree?
   Universities and colleges may choose to call the naturopathic degree they confer either the “Doctor of Naturopathy” or the “Doctor of Naturopathic Medicine” degree. These are two different names for the same degree. By either name, the degree is usually abbreviated “N.D.,” but an institution that refers to it naturopathic credential as the “Doctor of Naturopathic Medicine” degree may abbreviate it either “N.D.” or “N.M.D.” Presently, all colleges and universities with accredited or candidate naturopathic medicine programs confer the Doctor of Naturopathic Medicine degree or, in Canada, the Doctor of Naturopathic Medicine diploma. In all states and provinces that regulate naturopathic physicians, except Arizona, naturopathic physicians use the N.D. initials after their names. In Arizona, they may use either the N.D. or N.M.D. initials; the different sets of initials do not indicate a difference in scope of practice, but only a
preference by the individual physicians. The N.D. initials are the ones more widely associated with the naturopathic medical profession and are the only ones used in the corporate seals of both the American Association of Naturopathic Physicians and the Canadian Association of Naturopathic Doctors.

4. **What does “candidate for accreditation” mean?**

Candidacy is a status of affiliation with us that indicates a naturopathic medicine program satisfies our 17 eligibility requirements—e.g., that it is properly organized, is adequately supported financially, has good facilities and a qualified faculty, offers an appropriate curriculum, and accurately represents itself to prospective students. Candidacy, however, is not accreditation and does not ensure eventual accreditation. We grant candidacy when a program meets our eligibility requirements, complies with our standards to the degree expected for its stage of development, and is progressing toward accreditation. If it does not achieve accreditation within five years, the program loses affiliation with us for at least one year and until deficiencies are corrected. A new program may apply for candidacy at any time, but CNME will not grant candidacy until after at least its first academic year with students enrolled first time. A naturopathic medicine program may not be accredited until it has graduated its first class. Students and graduates of candidate programs are eligible to apply for the Naturopathic Physicians Licensing Examinations, administered by the North American Board of Naturopathic Examiners.

5. **What criteria does CNME use in evaluating naturopathic medicine programs?**

The evaluation process involves a comprehensive self-study by the program, periodic visits to the campus by CNME teams, and ongoing monitoring. Evaluation teams have three or more trained members, with at least one a practicing naturopathic physician, another a member of the Council, and another not affiliated with the naturopathic profession, its colleges, or CNME. Our Handbook of Accreditation for Naturopath Medicine Programs contains our objectives, eligibility requirements, standards, policies, procedures, Articles of Incorporation, and Bylaws. The handbook may be ordered for $20 (U.S.), prepaid:

Council on Naturopathic Medical Education  
P.O. Box 178  
Great Barrington, MA 01230

Or, download a free PDF version of the handbook. The PDF file (81 pages, 800KB) Acrobat Reader, a free download.

6. **Where may N.D’s practice?**

Sixteen states and four provinces allow the practice of naturopathic medicine: Alaska, Arizona, California, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maine, Minnesota, Montana, New Hampshire, North Dakota, Oregon, Utah, Vermont, Washington, Puerto Rico and the U.S. Virgin Islands also have licensing laws for
naturopathic doctors. In a number of states and provinces where there is not yet professional licensure, naturopathic medical associations are actively engaged in legislative initiatives to pass licensing laws. The scope of practice varies from state to state and province to province. In states and provinces without naturopathic licensing laws, many who hold the N.D. degree also hold other degrees, such as the Doctor of Medicine, Doctor of Chiropractic, or Masters in Oriental Medicine degree, and they practice under licenses for those professions. Others offer services that do not violate their states’ medical practice acts. Most naturopathic physicians are in the states and provinces that regulate the profession.

7. How is CNME organized?
CNME was incorporated in August 1978 under the District of Columbia Nonprofit Corporation Act and is recognized by the U.S. Internal Revenue Service as a 501(c) 3 nonprofit organization. The Agency is run by a Board of Directors that works in partnership with the agency’s Executive Director. Presently, two of CNME’s eleven board members are public members; a public member is not affiliated in any way with the naturopathic profession. The board has three positions for institutional member representatives, who are elected rotationally for three-year terms from among administrators and faculty members at the four accredited naturopathic medicine programs. Our Articles of Incorporation also require from four to six profession members, who must be licensed naturopathic physicians. Five profession members currently serve on the board.

8. How does someone start a new naturopathic college?
Establishing a new naturopathic program within an existing college or university is preferable to beginning a freestanding naturopathic medical college, unless the organizing group has the necessary assets and extensive experience in higher education administration. CNME can refer organizations with the potential for developing a new program to consultants. Any new program, to qualify for accreditation, would likely need to be in a state or province that licenses naturopathic physicians, because students do their clinical training primarily under practicing naturopathic physicians. Additionally, state authorities might not approve a college’s request to grant the N.D. degree in a state that does not allow the practice of naturopathic medicine.

9. May I be licensed in the United States or Canada if I attend an overseas naturopathic college?
Because no international standards for naturopathic education exists other than those for the U.S. and Canada, students who graduate from naturopathic colleges in other countries are not eligible to apply for the Naturopathic Physicians Licensing Examinations. The exams are administered twice a year at the state and provincial level by the North
American Board of Naturopathic Examiners, Portland, Oregon (www.nabne.org). Students who attend an overseas school may have some course credits accepted for transfer to a U.S. or Canadian school if the foreign school is a graduate-level institution and governmentally recognized. If you plan to spend the first year or two of naturopathic studies at a foreign school, you should first check with one of the U.S. or Canadian naturopathic colleges to learn if any credits may be transferred later.

10. May I be licensed in the United States if I attend naturopathic college in Canada, and vice versa?
If you graduate from a CNME-recognized naturopathic program in the U.S., you may apply for a license in the four Canadian provinces that regulate naturopathic medicine. If you graduate from a CNME-recognized college in Canada, some states will accept your licensing application, but several will not. This is because private colleges in Canada do not confer degrees but “diplomas,” e.g., the Doctor of Naturopathic Medicine diploma. Some state laws have language that specifically requires an N.D. “degree.” U.S. students who plan to attend naturopathic college in Canada should first check with the naturopathic licensing agencies in the states where they plan to practice to make sure they can apply for a license with a Canadian diploma. See question 6 above for the names of the states and two U.S. territories that license naturopathic doctors. For information on contacting the naturopathic licensing agency in one of these states or territories, please refer to naturopathic.org for contact information.

11. What is the difference between CNME and the other organizations that accredit naturopathic programs?
CNME is the organization that accredits programs which prepare students to become licensed naturopathic physicians. It is the accrediting agency accepted by the U.S. and Canadian professional associations for licensed naturopathic doctors, and it is the agency recognized by the North American Board of Naturopathic Examiners. CNME is also the only naturopathic accreditor with membership in the Association of Specialized and Professional Accreditors. This organization accepts as members those accreditors recognized by the Secretary of Education or that meet ASPA’s own criteria. Among the almost 50 agencies that belong to ASPA are the recognized accreditors for allopathic (M.D.), osteopathic (D.O.), chiropractic (D.C.), acupuncture, and dental programs. Other naturopathic accrediting agencies accredit correspondence and other schools that do not prepare students to practice as licensed naturopathic physicians. None is recognized by the Secretary of Education, and none of the schools or programs they accredit have institutional accreditation from a recognized regional accrediting agency. Comparing the published standards, policies, procedures, and bylaws of accrediting agencies is one way to determine their differences. For CNME, these documents are in its Handbook. Please see question 5 above for information on obtaining the Handbook.
12. What does “recognition by the U.S. Secretary of Education” mean?
Accrediting agencies with the Secretary of Education’s recognition have been found in compliance with the federal regulations that apply to accrediting agencies. The recognition means the schools or specialized educational programs that the accreditor accredits are eligible to seek participation in programs sponsored by federal agencies. Students and graduates of U.S. naturopathic medicine programs with CNME accreditation are eligible to apply for such federal programs as the Academic Research Enhancement Awards and the Loan Repayment Program administered by the National Institutes of Health’s National Center for Complementary and Alternative Medicine.