



850-040-0215 Program Provider Application for Board Approval of Continuing Education Programs IV/Injection & Ketamine Therapy Continuing Education Programs

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:
 - **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
- **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 check the relevant subject area of CE requesting approval and enter the number of hours requested (e.g. [X] Didactic education: 2 Diagnosis, natural history of conditions ...[X] Practical education/hands-on training: 4 Supervised delivery of therapy...)

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 Approved: _____ Approved/Reviewed by: _____

Not Approved/Reviewed by: _____

Total Hours Approved: _____

Hours/Reason not approved: _____
