

# **Oregon Board of Naturopathic Medicine**



## **Continuing Education PROFFESIONAL DEVELOPMENT Application Packet**

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# Introduction / Purpose

Effective in 2003, the Oregon Board of Naturopathic Medicine (OBNM) changed Oregon Administrative Rule (OAR) 850-040-0210 and OAR 850-040-0240 on Continuing Education to allow CE providers who wish to present the same program(s) more than once in a two-year period to apply for approval as a Professional Development Provider (PDP) status. This status allows the provider, once approved, to receive implicit approval from the Board for any CE activity that they might organize for a two-year period. This status contrasts the special approval process, effective only in the year that it is granted and normally reserved for one-time or otherwise infrequent continuing education events. There is currently no fee charged for review and approval of a PDP. The intention is to create a smoother process for licensees in obtaining pertinent continuing education and educators to offer approved programs.

## **Term of Approval**

PDP status is valid for two years following the date of approval. At the end of the approval period, providers are responsible for making a renewal application in a timely manner.

## **Inaccurate / Misleading Reporting**

During the two-year approval period, it is expected that the PDP will notify the Board in writing of any change made to the content or presentation of the provider's programs. Failure to notify the Board of changes to content and inaccurate or misleading reporting of content may result in the loss of CE approval for up to five (5) years or revocation of PDP status for any future events.

## **Audit of Programs for Content**

At its discretion, the Board may appoint a member of the Board or other designee to audit by attendance the subject matter of any program in order to verify content. The PDP will be notified of this determination by the Board. In such case that the Board determines to conduct an audit for approval, the Board representative will not be charged for any registration or entry fees associated with the seminar. Denial of an audit is grounds for disapproval.

# Instructions for Completing the Application Form

Please take a moment to read OAR 850-040-0210 and OAR 850-040-0240 Continuing Education, found on pages 8-11 of this application packet.

Fill out the applicant information as completely as possible. The application will not be processed if it is incomplete, and it will be returned without approval. If contact information is missing, the board may not be able to process the application in a timely manner.

The **affidavit of adherence** must be completed.

Be sure to include a list of the programs that you have scheduled. You can include programs up to two years in advance. The list should contain the following for each differing program:

- The title of the series or program;
- The subject of focus;
- The tentative dates of presentation(s);
- The tentative location(s) of presentation;
- The presenter(s); and
- The number of total hours you are planning to offer for credit. Application must delineate any of hours to be approved for pharmacy, obstetrics, or ethics. Hours credited for pharmacy, obstetrics, or ethics are not counted in addition to, but as part of the total hours. Pain Management education hours hoping to satisfy the Oregon requirement must meet approval per ORS 685.102.

## Supplemental information

The following must be attached to the application:

- A schedule/course outline for each program showing the time allotted for each presentation;
- A bio or curriculum vitae for each presenter for each program that clearly demonstrates their qualifications to teach the given subject;
- If commercially sponsored (government entities and accredited educational institutions do not count as commercial), a completed and signed/dated letter of agreement for each differing program. You can find this form on page 6;
- A list of any products being sold or promoted in conjunction with the program(s);
- An example of the verification of attendance provided to attendees; and
- Any information such as brochures, slides, or enduring material that will be disseminated to attendees that you feel is appropriate to establish that your program meets OBNM's expectation of continuing education.

It is your responsibility to follow up and make sure that your application is reviewed and approved. It can take up to eight (8) weeks to approve the application, so be sure to submit the application with that timeline in mind. Programs may not be given credit if they take place more than thirty (30) days before the approval of your application. You will receive written notice of approval or denial once the application is complete and has been reviewed.

**To Be Completed By Applicant**

**Oregon Board of Naturopathic Medicine**

800 NE Oregon Ste 407  
Portland OR 97232  
(971) 673-0193  
Fax (971) 673-0226  
[www.oregon.gov/obnm](http://www.oregon.gov/obnm)

Date of Application: \_\_\_\_\_

**Professional Development Provider (PDP) Application**

**1. Applicant Information**

Individual / Entity Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone / Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

It is best to contact me via:

Mail

Telephone

Email

**Hours of Credit Requested:** \_\_\_\_\_

**2. Affidavit of Adherence**

Initial each statement to demonstrate agreement to adhere to it. Non-agreement to adhere to these rules may mean the denial of your application.

PDP will not offer credit to attendees for presentations involving proprietary services and/or products in their activities.

PDP will not offer credit to attendees for breaks in the activity. Credit will be given for actual presentation-time rounded to the nearest 15-minute increment.

PDP will not offer credit for activities that do not pertain to the improvement of the competency and skills of the Naturopathic physician, particularly, practice-building activities.

Activities will be presented by professionally recognized, qualified presenters and will meet an educational level consistent with professionals in the health-care field.

PDP will disclose to the Board and to attendees all organizational and financial relationships involved in activities.

*I hereby certify that this application is accurate to the best of my knowledge and that I agree to abide by the initialed statements above. Additionally, I agree to alert the OBNM to any substantial changes to CE programs for which I have been approved.*

Authorized Signatory for Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**Board Use Only**

Approved:  Yes  No  Conditionally Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Hours Approved: \_\_\_\_\_

**To Be Completed By Presenter**

**PRESENTER**

**Terms for Presenters of Professional Development Providers**

*Regarding Conditions, Content and Purposes of an Continuing Education programs*

**Presenter:** \_\_\_\_\_  
(Print/type clearly name of presenter)

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Title of Event:** \_\_\_\_\_

**Website:** \_\_\_\_\_

(Application must include documentation qualifying presenter)

Is this presentation being sponsored:      If Yes, have Sponsor complete information below and sign  
 No     Yes      the **Terms for Sponsor** attached.

**Conditions**

1. **Statement of purpose:** The program is for scientific and educational purposes only and will not promote proprietary products, directly or indirectly.
2. **Control of contents:** The Presenter is responsible for control of content. The Presenter agrees not to direct the content of the program in a manner supporting proprietary products or services. The Presenter will provide qualifications and will disclose all fiduciary relationships between any Sponsor and the Presenter, and will provide this information in writing.
3. **Disclosure of conflict/Fiduciary relationships:** The Presenter will ensure complete disclosure, at the beginning of each presentation, of: (a) supporter funding, (b) any fiduciary relation with any sponsor and (c) any conflict between the Presenter and Sponsor(s).
4. **Promotional materials:** Promotional materials from any Sponsor(s) are not permitted in the same room or obligate path as the educational activity. No product advertisements will be permitted in the program room.
5. **Objectivity & balance:** The Presenter products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.
6. **Limitations on data:** The Sponsor will ensure, to the extent possible, meaningful disclosure of limitations on data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
7. **Discussion of unapproved uses:** The Sponsor will require that presenters disclose when a product is not approved in the United States for the use under discussion.

8. **Opportunities for debate:** The Sponsor will ensure meaningful opportunities for questioning or scientific debate.
9. **Independence of the Presenter in the use of contributed funds:**
- a) Funds should be in the form of an educational grant.
  - b) All other support associated with the CE activity (e.g., distributing brochures, preparing slides, etc.) must be given with the full knowledge and approval of the PDP.
  - c) No other funds will be paid to the program director, faculty, or other involved with CE activity (additional honoraria, extra social events, etc.)

The Presenter agrees to abide by all of the above conditions.

|                            |                 |
|----------------------------|-----------------|
| <b>AGREED</b>              |                 |
| <b>Presenter:</b>          |                 |
| Name (please print): _____ | Title: _____    |
| _____<br>(Signature)       | _____<br>(Date) |

**To Be Completed By Sponsor**

**SPONSOR**

**Terms for Sponsors of Professional Development Providers**

*Regarding Conditions, Content and Purposes of an Continuing Education programs*

|  |
|--|
| <p><b>Sponsor 1:</b> _____<br/>(Print/type clearly name of sponsor)</p> <p>Phone: _____ Address: _____<br/>Fax: _____<br/>Email: _____</p>   |
| <p><b>Sponsor 2:</b> _____<br/>(Print/type clearly name of sponsor)</p> <p>Phone: _____ Address: _____<br/>Fax: _____<br/>Email: _____</p>   |
| <p>Is Sponsorship Conditional? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If sponsorship is conditional, please explain or provide details of condition as a separate document as part of this application.</p> |

**Conditions**

- Statement of purpose:** The program is for scientific and educational purposes only and will not promote proprietary products, directly or indirectly.
- Control of contents:** The Sponsor will disclose all fiduciary relationships with the Presenter, and will provide this information in writing.
- Disclosure of conflict/Fiduciary relationships:** The Sponsor acknowledges that the Presenter will ensure complete disclosure, at the beginning of each presentation, of: (a) supporter funding, (b) any fiduciary relation with any sponsor and (c) any conflict between the Presenter and Sponsor(s).
- Promotional materials:** Promotional materials from any Sponsor(s) are not permitted in the same room or obligate path as the educational activity. No product advertisements will be permitted in the program room.
- Limitations on data:** The Sponsor will ensure, to the extent possible, meaningful disclosure of limitations on data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
- Discussion of unapproved uses:** The Sponsor will require that the Presenters disclose when a product is not approved in the United States for the use under discussion.
- Opportunities for debate:** The Sponsor will ensure meaningful opportunities for questioning or scientific debate.

**8. Independence of the Presenter in the use of contributed funds:**

- d) Funds should be in the form of an educational grant.
- e) All other support associated with the CE activity (e.g., distributing brochures, preparing slides, etc.) must be given with the full knowledge and approval of the PDP.
- f) No other funds will be paid to the program director, faculty, or other involved with CE activity (additional honoraria, extra social events, etc.)

The Sponsor agrees to: 1) abide by all of the above conditions; 2) acknowledge educational support from the Commercial Supporter in program brochures, syllabi, and other program materials; and 3) upon request, furnish the Commercial Supporter a report concerning the expenditure of the funds provided.

|                            |              |
|----------------------------|--------------|
| <b>AGREED</b>              |              |
| <b>Sponsor:</b>            |              |
| Name (please print): _____ | Title: _____ |
| _____                      | _____        |
| (Signature)                | (Date)       |

## **OAR 850-040-0210**

### **Continuing Education Requirements for Naturopathic Physicians**

#### **850-040-0210**

##### **Continuing Education**

- (1) Continuing education (CE) is required as part of the naturopathic physician's license renewal per OAR 850-030-0195. The purpose of CE is to offer education that promotes competency and skills necessary to assure the citizens of Oregon the highest standard of naturopathic medical care.
- (2) CE required for an active license is as follows:
  - (a) For the annual renewal period beginning on January 1, 2010, at least 35 hours of CE, with at least 10 of these hours in pharmacology.
  - (b) For the annual renewal period beginning on January 1, 2011, at least 40 hours of CE, with at least 10 of these hours in pharmacology.
  - (c) For the annual renewal period beginning on January 1, 2012, at least 45 hours of CE, with at least 10 of these hours in pharmacology.
  - (d) Effective January 1, 2013, at least 50 hours of CE every year, with at least 10 of these hours in pharmacology.
- (3) Each licensee holding an inactive license must obtain at least 10 hours of CE every year.
- (4) A natural childbirth certificate requires 15 hours in obstetrics each year per OAR 850-035-0230, which may be included as part of the annual CE requirement.
- (5) New licensees are not required to obtain CE in the initial year of licensure.
- (6) Effective January 1, 2010, licensees with an active license must obtain at least two hours of medical ethics education every year, which may be included as part of the annual CE requirement.
- (7) Each Licensee must obtain the one-time mandatory pain management education as required by ORS 409.500 through 409.570, within 24 months of initial license renewal.
- (8) CE obtained in December not used in the year the hours were obtained, may be used in the following year for CE credit.
- (9) CE credit will be rounded to the nearest quarter hour.
- (10) Licensees holding an active license must obtain at least 10 hours of Board approved CE annually in pharmacology. These hours may be part of the CE required for renewal. The following are examples of previously approved pharmacy programs:
  - (a) Substances listed in OAR 850-060-0225 and their application in patient care;
  - (b) Biopharmacology;
  - (c) Non-formulary substances or drugs relevant to patient care;
  - (d) Drug-drug, drug-herb, drug-nutrient interactions or contraindications;
  - (e) Research of formulary substances and drugs in conjunction with naturopathic medical care.
- (11) Any licensee using intramuscular (IM) or subcutaneous (SC) or intravenous (IV) therapeutic injection of vitamins or minerals, or preventive injections (IM, SC, or IV) must have qualifying education per OAR 850-060-0212.
- (12) To be considered for approval, programs of continuing education for licensees must:
  - (a) Be presented by naturopathic physicians, other physicians or other professionally acknowledged health care educators with expertise in the subject matter;
  - (b) Foster the competency and skills of the naturopathic physician;
  - (c) Consist of education covering review, new, experimental, research or specialty subjects relevant to the practice of naturopathic medicine;
  - (d) Exclude the selling or promotion of proprietary products or practice building;
  - (e) Not misrepresent or mislead the end result/skill to be gained by the education or training offered.
- (13) Licensees may receive credit for the qualifying education. Licensees are encouraged to request pre-approval for any program not clearly meeting the criteria in this rule. Continuing education may be approved based on the following criteria:
  - (a) Continuing Medical Education (CME) provided by recognized professional health care licensing agencies, hospitals, or institutions; programs accredited by the Accreditation Council for Continuing Medical Education (ACCME); the American Council on Pharmaceutical Education (ACPE); or programs approved by the Board. A verification of attendance for all CE courses or activities showing hours claimed or proof of completion must be signed by the program provider;

- (b) Video or audio taped CE courses or seminars: Verification of video or audio taped credit for previously Board approved presentations must include an original outline of the presentation as well as the name and date of the presentation and the date of review, length of taped course or seminar and sponsor information;
  - (c) Literature Review: credit for literature review is determined by the length of the article(s) and the complexity of the topic(s). Articles must be from peer-reviewed publications. Verification must include concise information including an original outline of the literature reviewed;
  - (d) Internet education: Internet education is accepted for credit in accordance with the standards of the ACCME or ACPE including verification of completion;
  - (e) Authoring: Credit may be given for being an author of an article related to naturopathic medicine in a professional publication or book. Credit is determined by the length of the article and the complexity of its content. Credit for such activities will be credited in the year the project is completed. Verification must include a copy of the article or book;
  - (f) CPR: CPR courses in the year taken, with proof of current certification;
  - (g) Preceptorship: Preceptorship credit must be offered by qualifying persons per (12)(a) of this rule. Verification of preceptor hours must include the date and place, an outline of the information studied, and a signed acknowledgement from the preceptor;
  - (h) Protocol Writing: Credit may be given for participation in a formal protocol writing process associated with an accredited health care institution or government health care agency. Verification must include a written record of hours of development and research, the names and addresses of the institutions involved, the name of supervisors and their signatures verifying qualified hours;
  - (i) Research: Credit may be given for participation in research related to the advancement of naturopathic medicine and should be directed by a Board recognized educational or medical institution or organization, or self-directed. Verification must include the type of research being conducted, purpose and summary of research, dates of participation and disclosure of any fiduciary relationships;
  - (j) Teaching/ Presentation: Credit may be given for actual presentation hours for an initial course or initial seminar offering and up to three hours for preparation for each hour of the presentation, when subject is specific to professional level health education;
  - (k) Graduate Level Education: Credit may be given for participation in an accredited graduate level health related program relevant to the practice of naturopathic medicine;
  - (l) Participation in the Naturopathic Physicians Licensing Examinations (NPLEX) committee for the development and writing of the NPLEX examinations;
  - (m) Activities specific to patient charting and record keeping;
  - (n) Other courses or activities specifically authorized by the Board.
- (14) Exception to the CE requirements in OAR 850-040-0210 is allowed for:
- (a) A full-time residency, which is CNME or Board approved, requiring at least 6 months of participation in the calendar year;
  - (b) A fellowship with a Board recognized professional organization, requiring at least six months of active participation in the calendar year.
- (15) Credit will not be given for hours received for:
- (a) Teaching, except as permitted in OAR 850-040-0210(13)(j);
  - (b) Community service seminars and activities;
  - (c) Self-growth/self-help activities;
  - (d) Practice building activities;
  - (e) Medical/insurance billing presentations;
  - (f) Nonprofessional level health related programs presented by a lay person;
  - (g) Nonprofessional level health related programs presented to the lay public;
  - (h) Proprietary programs, which promote exclusive services and/or products;
  - (i) Information not within or directly related to the scope of practice of naturopathic medicine.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.102

Hist.: NE 6, f. 6-1-73, ef. 6-15-73; NE 5-1980, f. & ef. 9-11-80; NE 2-1984, f. & ef. 2-28-84; NE 1-1986, f. & ef. 4-10-86; NE 1-1992, f. & cert. ef. 1-15-92; NE 2-1993, f. & cert. ef. 9-23-93; NE 1-1996, f. & cert. ef. 10-18-96; NE 2-1997(Temp), f. 12-1-97, cert. ef. 12-2-97 thru 5-31-98; BNE 2-1998, f. 7-31-98, cert. ef. 8-3-98; BNE 6-2000, f. & cert. ef. 12-6-00; BNE 7-2002, f. & cert. ef. 12-10-02; BNE 4-2004, f. & cert. ef. 6-10-04; Renumbered from 850-010-0210, BNE 8-2005, f. & cert. ef. 10-27-05; BNE 3-2006, f. & cert. ef. 10-13-06

## **OAR 850-040-0240**

### **Continuing Education Program Approval: Professional Development Providers**

#### **850-040-0240**

##### **Continuing Education Program Approval: Professional Development Providers (PDP)**

A Professional Development Provider (PDP) is any organization or individual offering CE to naturopathic physicians. PDP approval requests must consist of educational activities that serve to maintain, develop or increase the knowledge, skills and professional performance and relationships of naturopathic physicians in services for patients, the public, the profession. CE must offer education and skills recognized and accepted by the profession in areas pertaining to research, basic medical sciences, clinical practice, or public health care.

(1) Professional Development Provider (PDP) approval requests must be received by the Board at least 8 weeks before the event offering:

(a) the program must foster the continuing competency and skills in the practice of naturopathic medicine, and  
(b) provide education in new, review, experimental research or specialized education and training specific to the practice of naturopathic medicine.

(2) CE credit hours will be determined in quarter hour increments.

(3) PDP approval requests must be submitted on an application form provided by the Board and contain the following:

(a) Title of the program;

(b) Syllabus or course outline for all offerings in the program:

(A) Pharmacy hours must be delineated in each request with supporting documentation and meet the standards set in 850-040-0210(3), and

(B) Natural Childbirth hours must be delineated with supporting documentation, and

(C) Ethics hours must be delineated with supporting documentation;

(c) Date(s);

(d) Start and end time for individual presentations;

(e) Total hours for entire program;

(e) Location(s) of presentation;

(f) A copy of the curriculum vitae for each presenter who must be a naturopathic physician, other licensed physician, or other professionally recognized health care educator with expertise in the subject matter;

(g) A signed letter of agreement provided by the Board, for each presenter stating the intent of the individual program, and disclosing any conflict of interests. Presenter must disclose at the beginning of each presentation any fiduciary or other conflict of interests, and

(h) A copy of the certificate of attendance or completion that is to be provided to attendees.

(4) PDP must maintain attendance records for all approved presentations for at least five years from the date of presentation.

(5) The PDP approval request must be received before any publication indicating approval or pending approval by this Board. In the event that "CE Approval", "Pending Board Approval" or other indications are published prior to the receipt of a complete CE application, credit will be denied.

(6) Any changes to an already approved program, including but not limited to, presenter, content, and length of program or sponsorship must be submitted for approval by the Board within two weeks of the changes. Any submission received after this time will be retroactively denied approval.

(7) The Board reserves the right to decline for consideration programs that are not submitted with adequate documentation.

(8) Approved PDP programs are valid for two years.

(9) It is the PDP responsibility to make a new application on a biennial basis from the date of original approval.

(10) CE approval submissions will not be considered for programs that:

(a) Misrepresent or mislead the end result or skill obtained by the education or training offered;

(b) Are proprietary in nature, promoting exclusive services, companies or products;

(c) Are community service oriented in nature;

(d) Are nonprofessional health related programs presented by a lay person(s);

(e) Are nonprofessional health related programs directed to the lay public;

(f) Are not relevant to the scope of practice of naturopathic medicine.

(g) Pertain to personal-growth/ personal-help;

- (h) Pertain to practice building; or
- (i) Pertain to medical or insurance billing;
- (11) A PDP program that has been submitted to the Board with inaccurate or misleading information will retroactively lose CE approval for the program, even if the program has already occurred.
- (12) At its discretion, the Board may appoint a member of the Board or other designee to audit, by attendance, any program in order to verify appropriateness for approval of CE hours.
- (13) The Board may require a taped copy of the entire presentation be provided for review after the initial presentation for verification of content.
- (14) If a program has been denied approval, the provider may submit a request for review by the Board with additional substantiating documentation.
- (15) If a PDP fails to follow the provisions of this rule, the Board may revoke, deny or limit the approval.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.102

Hist.: BNE 1-2006, f. & cert. ef. 10-13-06