



850-040-0215 Program Provider Application for Board Approval of Continuing Education Programs

Please use IV/Injection & Ketamine Therapy Application Form for approval of IV /Injection or Ketamine CE

Program Standards and Qualifications for Board Approval of Continuing Education Credit:

- Program providers must offer continuing education programs that meet the minimum education requirements set forth in OAR [850-040-0210](#)
- Programs must be in the scope of practice of naturopathic medicine in the State of Oregon, and support, develop, and increase the knowledge, skills, and professionalism of naturopathic physicians
- **Programs held in the State of Oregon** must be **live** and attended by Oregon licensees either **in-person or by synchronous remote attendance**.
- **Programs not held in the State of Oregon**, must be **live** and attended by Oregon licensees **either in-person or by synchronous remote attendance, and provided by one of the following:**
 - Active Oregon Licensee
 - American Association of Naturopathic Physicians (AANP)
 - Oregon Association of Naturopathic Physicians (OANP)
- Program providers must submit a program approval application to the Board a minimum of 30 days prior to the program date for Board approval.

Program Provider / CE Program Information:

Application Date: _____ **Submit to:** naturopathic.medicine@obnm.oregon.gov

Program Provider Name _____ Website: _____

CE Program Provider Email: _____ CE Program Date: _____

CE Title: _____

In-Person Program: Location (MUST be in the State of Oregon): _____

Remote Live / Synchronous Program: (MUST be offered by one of the following)

- ☐ Active Oregon Licensee
- ☐ American Association of Naturopathic Physicians (AANP)
- ☐ Oregon Association of Naturopathic Physicians (OANP)

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.
- ☐ Sample certificate of attendance per program and segment of program awarded to licensees upon completion.
- ☐ 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).

Continuing Education Category: Please see: [850-040-0210](#) Active and Inactive Licensee Annual Mandatory Continuing Education Requirements, Continuing Education Criteria per Subject Area. **Check each applicable category and enter the hours requested (e.g. X Cultural Competency: 2**____Structured programs for physicians and health care professionals ...**X General Education: 5**____ Presented by naturopathic physicians, other physicians, ...).

[] **Cultural Competency:** ____ Structured programs for physicians and health care professionals that meet the skill requirements established by the Oregon Health Authority under [ORS 413.450](#)

[] **General Education:** ____

- Presented by naturopathic physicians, other physicians, or other professionally acknowledged health care educators with expertise in the subject matter.

[] **Natural Childbirth** (See [850-035-0230](#)): ____

- **Pain Management:** ____ Structured program for physicians and health care professionals with course curriculum that includes at least one of the following topic areas:
- Current perspectives on the neuroscience and complex biopsychosocial nature of pain
- International Association for the Study of Pain (IASP) Guidelines
- Center for Disease Control (CDC) Opioid Prescribing Guidelines.
- Oregon Health Authority Opioid Prescribing Guidelines

[] **Pharmacology:** ____ Structured programs for physicians with course curriculum that includes at least one of the following topic areas:

- Properties and actions of pharmaceutical drugs and dosage forms
- Pharmaceuticals for therapy and prevention of disease states
- Maintain and enhance competence applicable to prescribing off the formulary compendium
- Pharmaceutical medication error prevention, prevention of events that may cause or lead to inappropriate pharmaceutical medication use or patient harm
- General topics related to pharmaceutical management

[] **Professional Development** (Limited to (2) hours of general education annually): ____ Structured program for physicians and health care professionals with course curriculum that includes at least one of the following topic areas:

- Licensee physical and mental wellness, managing stress and setting boundaries, implementing ADA productivity enhancers, reducing physician burn out, increasing career satisfaction, promote workplace civility and positive patient interaction.
- Enhance practice management skills and develop practice resiliency strategies to meet health-care priorities, challenges, and crises, adapt and respond to the evolving needs of diverse patient populations.
- Best practices for ensuring patient confidentiality and public safety in the digital clinic environment, effective charting, records access and transparency, record management, incorporating telemedicine in primary care.

[] **Professional Ethics, Boundaries and Communication:** ____ Structured programs for physicians and health care professionals focused on ethical practices that offer concrete advice on how health care professionals should interact with patients and address critical decisions within their practice.

[] **Suicide Intervention & Prevention:** ____ Structured programs for physicians and health care professionals on suicide risk assessment, treatment, and management consistent with Applied Suicide Intervention Skills Training (ASIST)

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

Date Approved: _____ Approved/Reviewed by: _____

Not Approved/Reviewed by: _____

Total Hours Approved: _____

Hours/Reason not approved: _____
