



COLORADO
Department of Revenue

Natural Medicine Division

Natural Medicine Handler Renewal Application

Colorado Natural Medicine Division
Natural Medicine Handler Renewal Application Instructions

Application Checklist

1. License Type

Handler - Any natural person who is 21 years of age or older, who is not an Owner, who has unrestricted access to Regulated Natural Medicine or Regulated Natural Medicine Product or handles Regulated Natural Medicine or Regulated Natural Medicine Product

Facilitator - A natural person who is 21 years of age or older, has the necessary qualifications, training, experience, and knowledge to perform and supervise natural medicine services for a participant, and is licensed by the Director of the Division of Professions and Occupations (DORA-DPO) to engage in the practice of facilitation.

****** A Facilitator may obtain a Natural Medicine Handler License if he, she, or they intend to work in a Natural Medicine Business. (See Rule 2115(B)(2)). (You will need to provide your facilitator license number).

Notice: You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement stating you do not have a social security number.

2. Application Completed & Signed–Applicable Documents Must Be Signed Prior to Submission to the Natural Medicine Division (NMD)

Type or clearly print, in English, an answer to every question. If a question does not apply, indicate with an N/A. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. **Sign and date every page of the application where applicable, even if the page is blank.**

3. Proof of Identity

Attach a copy of your state issued or Government ID (i.e. passport) or driver's license (or see website for additional forms of ID accepted).

4. Renewal Fees

See fee table on website: <https://DNM.Colorado.gov>

Renewal fees are due at the time of application.

Checks (in the name of the applicant or applicants attorney's trust account), money orders and major credit cards (subject to service charge), are acceptable forms of payment.

Mail-in applications can only be paid by check or money order.

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5. Application Submittal

All Applications and documentation submitted must be single-sided and on 8.5x11 inch paper.

Forms can be submitted in person or via FedEx or UPS with all attachments.

Physical Address:

Natural Medicine Division
1707 Cole Blvd., Suite 300
Lakewood, CO 80401

If mailing via USPS, please use the mailing address:

Colorado Department of Revenue
Attn: NMD/Natural Medicine Division
P.O. Box 17087
Denver, CO 80217-0087

General Questions about the program, please visit: <https://DNM.Colorado.gov>

Application Submission Questions, please contact: dor_nmd_licensing@state.co.us

Note: Incomplete applications will not be processed. Applicants must collect the incomplete application and fees (including those mailed in or delivered via courier), from the Lakewood office prior to the end of the next business day after being notified of the application being incomplete.

Mandatory Disqualifier Questions

Applicant's Last Name (Please Print)	First Name (Please Print)	Full Middle Name		
1. Are you under 21 years of age at the time of this application?.....			Yes	No
2. Are you delinquent in the payment of any Colorado child support? If so, you must provide an agreement to pay. (Select "No" if you can provide an agreement to pay.)			Yes	No
3. Have you been subject to an action from another regulatory entity or any criminal Court related to the unlawful marketing, manufacturing, or sale of Natural Medicine?			Yes	No
4. Have you had a conviction for the unlawful manufacturing with an inherently dangerous substance or commercial sale of any Natural Medicine related conduct after 2023?.....			Yes	No
5. Have you been a DOR employee with regulatory oversight responsibilities for individuals or Natural Medicine Businesses licensed by the State Licensing Authority in the six months immediately preceding the date of this application?.....			Yes	No

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Natural Medicine Handler Renewal Application

Mandatory Disqualifier Questions (continued)

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|---|-----|----|
| 6. Are you an officer or employee of a Natural Medicine licensing authority in the state of Colorado?..... | Yes | No |
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| 7. Have you been convicted of a felony in the preceding 3 years, or are subject to a sentence for a felony conviction, or are subject to a deferred judgment or sentence for a felony conviction, for any of the following charges?..... | Yes | No |
| 1. A criminal sexual act; | | |
| 2. Criminal fraud or embezzlement; | | |
| 3. Aggravated assault; | | |
| 4. Aggravated abuse, neglect, or endangerment of a child or an at-risk person; | | |
| 5. Aggravated robbery; | | |
| 6. Arson; | | |
| 7. Manslaughter, homicide, or murder; | | |
| 8. A violation of the Racketeer Influenced and Corrupt Organizations Act (RICO) or Colorado Organized Crime Control Act (COCCA); or | | |
| 9. A conviction for the unlawful manufacturing with an inherently dangerous substance or commercial sale of any Natural Medicine related conduct after 2023. | | |

STOP! If you answered YES to any of the questions on this or the previous page, by Colorado law you cannot obtain or hold a Colorado Natural Medicine Handler license.

Natural Medicine Handler Renewal Application

License Type renewing:	Handler	Handler/Facilitator
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NMD License Number	Expiration Date
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Legal Last Name (Please Print)	Legal First Name (Please Print)	Full Legal Middle Name
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Maiden/Married Names Used (Full Name) (attach separate sheet if necessary)

Gender: Male Female X

Race:	Asian	Mixed Race	Black	Hispanic/Latino	Native American
	Caucasian	Native Hawaiian/Pacific Islander		Undisclosed/Unknown	

Date of Birth (MM/DD/YY) Social Security Number Drivers License Number and State

Physical Appearance:

Height (in feet & inches)	Weight (in pounds)	Hair Color	Eye Color
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Natural Medicine Handler Renewal Application (Continued)

Physical Address

Address (include unit or apartment number)

City County State/Province ZIP Code

Home Phone Number Cell Phone Number

Email Address

Mailing Address (if different from Physical Address)

Address (include unit or apartment number)

City State/Province ZIP Code

Additional Questions

1. Provide a list of any privileged or professional licenses, with license numbers, you have held within the last three (3) years prior to the submission of this application. List those that were issued by the Colorado Department of Revenue or the Department of Regulatory Agencies - Division of Professions and Occupations..... None

2. Have you ever been denied a privileged or professional license, withdrawn a privileged or professional license application or had any disciplinary action (i.e.- denial, surrender, revocation, stipulation or settlement, withdrawn or other penalties or sanctions.) taken against any such license that you have held, that were issued by DOR or DORA-DPO?..... Yes No

Natural Medicine Handler Renewal Application (Continued)

If YES, give details below or on separate sheet, including license number and dates license held. Include any items currently under formal dispute or legal appeal. Attach any documents to prove your settlement on any of these issues.

3. Do you have a Facilitator, Clinical Facilitator, or a Training License issued by DORA?... Yes No

If "Yes", indicate which license type and license number here:

4. Have you ever been denied a Natural Medicine license, withdrawn a Natural Medicine license application or had any disciplinary action taken against any Natural Medicine license that you have held, either individually or as part of an ownership group, in this or any other jurisdiction?..... Yes No

*If "Yes", explain here:

Applicant's Signature

Date (MM/DD/YY)

Affirmation & Consent

I,

hereby attest the entire Natural Medicine Handler License Renewal Application, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and this statement is executed with knowledge that misrepresentation or failure to reveal information requested may be good cause for denial of a Natural Medicine license by the State Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation may be grounds for disciplinary action against the license. I consent to any background investigation(s) necessary to determine my present and continuing suitability to hold a Colorado Natural Medicine license.

Print Full Legal Name of Applicant clearly below:

Legal Last Name (Please Print)

Legal First Name

Legal Middle Name

Signature

Date (MM/DD/YY)

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Natural Medicine Handler Licensee Obligations

I understand I am being made aware of the following regulations and agree to comply with them:

I must pay a fee to obtain a duplicate license. (Rule 2005(c))

I am required to renew my license prior to the expiration date of the license I am being issued. (Rule 2130(C))

The Natural Medicine Division will send a notice of License renewal 90 days prior to the expiration of an existing license to the electronic mail address on file with the Natural Medicine Division. Failure to receive this notice does not relieve the Licensee from the obligation to timely renew the license. (Rule 2130(B))

If I allow my license to expire for even one day, I must submit a new license application along with the new license application fee. (Rule 2130(D))

If the Natural Medicine Division contacts me regarding this license application, I will provide any information the Natural Medicine Division requests within 7 calendar days (unless otherwise instructed). (Rule 2110(F))

I must cooperate with employees and investigators of the Natural Medicine Division who are conducting inspections or investigations relevant to the enforcement of laws and regulations related to Natural Medicine Code. (Rule 2110(B))

I understand I am responsible to notify the Natural Medicine Division, in writing, when I have a change in physical mailing address, email address, within 28 days, since all correspondence is sent to my last physical mailing address and email address provided to the Natural Medicine Division. Failure to notify the Natural Medicine Division could result in my not receiving my physical license, legal notices, and other correspondence. (Rule 2105(A))

I shall not by any means interfere with, obstruct or impede, the State Licensing Authority or employee or investigator of the Natural Medicine Division, from exercising their duties pursuant to the provisions of the Natural Medicine Code and all rules promulgated pursuant to it. (Rule 9005(A))

I understand that a license issued by the Natural Medicine Division to Natural Medicine Handlers constitutes a revocable privilege. The burden of proving an Applicant's qualifications for licensure rests at all times with the Applicant. (Rule 2155(A))

I have read all of the above information and understand my responsibilities as a Natural Medicine Handler Licensee. I further understand that failure to comply with any law, regulation, or the provisions of this Statement may be grounds for disciplinary action, including but not limited to, the suspension or revocation of my license and a monetary penalty after an administrative hearing.

Print Full Legal Name clearly below:

Last Name (Please Print)

First Name

Middle Name

Signature

Date (MM/DD/YY)

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