

Instructions for formulary request application:

All sections of the following application must be complete for consideration. Incomplete applications, unsystematic materials, or applications with inaccurate or deliberately misleading information may not be considered.

1. Complete all sections of this application. Information must be legible. (It is suggested that you use a typewriter or print neatly). Illegible requests will be returned or refused for consideration by the FC.
2. **Formulary request application must include, but is not limited to:**
 - a. A completed application,
 - b. Reference sources (Publication, year, etc),
 - c. How substance fits within the scope of practice,
 - d. A clear description of exactly how this request will be within the scope of practice and meet the amended law. **The amended statute follows, but will NOT be effective until administrative rules are written and adopted by the Board. This will not happen until sometime after January 1, 2010.****
 - e. Copies of any substantiating documentation
3. **Eight (8) clean copies for each submission of all materials, stapled and three-hole punched** (please copy 2-sided when possible), must be received in the OBNE office **no later than 3:00pm July 15, 2009. Please keep this date in mind If you are mailing these requests to be sure we have them in hand by the 15th.** *If you would like the Board to prepare the requests for you, please include \$15 for each submission and one clean copy, if not more than eight single-sided pages per submission. Please include an additional \$.10 a page for each single-side page after eight.*
4. Direct questions to the Board office at 971-673-0193.

Oregon Board of Naturopathic Examiners
800 NE Oregon St Suite 407
Portland OR 97232

ONE APPLICATION PER DRUG OR CLASSIFICATION REQUEST

2009 FORMULARY REQUEST APPLICATION

(Incomplete requests may be denied or returned. Please enter information clearly. See instructions)

CONTACT INFORMATION:

Name: _____

Address: _____

Telephone no.: _____ Date: _____

SUBSTANCE: If this request is for a classification of drugs, make sure there is enough information for the Formulary Council members to understand the requested classification and it drugs.

Generic Name: _____

Brand Name(s): _____

Classification: _____

What are the Therapeutic indications for this drug?

Safety of drug: _____

Contraindications of Drug: _____

How does this substance fit within the scope of practice of Naturopathic Medicine? (Be specific)

Reference sources:

