

**OAR 850-060-0212**

**Education & Reporting Form for Injection/IV Therapy**

**Licensees practicing Injection / IV Therapy for up to ten calendar years (as of December 31, 2021)**

**NAME:** \_\_\_\_\_

**Total Calendar Years of Practice as of December 31, 2021:** \_\_\_\_\_

**INJECTION THERAPY**

**SECTION 1(a):**

(1) Injection Therapy of Compounded, Manufactured, Injectable Grade Injectate:

(a) Subcutaneous, Intramuscular, Intravenous Injection: Prior to administering or supervising the administration of injections in this section, Licensee must submit to the Board proof of completion of six (6) hours of Board approved education focused on anatomy, palpation, injection technique, aseptic / sterile technique as follows:

(A) Three (3) hours didactic education

(B) Three (3) hours practical education

**SECTION 1(a) REPORTING REQUIREMENTS:**

- Please note the name of the program attended and the hours requested by type of education. Courses taken at an accredited medical or naturopathic school or college may apply.
- If the program received prior approval by the Board of Naturopathic Medicine, or the provider is pre-approved per OAR 850-040-0210(4); please record the approving provider and date of approval.
- If the program was NOT pre-approved, OR not taken at an accredited medical school; education must be provided by a Naturopathic Physician, Doctor of Medicine, Doctor of Osteopathic Medicine, or faculty of an accredited medical or naturopathic school or college. Applicant must attach supporting documentation as required in OAR 850-040-0210(6) for approval.

<b>Provider / Title / Date(s) of Education or Training</b>	<b>Prior Approval – Provider and Date of Approval (if applicable)</b>	<b>Hours of Didactic Education (3 HOURS TOTAL)</b>	<b>Hours of Practical Education (3 HOURS TOTAL)</b>
	<b>Total:</b>		

**SECTION 1(b): *PRIOR TO ENGAGING IN BELOW THERAPY – LICENSEE MUST COMPLETE EDUCATION REQUIRED IN SECTION 1(a).***

(b) Lower Body and Lower Body Extremity Injections: Prior to administering or supervising the administration of injections beyond subcutaneous and intramuscular, Licensee must submit to the Board proof of completion of Board approved education as follows:

(A) Six (6) hours of Board approved education as defined in Section 1(a)(A) and (B);

(B) Four (4) hours didactic education in diagnosis, natural history of conditions, care management, selection of image guidance, and interventional technique regarding lower body and/or lower body extremities.

(C) Ten (10) hours practical education including supervised delivery of therapy to appropriate target of the lower body and/or lower body extremities

**SECTION 1(b) REPORTING REQUIREMENTS:**

- Please note the name of the program attended and the hours requested by type of education.
- If the program received prior approval by the Board of Naturopathic Medicine, or the provider is pre-approved per OAR 850-040-0210(4); please record the approving provider and date of approval.
- If the program was NOT pre-approved; education must be provided by a Naturopathic Physician, Doctor of Medicine, Doctor of Osteopathic Medicine, or faculty of an accredited medical or naturopathic school or college, with five or more years of experience in tendons, ligament, and extremity injections. Applicant must attach supporting documentation as required in OAR 850-040-0210(6) for approval.

<b>Provider / Title / Date(s) of Education or Training</b>	<b>Prior Approval – Provider and Date of Approval (if applicable)</b>	<b>Hours of Didactic Education (4 HOURS TOTAL)</b>	<b>Hours of Practical Education (10 Hours Total)</b>
<b>Total:</b>			

**SECTION 1(c) PRIOR TO ENGAGING IN BELOW THERAPY – LICENSEE MUST COMPLETE EDUCATION REQUIRED IN SECTION 1(a) and 1(b).**

(c) Upper Body and Upper Body Extremity Injections: Prior to administering or supervising the administration of injections beyond subcutaneous and intramuscular, Licensee must submit to the Board proof of completion of Board approved education as follows:

(A) Six (6) hours of Board approved education as defined in Section 1(a)(A) and (B);

(B) Fourteen (14) hours of Board approved education as defined in Section 1(b)(B) and (C);

(C) Four (4) hours of didactic education in diagnosis, natural history of conditions, care management, selection of image guidance, and interventional technique regarding upper body and/or upper body extremities.

(D) Ten (10) hours practical education including supervised delivery of therapy to appropriate target of the upper body and/or upper body extremities.

**SECTION 1(c) REPORTING REQUIREMENTS:**

- Please note the name of the program attended and the hours requested by type of education.
- If the program received prior approval by the Board of Naturopathic Medicine, or the provider is pre-approved per OAR 850-040-0210(4); please record the approving provider and date of approval.
- If the program was NOT pre-approved; education must be provided by a Naturopathic Physician, Doctor of Medicine, Doctor of Osteopathic Medicine, or faculty of an accredited medical or naturopathic school or college, with five or more years of experience in tendons, ligament, and extremity injections. Applicant must attach supporting documentation as required in OAR 850-040-0210(6) for approval.

<b>Provider / Title / Date(s) of Education or Training</b>	<b>Prior Approval – Provider and Date of Approval (if applicable)</b>	<b>Hours of Didactic Education (4 HOURS TOTAL)</b>	<b>Hours of Practical Education (10 Hours Total)</b>
<b>Total:</b>			

**SECTION 1(d) PRIOR TO ENGAGING IN BELOW THERAPY – LICENSEE MUST COMPLETE EDUCATION REQUIRED IN SECTION 1(a), 1(b) and 1(c).**

(d) Upper and Lower Body Spinal Injections: Prior to administering or supervising the administration of any and all spinal injections on the body, Licensee must submit to the Board proof of education as follows:

- (A) Six (6) hours of continuing education as defined in Section 1(a)(A) and (B);
- (B) Fourteen (14) hours of continuing education as defined in Section 1 (b)(B) and (C);
- (C) Fourteen (14) hours of continuing education as defined in Section 1(c)(C) and (D)
- (D) Four (4) hours of didactic education in diagnosis, natural history of conditions, care management, selection of image guidance, and interventional technique regarding spinal injections.
- (E) Twelve (12) hours practical education including supervised delivery of therapy to appropriate spinal targets.

**SECTION 1(d) REPORTING REQUIREMENTS:**

- Please note the name of the program attended and the hours requested by type of education.
- If the program received prior approval by the Board of Naturopathic Medicine, or the provider is pre-approved per OAR 850-040-0210(4); please record the approving provider and date of approval.
- If the program was NOT pre-approved; education must be provided by a Naturopathic Physician, Doctor of Medicine, Doctor of Osteopathic Medicine, or faculty of an accredited medical or naturopathic school or college, with five or more years of experience in spinal injections. Applicant must attach supporting documentation as required in OAR 850-040-0210(6) for approval.

<b>Provider / Title / Date(s) of Education or Training</b>	<b>Prior Approval – Provider and Date of Approval (if applicable)</b>	<b>Hours of Didactic Education (4 HOURS TOTAL)</b>	<b>Hours of Practical Education (12 Hours Total)</b>
<b>Total:</b>			

**SECTION 2: PRIOR TO ENGAGING IN BELOW THERAPY – LICENSEE MUST COMPLETE EDUCATION REQUIRED FOR CORRESPONDING INJECTION SITE SUBSECTION(S) OF SECTION 1**

(2) Injection Therapy of Autologous Injectate: Prior to administering or supervising the administration of an autologous injectate, Licensee must submit proof of completion of continuing education as follows:

- (a) Corresponding injection site subsection(s) of Section 1. Licensee shall only engage in Injection Therapy of Autologous Injectate that corresponds to the level of Board approved training and / or education per injection site subsection(s) of Section 1;
- (b) Eight (8) hours of Board approved education per **autologous injectate**, focused on autologous acquisition, injectate processing, sterile technique, and safety.

**SECTION 2 REPORTING REQUIREMENTS:**

- Please note the name of the program attended and the hours requested per autologous injectate.
- If the program received prior approval by the Board of Naturopathic Medicine, or the provider is pre-approved per OAR 850-040-0210(4); please record the approving provider and date of approval.
- If the program was NOT pre-approved; education must be provided by a Naturopathic Physician, Doctor of Medicine, Doctor of Osteopathic Medicine, or faculty of an accredited medical or naturopathic school or college, with five or more years of experience in autologous injections. Applicant must attach supporting documentation as required in OAR 850-040-0210(6) for approval.

<b>Provider / Title / Date(s) of Education or Training</b>	<b>Prior Approval – Provider and Date of Approval (if applicable)</b>	<b>Type of Autologous Injectate</b>	<b>Hours per Autologous Injectate (8 Hours Total Per Type)</b>
<b>Total:</b>			

**SECTION 3: PRIOR TO ENGAGING IN BELOW THERAPY – LICENSEE MUST COMPLETE EDUCATION REQUIRED FOR CORRESPONDING INJECTION SITE SUBSECTION(S) OF SECTION 1**

(3) Ozone Injection Therapy: Prior to engaging Ozone injection therapy; Licensee must submit proof of completion of continuing education as follows:

(a) Corresponding injection site subsection(s) of Section 1. Licensee shall only engage in Ozone Injection Therapy that corresponds to the level of Board approved training and / or education per injection site subsection(s) of Section 1.

(b) Four (4) hours of Board approved didactic education focused on Ozone injection therapy

**SECTION 3 REPORTING REQUIREMENTS:**

- Please note the name of the program attended and the hours of didactic education requested.
- If the program received prior approval by the Board of Naturopathic Medicine, or the provider is pre-approved per OAR 850-040-0210(4); please record the approving provider and date of approval.
- If the program was NOT pre-approved; education must be provided by a Naturopathic Physician, Doctor of Medicine, Doctor of Osteopathic Medicine, or faculty of an accredited medical or naturopathic school or college, with five or more years of experience in Ozone injection therapy. Applicant must attach supporting documentation as required in OAR 850-040-0210(6) for approval.

<b>Provider / Title / Date(s) of Education or Training</b>	<b>Prior Approval – Provider and Date of Approval (if applicable)</b>	<b>Hours of Didactic Education (4 HOURS TOTAL)</b>
<b>Total:</b>		

## IV THERAPY

### **SECTION 4(a): *PRIOR TO ENGAGING IN BELOW THERAPY – LICENSEE MUST COMPLETE EDUCATION REQUIRED FOR SECTION 1(a)***

(a) Chelation IV Therapy: Prior to administering Chelation IV Therapy, licensee must submit to the Board proof of completion of the following hours of Board approved education:

(A) Completion of education required for injection therapy in Section 1(a)(A) and (B); of this rule.

(B) Twelve (12) hours of Board approved education in Chelation IV Therapy.

### **SECTION 4(a) REPORTING REQUIREMENTS:**

- Please note the name of the program attended and the hours of didactic education requested.
- If the program received prior approval by the Board of Naturopathic Medicine, or the provider is pre-approved per OAR 850-040-0210(4); please record the approving provider and date of approval.
- If the program was NOT pre-approved; education must be provided by a Naturopathic Physician, Doctor of Medicine, Doctor of Osteopathic Medicine, or faculty of an accredited medical or naturopathic school or college, with five or more years of experience of Chelation IV Therapy. Applicant must attach supporting documentation as required in OAR 850-040-0210(6) for approval.

<b>Provider / Title / Date(s) of Education or Training</b>	<b>Prior Approval – Provider and Date of Approval (if applicable)</b>	<b>Hours of Education (12 hours total)</b>
<b>Total:</b>		

**SECTION 4(b): PRIOR TO ENGAGING IN BELOW THERAPY – LICENSEE MUST COMPLETE EDUCATION REQUIRED FOR SECTION 1(a)**

b) Ozone IV Therapy: Prior to administering IV Ozone Therapy, Licensee must submit to the Board proof of completion of the following hours of Board approved education:

(A) Completion of education required for Injection Therapy in Section 1(a)(A) and (B); of this rule.

(B) Sixteen (16) hours of Board approved IV Ozone Therapy

**SECTION 4(b) REPORTING REQUIREMENTS:**

- Please note the name of the program attended and the hours of didactic education requested.
- If the program received prior approval by the Board of Naturopathic Medicine, or the provider is pre-approved per OAR 850-040-0210(4); please record the approving provider and date of approval.
- If the program was NOT pre-approved; education must be provided by a Naturopathic Physician, Doctor of Medicine, Doctor of Osteopathic Medicine, or faculty of an accredited medical or naturopathic school or college, with five or more years of experience of IV Ozone Therapy. Applicant must attach supporting documentation as required in OAR 850-040-0210(6) for approval.

<b>Provider / Title / Date(s) of Education or Training</b>	<b>Prior Approval – Provider and Date of Approval (if applicable)</b>	<b>Hours of Education (16 hours total)</b>
<b>Total:</b>		