



850-040-0230 Licensee Application for Board Approval of IV/Injection & Ketamine Therapy Continuing Education Programs Attended

PRIOR TO FILLING OUT THIS APPLICATION

Please check the Board [Continuing Education webpage](#) to see if the course is offered by a pre-approved provider or was [previously approved](#) by the Board . If provided by a pre-approved or previously approved by the Board – you **DO NOT** have to complete an application. Please upload your certificate of completion through the self-service portal.

Date of Application: _____ Licensees must submit applications for approval for continuing education credit to the Board **no later than 30 days from the date of completion.**

Submit to: naturopathic.medicine@obnm.oregon.gov Failure to submit all required information will result in denial of your request.

Prior to applying for approval - please review approval criteria per the rule:

- [850-040-0240](#) One-time Continuing Education Required Prior to Administering Injection and IV Therapy, and Provider Requirements
- [850-040-0250](#) One-time Continuing Education Required Prior to Administering or Supervising the Administration of IV and Injectable Ketamine

Applicant Information: Applicant Name: _____
Telephone: _____ Email Address: _____

CE Structured Education Programs or Webinar Information:

Education Programs or Webinars Provided By: _____

Provider Webpage: _____

Telephone: Email Address: _____

Date(s) CE offered or date(s) program completed: _____ (Please submit certificate of completion with the application for all completed courses)

CE Title: _____

CE Location: _____

Required Supplemental Information/Materials: Failure to submit all required information will result in the denial of your approval request. Weblinks may be used to provide any of the following:

- Program mission statement; including the educational need for the training.
- Learning objectives and projected outcomes
- Sample of written program materials or program slides (limit 10 pages)
- Program agenda and course outline showing start and end time per segment and scheduled breaks (no CE hours approved for check in / breaks / non-working meals)
- Presenter information, including biography or curriculum vitae demonstrating their qualifications to teach the subject of the program.
- Disclosure of conflict/Fiduciary relationships: Including (a) supporter funding, (b) any fiduciary relation with any sponsor and (c) any conflict between the Presenter and Sponsor(s).

Continuing Education Category: Please check the relevant subject area of CE requesting approval and enter the number of hours requested per category. (e.g. [X] Didactic education: _____ Diagnosis, natural history of conditions, care management, selection of image guidance, and interventional technique regarding lower body and/ or lower body extremities....[X] Autologous injectate _____ Autologous acquisition, injectate processing, sterile technique, and safety.)

850-040-0240 One-time Continuing Education Required Prior to Administering Injection and IV Therapy, and Provider Requirements

Lower Body and Lower Body Extremity Injections:

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

Didactic education: _____ Diagnosis, natural history of conditions, care management, selection of image guidance, and interventional technique regarding lower body and/ or lower body extremities.

Practical education/hands-on training: _____ Supervised delivery of therapy to appropriate target of the lower body and/ or lower body extremities

Upper Body and Upper Body Extremity Injections:

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.

Didactic education: _____ Diagnosis, natural history of conditions, care management, selection of image guidance, and interventional techniques regarding upper body and/ or upper body extremities.

Practical education/hands-on training: _____ Supervised delivery of therapy to appropriate target of the upper body and/ or upper body extremities.

Peri-Spinal Injections:

Completed approved education in Lower / Upper Body Injections, prior to applying for Peri-Spinal Injection approval.

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

Didactic education: _____ Diagnosis, natural history of conditions, care management, selection of image guidance, and interventional technique regarding spinal injections.

Practical education/hands-on training: _____ Supervised delivery of therapy to appropriate spinal targets.

Injection Therapy of Autologous Injectate: _____ (type of injectate)

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.

Autologous injectate _____ Autologous acquisition, injectate processing, sterile technique, and safety.

Ozone Injection Therapy:

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:

Didactic education Ozone injection therapy _____

Chelation IV Therapy: _____

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 Chelation IV Therapy.

Ozone IV Therapy: _____

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 IV Therapy.

850-040-0250 One-time Continuing Education Required Prior to Administering or Supervising the Administration of IV and Injectable Ketamine

Pharmacology education on prescribing Ketamine _____ Dosage and administration, clinical indications, and safety planning

Ethics education on Ketamine prescribing and treatment _____, Doctor-patient boundaries, enhanced consent, and therapy models.

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

Date: _____ Reviewed by: _____

Program Areas & Hours Approved: _____

Program Areas / Hours Not Approved: _____