



850-040-0230 Licensee Application for Board Approval of Self-Directed Activities

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 to:**
Naturopathic.Medicine@obnm.oregon.gov

Please review **850-040-0230** – (2) **Activities Eligible and Criteria for Board Approval of License Applications for Continuing Education for Self-Directed Education and Activities.** Licensee may receive a maximum of ten (10) credit hours annually from any combination of the permitted hours for the following self-directed education and activities

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

CE Self-Directed Activity Information: Check the completed self-directed activity, enter the date of completion and submit the required materials per activity. The failure to submit all required information will result in denial of your request.

Authorship or Review and Report of Peer Reviewed Publication: Maximum of three (3) total credit hours annually.

Authorship:

- (1) Copy of the published article (up to five (5) pages maximum) including the name and issue of the peer reviewed publication
- (2) Written description (up to five (5) pages maximum) of how research, development and content of the published article support, develop, and increase the knowledge, skills, and professionalism of naturopathic physicians
- (3) Written record of the number of hours spent on research, development and writing the publication
 - Hours Requested: _____ Date of Completion: _____

Review and Report:

- (1) Copy or excerpt (up to five (5) pages maximum) of the published article, including the name and issue of the peer reviewed publication
- (2) Written summary (up to five (5) pages maximum) describing how the content of the article supports, develops, and increases the knowledge, skills, and professionalism of naturopathic physicians
- (3) Written record of the dates and number of the hours spent reviewing and summarizing material
 - Hours Requested: _____ Date of Completion: _____

Formal protocol writing for a health care facility or government health care agency: maximum of three (3) total credit hours annually.

- (1) Copy or excerpt (up to five (5) pages maximum) of the completed formal protocol
- (2) Written description (up to five (5) pages maximum) of how the research, development, content and writing of the formal protocol supports, develops, and increases the knowledge, skills, and professionalism of naturopathic physicians.

(3) Certificate/letter of completion with date protocol was finished, total number of hours spent on research, development, and protocol writing signed by licensee's supervisor.

- Hours Requested: _____ Date of Completion: _____

Naturopathic Physicians Licensing Examinations (NPLEX) Committee for the development and writing of the NPLEX examinations: Maximum three (3) total credit hours annually.

(1) Written description (up to five (5) pages maximum) of how exam research, development and writing support, develop, and increase the knowledge, skills, and professionalism of naturopathic physicians

(2) Certificate/letter of completion with date of completion, and total number of hours spent on research, development, and writing signed by licensee's supervisor or NPLEX designee

- Hours Requested: _____ Date of Completion: _____

Research related to the advancement of naturopathic medicine, for a recognized educational or medical institution or organization: Maximum of six (6) total credit hours annually.

(1) Attestation Licensee does not have financial conflicts or fiduciary relationships with the educational or medical institution or organization where licensee is conducting the research

(2) Written description (maximum five (5) pages) how licensee's research is in the scope of practice of naturopathic medicine in the State of Oregon, and supports, develops, and increases the knowledge, skills of naturopathic physicians

(3) Certificate/letter of completion with date research was completed, total number of hours spent on research and development, signed by licensee's supervisor

- Hours Requested: _____ Date of Completion: _____

Presentation of a structured continuing education program in the scope of practice of naturopathic medicine in the State of Oregon: Maximum of six (6) total credit hours annually.

(1) Declaration the presentation was developed and created in the calendar year applying for credit, and no portion of the presentation has been used in previous years.

(2) Excerpt of presentation materials (up to five (5) pages maximum), and agenda, schedule, and total length of the presentation

(3) Written description (up to five (5) pages maximum) how research, development and content of the presentation supports, develops, and increases the knowledge, skills, and professionalism of naturopathic physicians

(4) Written record of hours spent researching, developing the content of the presentation, and length of presentation submitted total number of hours spent on research and development, signed by licensee.

- Hours Requested: _____ Date of Completion: _____

Teaching at an accredited graduate level course in the scope of practice of naturopathic medicine in the State of Oregon: maximum six (6) total credit hours annually.

(1) Declaration the course material was developed and created in the calendar year applying for credit, and no portion of the course material has been used in previous years.

(2) Excerpt of course materials (up to ten (10) pages maximum), and syllabus, schedule, with the name of the accredited institution and faculty supervisor

(3) Written description (up to ten (10) pages maximum) how research, development and content of the course supports, develops, and increases the knowledge, skills, and professionalism of naturopathic physicians

(4) Certificate/letter of completion with total number of hours spent on research and development of course, signed by licensee's faculty supervisor

- Hours Requested: _____ Date of Completion: _____

Preceptorship with an Oregon licensed naturopathic physician or doctorate level clinician with a minimum of five (5) years of clinical experience: Maximum six (6) total credit hours annually. Preceptorship must be in scope of practice of naturopathic medicine in the State of Oregon. Licensee must submit the following no more than 30 days from the date of completion:

- (1) Name of medical facility, preceptor, and licensee's direct supervisor
- (2) Certificate/letter of completion with a record of attendance and total hours licensee participated in the preceptor program, signed by licensee's preceptor/ supervisor,

- Hours Requested: _____ Date of Completion: _____

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

Date Approved: _____ Approved/Reviewed by: _____

Not Approved/Reviewed by: _____

Total Hours Approved: _____

Hours/Reason not approved: _____
