Oregon Board of Naturopathic Medicine

APPLICATION FOR EXAMINATION
Instructions

Applications must be received postmarked no later than October 14, 2013 to be eligible for the November 4, 2013 examinations

Introduction

Completing and returning the Application for Examination is the first step toward obtaining a license to practice naturopathic medicine in the state of Oregon. It is important that this application is filled out completely, and accurately. The Board strongly suggests that you, the applicant, fill this form out yourself to ensure that the information provided is true and correct. A curriculum vitae or resume will not substitute for filling out this form. You will be responsible for any errors on this form.

All sections of the application must be completed. If a question or section does not apply to you, you must mark "DNA," meaning "does not apply," in the appropriate box. Incomplete applications will not be accepted, and will be returned to the applicant.

Unless otherwise directed, all dates must be complete, listing the day, month, and year. The numbering format for dates should be MM/DD/YYYY. For example, the date January 20, 1981 should be entered as "01/20/1981."

When listing an address, you must provide a complete and correct street, city, state/province, and postal code (Zip Code). Be sure to include any special numbering or direction conventions necessary to properly identify the address, such as "NE" or "Ave." Also include apartment or unit number, if applicable.

If you find insufficient space to completely and accurately answer any question or section on the application, you may provide more detail on an additional page. If you attach an additional page or pages, mark the application form to indicate that more information has been provided. Also, identify the relevant section on the additional page or pages.

The application may be typed, computer generated, or hand written in black or blue ink. Illegible applications will not be accepted.

Additional Documents to Provide

There are four (4) application cycles per year, and each cycle includes an examination date. Documents received after the deadline will be returned for processing as part of the next application cycle. As part of your application, the Board must receive the following documents prior to the application deadline:

- ☐ **All of your national (NABNE) examinations scores** – These scores must come from directly from NABNE. Copies of NABNE scores will not be accepted. Note: Basic Science scores are not automatically sent with Clinical exam scores and must be requested separately.
- ☐ **Official post-secondary school transcripts** – You must contact the undergraduate and naturopathic schools you attended, and request that they send official transcripts directly to the Board office. Unofficial copies, or copies provided by you will not be accepted. We recommend that you contact the Board office to verify that we have received all your transcripts. Every school has a different process for ordering transcripts, and we suggest you initiate this process soon to ensure the transcripts arrive before the application deadline.
- ☐ **A copy of your ND diploma** – You must forward a copy of your ND diploma to the Board office. You may request that this is sent with your transcripts, you may send it with this application, or you may send it separately.
- ☐ **License Verification** – If you have been licensed as a Naturopathic physician in another state/jurisdiction, you must have a verification sent from every state/jurisdiction in which you have held or currently hold a license to practice as a naturopathic physician. We do not need, at this time, verification for other professional licenses held.
- ☐ **Fingerprint card** – You must submit a complete fingerprint card, which are provided by the Board. Fingerprint cards that are incomplete or non-classifiable will delay your application.
- ☐ **Payment** – The fee for the examination application is $150.00. The fee for the criminal background check is $50.00. Exam fees are non-refundable. You must include payment (personal check, business check, money order, or cashier's check) of this fee when submitting your application and fingerprint card. Make the check payable to: Oregon Board of Naturopathic Medicine (OBNM).

Applications sent by e-mail or fax will not be accepted. Send all documents, including the application and payment to:

Oregon Board of Naturopathic Medicine
800 NE Oregon St, Ste 407
Portland OR 97232

Examination and Deadline

To sit for the next exam, your application materials must be received by the Board office on or before the application deadline. You will be notified of the exact time and place of the exams prior to the exam date. You will not be allowed to sit for the Oregon Formulary or Jurisprudence examination if your application file is missing a diploma, transcripts from naturopathic college, or NPLEX scores if already taken. We advise that you call the Board office at 971-673-0193 to verify that your application file is complete.

If you have questions regarding the NPLEX examination fee or schedule, you may contact NABNE at 503-778-7990 or visit their web site at www.nabne.org.

Fingerprint Cards / Background Check

As part of the application process, the Board will conduct a background check on all applicants. This check will include a fingerprint-based national criminal history search. You must submit your fingerprints on the proper form (FBI Form FD-258). Photocopies, duplicates, or fingerprints provided on other forms will not be accepted.

If the fingerprinting service you select uses Live Scan, you may submit a card printed by the Live Scan system. The card must include all of the information on the pre-printed cards, including the Board's name and ORI number. Fingerprint cards may be obtained by contacting the OBNM office, or they are available from the fingerprint service provider. If you obtain cards from the service provider, you will need the following information: the **ORI** is **OR0260BNE**; the **OCA** is **NAEX**; **Employer and Address** is **OBNE Licensure**; and the **Reason Fingerprinted** is **ORS 685.195.**

Your fingerprint images must be classifiable, which means they meet the standards as outlined by the FBI. Incomplete cards or cards that do not meet FBI standards will cause a delay in your application processing.

There are many police departments, sheriff's offices, and other law enforcement agencies that provide fingerprinting services. There are also private companies that provide this service. The cost for obtaining fingerprints varies. To locate the fingerprinting agency or business nearest you, contact your local law enforcement agency, or search your local business directory under the category "fingerprinting services."

Although you may fill out your personal information on the card prior to fingerprinting, you must sign the card in the presence of the official obtaining your prints.

It is important to understand that the existence of criminal history is not necessarily a disqualification from licensure. The results of all criminal history searches will be reviewed on a case-by-case basis. For more information about the background check process, please refer to OAR 850-030-0020.

Section 1 – Identification

The purpose of this section is to provide your personal identification information to the Board. Provide your full, legal name, in addition to any other names or aliases that you have been known by. Failure to provide other names used may result in denial of your application.

As part of your application, you are required to provide your social security number. This is a mandatory requirement, and authority for this requirement is provided by ORS 25.785, ORS 305.385, 42 USC § 405(c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide this information will be a basis to refuse to issue or renew your license. This record of your social security number will be used for child support enforcement and tax administration (including identification) purposes only, unless you authorize other uses of the number.

Your place of birth should include the city and state or province. If you were born outside the United States, include the country or territory name.

Your physical identification information will be used to verify your identity, and to conduct a background check, as authorized by ORS 685.195. When listing your height, use inches only.

Section 2 – Contact Information

Provide your current, physical, residence address. Do not list a post office box, or a private mail box. If you have a separate mailing address, or an office address, you may list that in the mailing address area. When providing your telephone numbers, be sure to include the area code or country and city code.

Section 3 – Other Professional Licenses

If you have ever applied for any professional license in any city, county, state, country, or other jurisdiction, you must provide details of that application. Do not use acronyms. If your application for licensure was not granted, provide an explanation on a separate page. *If you currently hold or have held a license as a naturopathic physician, you must have a verification sent directly from that state or jurisdiction to this office.*

Section 4 – Naturopathic Education

In this section, list all schools you have attended as part of your naturopathic education, even if you did not graduate. Use additional pages if necessary.

Section 5 – Undergraduate Education

In this section, list all schools, included colleges, community colleges, junior colleges, and universities that you have attended as part of your undergraduate education. List all undergraduate institutions you have attended, even if you did not graduate or earn a degree from that particular school. Use additional pages if necessary.

Section 6 – Other Education / Training

In this section, list all of the schools, colleges, universities, or professional training programs that you have attended or completed. List the degree or certificate you earned, if any. Schools that should be listed here include post-graduate education, not listed elsewhere on the application or specialized accredited training programs.

Section 7 – Personal History Questionnaire

Non-disclosure of any of the questions asked in this section may result in denial of a license.

The personal history questionnaire consists of 21 questions, each requiring a yes or no answer. The purpose of this section is to assess your ability to successfully offer safe care to the citizens of Oregon. It is important that you provide honest and candid answers to these questions. *If you answer "yes" to any of the 21 questions listed, you must provide a detailed written explanation and supporting documentation to each item, even if an explanation exists elsewhere on the application.* If you are uncertain about a question, it is strongly recommended that you provide a detailed explanation. This will help ensure that your application is not denied for providing false or misleading information.

For the purpose of this section, the term "arrest" includes any detention by a police officer, sheriff's deputy, federal agent, or other law enforcement officer. The term "offense" means any act that is unlawful and subject to prosecution by a court in any city, county, state, or federal jurisdiction. The term "crime" includes any felony or misdemeanor, or any other offense which may result in a criminal penalty, including a fine, order for restitution, or incarceration in a jail or prison.

You do not need to disclose minor traffic violations, such as speeding tickets. However, an arrest or conviction of a traffic related crime, such as eluding the police, driving under the influence of intoxicants, or hit and run must be disclosed.

For the purpose of this section, the term "licensing authority" refers to any agency, organization, board, or governmental body that issues or regulates professional licenses or practice.

Section 8 – Address History

The purpose of this section is to ensure a timely and complete background check. You must provide your residence history for the five (5) years prior to the date of this application. Start with your most current residence, and continue listing your prior residences in reverse chronological order.

Do not leave any time period unaccounted for. Include any residence, even if your stay was temporary or short term. Include college dormitories, military stations, and any travel or vacations that exceeded 30 days. If for some reason you cannot list complete address information, provide an explanation on a separate page. If you need more space, attach a separate page.

Section 9 – Applicant Photograph

As part of the application process, the Board requires that you provide a recent photograph. This photo should be taken within the 90 days prior to the date of the application. The photo must provide a clear, unobstructed, front view of your head and shoulders. The Board recommends you provide a passport photo to complete this section.

The photo may not be larger than 2 inches wide and 3 inches high. Also, the photo may not be smaller than 2 inches wide and 2 inches high. You must attach the photo using a staple or glue in the space provided.

Authorization to Release Information / Affidavit of Applicant

As part of the application process, the Board will conduct a background check, and verify your references. Your authorization to release information is necessary to ensure your application is processed in a timely manner.

In order to make your application complete, it must be notarized. You should sign and date this application in the presence of a notary public. Only the final page of the application must be notarized.

Contact Information

If you have additional questions about the application or the documents needed prior to examination, please contact the Board office by telephone at 971-673-0193 or by e-mail at obnm.info@state.or.us. You may also obtain additional information at the Board's website, www.oregon.gov/obnm

Oregon Board of Naturopathic Medicine

APPLICATION FOR EXAMINATION

Please read the Application for Examination Instructions before proceeding. You must complete all sections of this application. If a section does not apply to you, indicate that by marking "DNA" in the appropriate box. Incomplete applications will be returned. All entries must be legible, typewritten or hand printed, using black or blue ink.

Section 1 - Identification

Last Name:				Suffix:
First Name:		Middle Name:		
Social Security Number:	Date of Birth:		Place of Birth (City, State or Country):	
Height (inches):	Weight (pounds):	Eye Color:	Hair Color:	Gender: ☐ Female ☐ Male
Other Name(s) Used (Maiden Name, Alias, Nickname, Moniker):				
Military Service: ☐ Yes ☐ No	Branch:	Start Date:	End Date:	

Section 2 – Contact Information

Current Residence Street Address (Do not use PO Box or private mail box):		☐ Mailing Address
City:	State / Province:	Postal Code:
Work or Practice Address (if different from above):		☐ Mailing Address
City:	State / Province:	Postal Code:
Residence Telephone (include area code):	Mobile Telephone (include area code):	
E-Mail Address:	Work or Practice Telephone (include area code):	

Section 3 – Other Professional Licenses

** List All Professional Licenses Applied For

License Type	Authority (jurisdiction, agency, board, state)	Granted? Yes	Granted? No	Date of Application (mm/yyyy)	Current? Yes	Current? No
		☐	☐		☐	☐
		☐	☐		☐	☐
		☐	☐		☐	☐
		☐	☐		☐	☐

** Verification for each state/jurisdiction in which you have or hold a license to practice naturopathic medicine must be submitted directly to the board office from the licensing state/jurisdiction. The OBNM does not need, at this time, verification for other professional licenses held.

For Board use: FPrint_____ Diploma _____ Part I (BS) _____ Part II (CS) ____

Section 4 – Naturopathic Education

Naturopathic School Name:			
Address:			
City:		State:	Postal Code:
Start Date:	End Date:	Degree Earned:	Date of Degree:
Naturopathic School Name:			
Address:			
City:		State:	Postal Code:
Start Date:	End Date:	Degree Earned:	Date of Degree:

Section 5 – Undergraduate Education

Undergraduate School Name:			
Address:			
City:		State:	Postal Code:
Start Date:	End Date:	Degree Earned:	Date of Degree:
Undergraduate School Name:			
Address:			
City:		State:	Postal Code:
Start Date:	End Date:	Degree Earned:	Date of Degree:

Section 6 – Other Education / Training

Other School Name:			
Address:			
City:		State:	Postal Code:
Start Date:	End Date:	Degree / Certificate Earned:	Date of Degree / Certificate:
Other School Name:			
Address:			
City:		State:	Postal Code:
Start Date:	End Date:	Degree / Certificate Earned:	Date of Degree / Certificate:

Personal History Questionnaire

Non-disclosure of any of the questions asked in this section may result in denial of a license.

Read each question carefully before marking the appropriate box with your answer. *If you answer "yes" to any of the following questions, you must fully explain your answer in the space below or on a separate page and submit supporting documentation (ex: court documents, settlement agreements, letters of closure, etc).* An answer of "yes" to any of these questions will not necessarily disqualify you from licensure. Every application is reviewed on an individual, case by case basis.

Section 7 – Personal History Questionnaire

1.	Have you ever had a professional license denied, suspended, or revoked by any licensing authority?	☐ Yes ☐ No
2.	Have you ever failed a licensing examination or any portion of a licensing test for a medical license or any other health professional license?	☐ Yes ☐ No
3.	Have you ever been asked or permitted to withdraw an application for a health related license with a licensing authority?	☐ Yes ☐ No
4.	Have you ever been disciplined, reprimanded, or had adverse action imposed against any professional license or certification you have held?	☐ Yes ☐ No
5.	Has any professional licensing authority refused to issue, refused to renew, or denied you a license to practice a health care profession?	☐ Yes ☐ No
6.	Have you ever been investigated by a professional licensing authority or received notice that a complaint was made against you or your license with a professional licensing authority?	☐ Yes ☐ No
7.	Have you ever been denied approval to prescribe controlled substances?	☐ Yes ☐ No
8.	Have you ever been arrested for, convicted of, or plead guilty or "nolo contendere" to ANY offense in any state in the United States or any foreign country, other than minor traffic and parking violations? (*Read instructions - Non-disclosure may result in license denial or other discipline by the Board)*	☐ Yes ☐ No
9.	Have you ever been contacted by or asked to make a response to any governmental agency in any jurisdiction regarding any criminal or civil investigation of which you were the subject, whether or not a charge, claim or filing with a court actually occurred?	☐ Yes ☐ No
10.	Are you aware of any current, proposed, impending or threatened civil or criminal action against you, whether or not a charge, claim or filing with a court has actually occurred?	☐ Yes ☐ No
11.	Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during medical school or postgraduate training?	☐ Yes ☐ No
12.	Have you ever been named as a defendant in a law suit or other legal action?	☐ Yes ☐ No
13.	Have you ever entered into any formal, informal, out-of-court or confidential settlement to deter, prevent, or settle a claim, lawsuit, letter of intent to sue, and/or criminal action whether or not a claim, charge or filing was actually made with a court?	☐ Yes ☐ No
14.	Have you interrupted the practice of your health care profession for one year or more, or ceased the practice of your health care profession?	☐ Yes ☐ No

15. Do you currently, or have you ever had any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?	☐ Yes ☐ No
16. Has any award, settlement or payment of any kind ever been made by you or on your behalf to resolve a malpractice claim, even if it was not required to be reported to the National Practitioner Data Bank (NPDB); or have you ever been notified in any manner that any such claim is proposed, pending or threatened, whether or not a claim, charge or filing was actually made with a court?	☐ Yes ☐ No
17. Have you ever been admitted to any hospital or other in-patient care facility for any physical, mental or emotional condition?	☐ Yes ☐ No
18. Do you, or have you used alcohol or drugs in any manner which impairs, or impaired, your ability to practice your health care profession safely and competently?	☐ Yes ☐ No
19. Have you ever engaged in the excessive or habitual use of alcohol or illegal drugs, or received any in-patient therapy/treatment or been hospitalized for alcoholism, or illegal drug use, or been arrested for DUII (Driving Under the Influence of Intoxicants) or DWI (Driving While Intoxicated)? *"Excessive" as used in this question means the use of alcohol or drugs that leads to disturbances, fights, arrest, injury, accident, illness, loss of consciousness, or other adverse consequences.*	☐ Yes ☐ No
20. Have you ever been the subject of any chemical substance screening test which resulted in an indication of the presence in your body of any controlled substance, any dangerous drug, or alcohol level above .08% BAC or have you refused to submit to any such test? *This does not include those drugs taken by you as a result of a legitimate health care diagnosis, and prescribed for you in good faith by another licensed health care professional, unless the test was conducted as part of a criminal investigation, such as DUII.*	☐ Yes ☐ No
21. Have you ever entered into a diversion program for evaluation, treatment or monitoring for substance abuse or dependency, or for correction of communication or boundary issues, in lieu of or as a condition of resolving a matter before a health care program or facility, regulatory or licensing board, or criminal or civil court; or have you been notified that such action is pending or proposed?	☐ Yes ☐ No

Use this space to explain or comment on any of the personal history questions. You may use additional pages if necessary.

Section 8 – Address History

Address History

Provide your home residence history for the past 5 years. Include any vacations, or time away from your residence that exceeded 30 days. Start with the most current address, and proceed in reverse chronological order. List only physical street addresses. Do not leave any period of time unaccounted for. You may use additional pages if necessary.

Start Date (mm/yyyy):	Current Residence Street Address:		
City:		State / Province:	Postal Code:
Start Date (mm/yyyy):	Prior Residence Street Address:		
City:		State / Province:	Postal Code:
Start Date (mm/yyyy):	Prior Residence Street Address:		
City:		State / Province:	Postal Code:
Start Date (mm/yyyy):	Prior Residence Street Address:		
City:		State / Province:	Postal Code:
Start Date (mm/yyyy):	Prior Residence Street Address:		
City:		State / Province:	Postal Code:
Start Date (mm/yyyy):	Prior Residence Street Address:		
City:		State / Province:	Postal Code:
Start Date (mm/yyyy):	Prior Residence Street Address:		
City:		State / Province:	Postal Code:

Section 9 – Applicant Photograph

Photograph

Attach an original, passport quality photograph. No scanned, photocopied, or Polaroid-style photos with thick backing will be accepted.

The photograph should be no larger than 2 inches wide and 3 inches high, and no smaller than 2 inches wide and 2 inches high.

The photograph must be a close-up front view of your head and shoulders, and taken within the 90 days prior to the date of this application.

Attach
Photograph
Here

Authorization to Release Information / Affidavit of Applicant

I, _____, depose and say that I am the person
(Type or print full legal name)

above described and identified. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates, business associations (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign), which includes state licensing boards, to release to this licensing board any information, files or records requested by this board in connection with the processing of this application. I further authorize this board to release to the organizations, individuals and groups listed above any information which is material to my application or pertinent to my practice of naturopathic medicine during the processing of this application and the time that I am a licensee of this board. I have read carefully the questions in the foregoing application and I have answered them completely, without reservation of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act is grounds for the denial, suspension or revocation of my license to practice naturopathic medicine in the state of Oregon.

_____ _____
Applicant Signature Date

Notarize this form only.

Affix a Legible Seal in This Space

Subscribed and sworn to me before this _____ day of _____ , _____.

Notary signature _____

Notary Public for _____

My commission expires _____

Submit this application to:

Oregon Board of Naturopathic Medicine
800 NE Oregon Street, Suite 407
Portland OR 97232