

N.H. Board of Naturopathic Examiners
 121 S. Fruit Street, Filbrook Building
 Concord, New Hampshire 03301
 1-800-852-3345 ext 0277 or (603) 271-0277

Continuing Education Form B

Pharmacology/Pharmacognosy Hours

Name: _____

License Number: _____

Use this form to list all pharmacology and pharmacognosy continuing education. *Documentation of completion for all pharmacology/pharmacognosy hours must be submitted with this form.*
 All continuing education hours are subject to an audit by the Board at any time. Please type or print clearly. Incomplete forms will be returned to the licensee.

Course	Location	Presenter/Sponsor	Begin Date	End Date	Number of Credit Hours
TOTAL					

I certify that the above information is true and accurate and I understand that this account of completed continuing education is available to the Board of Naturopathic Examiners.

(Signature)

(Date Signed)