

APPLICATION FOR CONTINUING EDUCATION APPROVAL

Date of Application:

OREGON BOARD OF NATUROPATHIC MEDICINE
800 NE OREGON STREET, SUITE 407
PORTLAND, OR 97232
Phone: (971) 673-0193
Fax: (971) 673-0226

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: Cultural Competency:

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; _____ Cultural Competency

Comments: _____