

Oregon ND Licensee Application for CE Credit

Date of Application: _____

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.

Applicant Information:

Application Presented By: Attendee: Presenter:
Applicant Name: _____
Telephone: _____ Email Address: _____
Mailing Address: _____

CE Event Information:

Date(s) CE will be offered: _____
CE Title: _____
CE Location: _____
CE Contact Information (Phone/Email or Website: _____
CE Sponsor (if applicable): _____

Required Information: Hourly Schedule Course Details CV's or Bio's of all Presenters

Continuing Education Category, check all that apply with the requested hours:

Hours must be broken down by subject area from total credit hours requested. (Example: CE approved for 10 total credit hours 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.)

Total number of requested hours: _____
General Education: _____ Cultural Competency: _____
Medical Ethics: _____ Pain Management: _____
Pharmacology: _____ Suicide Intervention & Prevention: _____

** See referenced administrative rules for education requirements for the below CE categories**

IV / Injection Therapy Hours Requested: _____
(OAR 850-060-0212 Education and Reporting Requirements for Injection and IV Therapy)
Ketamine Ethics Hours Requested _____ Ketamine Pharmacology / Prescribing _____
(OAR 850-060-0210 Education and Reporting Requirements for Ketamine Therapy)
Natural Childbirth Hours Requested: _____
(OAR 850-035-0230 Requirements for Certification to Practice Natural Childbirth)

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

Date: _____ Approved/Reviewed by: _____ Not Approved/Reviewed by: _____

Total Hours Approved: _____ of which: _____ may be used as Pharmacy _____; Natural Childbirth _____;
Ethics _____; Pain _____; Cultural Competency _____; Suicide Intervention & Prevention _____;
IV / Injection Therapy _____; Ketamine Ethics _____; Ketamine Pharmacology / Prescribing _____

Reason not approved: _____

Submit Application to naturopathic.medicine@obnm.oregon.gov