

# APPLICATION FOR CONTINUING EDUCATION APPROVAL

OREGON BOARD OF NATUROPATHIC MEDICINE  
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Date of Application:

Application Presented By:  Attendee  Presenter

Please complete all spaces on this form and please print clearly.  
CE must pertain to the practice of Naturopathic Medicine. Continuing Education must be given by a qualified professional such as a ND, MD, DC, or PhD to be considered. **Credit will not be given for nonprofessional health related presentations such as self help, practice building, or acupuncture.**  
**Programs submitted more than 30 days after the presentation may not be considered for approval.**

Date(s) of Program:

Program Title / Subject(s) of Focus:

Program Contact Information (Phone or Website):

Sponsor Information:

Presenter Information:

If you are the Presenter or Sponsor of this activity, please read and fill-in the following statement:

I / We \_\_\_\_\_ have no fiduciary responsibility to a third party and have no financial interest in promoting any company's products or services during this presentation. This seminar is not sponsored by a third party and no products will be promoted as part of the presentation.

Locations(s) of Program:

Required Information Checklist:  Hourly Schedule  Course Details  CV's or Bio's of ALL Presenters

Total Credit Hours Requested:

Hours must be broken down by subject area from total credit hours requested. (Example: a seminar approved for 10 total credit hours of CE and 5 hours of pharmacy is eligible for only a total of 10 credit hours. You may use 5 as general and 5 as pharmacy or 10 as general with 0 in pharmacy.)

Hours Requested To Be Applied As: General:  Pharmacy:  OB:   
Ethics:  Pain:

## Contact Information:

First:  Last:  Email:

Address:  City, State, Zip Code:  Phone/Fax:

Best way to contact applicant:  Phone  Email

\*\*\*\*\*Board Use Only\*\*\*\*\*

Not Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Approved/Reviewed by: \_\_\_\_\_

Reason Not Approved: \_\_\_\_\_

Total Hours Approved: \_\_\_\_\_ Of which: \_\_\_\_\_ may be used as Pharmacy; \_\_\_\_\_ OB;  
\_\_\_\_\_ Ethics; \_\_\_\_\_ Pain

Comments: \_\_\_\_\_

# What Needs To Be Included With A CE Request?

## Expediting the CE Approval Process

### Schedule

All CE requests should include a time-based schedule of the activity that shows the breakout of the presentation(s) with breaks and lunch marked. This is because the Board only approves actual course time.

#### Example:

8:00am-9:00am Presentation Topic One (1 hr credit)  
9:00am-9:15am Break (no credit)  
9:15am-12:00pm Presentation Topic Two (2.75 hrs credit)  
12:00pm-1:00pm Lunch (no credit)  
1:00pm-2:30pm Presentation Topic Two, continued (1.5 hrs credit)  
2:30pm-2:45pm Break (no credit)  
2:45pm-5:00pm Presentation Topic Three (2.25 hrs credit)

*In this example, you will only be approved for actual course hours attended in presentations One, Two, and Three (7.5 total hours)*

### Presenter Qualifications

CE programs must be presented by qualified professionals per OAR 850-040-0210(12)(a), including NDs and/or professionally recognized health care providers or educators with expertise in the subject matter. Your request must include a bio or curriculum vitae of no more than two pages that establish the presenter is qualified to present information on the topic.

### Orientation

CE programs must be directed to healthcare professionals and be related to naturopathic medicine. A program will not be approved if it is oriented toward the lay public; you will need to include information demonstrating that the orientation of the activity is for healthcare professionals. Most advertising and promotional materials for programs clearly demonstrate the orientation of the activity.

### Pharmacy, OB, Pain, and Ethics Credit

You will need to be specific about how much time within each presentation was devoted to pharmacy, OB and/or Ethics topics if you are requesting that type of credit.

#### Example:

You can expect to receive a request for a further breakout if you submit the following for pharmacy credit:

9:00am-11:45am – Women and Depression

The reviewers will want to know how much of the 2.75 hours was spent discussing pharmaceutical treatments and what those pharmaceuticals were. The following submission is probably passable:

9:00am-9:30am Indicators of Socioeconomic depression – overview [*this program would not be approved for pharmacy*]

9:30am-10:30am Discussion of advantages and disadvantages of individual drugs such as meclizine in the context of the pregnant or lactating woman. [*this program would be approved for pharmacy*]

10:30am-11:15am Placental transfer and excretion of antidepressant drugs such as celecoxib into breast milk and the considerations for the fetus or neonate. [*this program would be approved for pharmacy credit*]

11:15am-11:45am Alternative therapies for Depression – non-pharmacologic therapies for depression [*this program would not be approved for pharmacy, but the rest would*]

### Non-Proprietary Education

Presentations promoting products or treatment techniques are not eligible for continuing education (OAR 850-040-0210(15)(h)). If the presentation material is vague about the objectivity of the presentation or when the presenter is tied to an exclusive product / technique, you will need to include a letter of agreement signed by the presenter. Presenters with any fiduciary relationship to the materials presented or sponsor must disclose this in the initial application request and at the beginning of each presentation.