

## **Oregon Board of Naturopathic Medicine Professional One-Time CE Event: OAR 850-040-0240(2)**

Providers may apply for approval of a one-time continuing education event or online program offered to and attended by licensed naturopathic physicians in the State of Oregon. If approved, Oregon licensees who attend the event will receive credit for hours of attendance by submitting a certificate of attendance and completion, with no further documentation required. (for reference; see 850-040-0230 Continuing Education Approval: Licensee Submissions)

➤ Per Rule, a one-time CE event must:

- Offered to and attended by licensed naturopathic physicians in the State of Oregon.
- Maintain, develop, or increase the knowledge, skills and professional performance and relationships and services for patients, the public, the profession.
- Offer education and skills recognized and accepted by the profession in areas pertaining to research, basic medical sciences, clinical practice, or public health care.
- Foster the continuing competency and skills in the scope of practice of naturopathic medicine in the State of Oregon,
- Provide education in new, review, experimental research or specialized education and training specific to the practice of naturopathic medicine.

➤ Per Rule, a one-time CE event providers must complete and submit:

- Completed application form with the required attachments eight (8) weeks prior to the date of the program.
- A revised application for any changes to an approved program, including but not limited to, presenter, content, and length of program or sponsorship must be submitted for approval by the Board within two (2) weeks of the changes.
- A request for Board review for denied applications with additional substantiating documentation.

➤ Incomplete applications will not be processed and returned without approval.

➤ Providers must not advertise or otherwise state that a program is approved prior to Board approval.

### Supplemental information / Program Materials

1. For remote offerings, or programs held outside the State of Oregon; documentation showing program is offered to and will be attended by naturopathic physicians licensed in the State of Oregon
2. Program mission statement; including the educational need for the training.
3. Learning objectives and projected outcomes
4. Sample of written program materials or program slides (limit 10 pages)
5. Program agenda and course outline showing start and end time per segment and scheduled breaks
6. Material required by Oregon Administrative Rule(s) referenced above or directly related to all CE categories checked above
7. Presenter information, including biography or curriculum vitae demonstrating their qualifications to teach the subject of the program.
8. Sample verification of attendance per program and segment of program for licensees
9. Sample certificate of attendance per program and segment of program awarded to licensees upon completion.
10. **Disclosure of conflict/Fiduciary relationships:** All parties will ensure complete disclosure, to the Board and in all CE materials of: (a) supporter funding, (b) any fiduciary relation with any sponsor and (c) any conflict between the Presenter and Sponsor(s).

## One-time CE Application Form (To be completed by the Provider)

**FOR APPROVAL ALL PROGRAMS MUST BE OFFERED TO AND ATTENDED BY LICENSED NATUROPATHIC PHYSICIANS IN THE STATE OF OREGON**

Date of Application: \_\_\_\_\_

**Applicant / Provider Contact Information:** \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Organization / Agency / Program Provider: \_\_\_\_\_

Program Sponsor (if applicable): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website Address where CE announcements are available: \_\_\_\_\_

### One-time CE Event Information:

Date(s) Program will be offered: \_\_\_\_\_

Program Title: \_\_\_\_\_

Location of Program: \_\_\_\_\_

*(If location is **outside of the State Of Oregon** or is a web based / remote offering - applicant must provide confirmation that the program is offered to and will be attended by Oregon licensees)*

Programs must focus on one of the following; please check all that apply:

- Maintain, develop, or increase the knowledge, skills and professional performance and relationships and services for patients, the public, the profession.
- Offer education and skills recognized and accepted by the profession in areas pertaining to research, basic medical sciences, clinical practice, or public health care.
- Foster the continuing competency and skills in the scope of practice of naturopathic medicine in the State of Oregon.
- Provide education in new, review, experimental research or specialized education and training specific to the practice of naturopathic medicine.

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

Total number of requested program 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)

**Submit Application to [naturopathic.medicine@obnm.oregon.gov](mailto:naturopathic.medicine@obnm.oregon.gov)**