



# Application for Authorization to Practice in Oregon During a Governor-Declared Emergency

Revised 03/2020

## Applicant Information

Last Name	First Name	Middle Name
Professional Degree	DOB	
Mailing Address Street	City, State, Zip Code	
Primary Phone	Primary E-Mail	

In the event of a Governor-declared emergency, naturopathic doctors licensed in another state may be authorized to provide medical care in Oregon. This authorization terminates when the Governor- declared emergency ends. (See OAR 850-030-0055.)

Please complete one of the following:

- I am a member of the National Disaster Medical System (NDMS)** under the Office of Emergency Preparedness, US Department of Health & Human Services.
  1. Attach NDMS photo ID
  2. Attach NDMS activation notice
  
- I am applying to practice in Oregon under OAR 850-030-0055 during the Governor-declared emergency.**
  1. Attach government-issued photo ID (driver’s license or passport)
  2. Complete the information on state of current, primary medical licensure
 

State: _____	License #: _____
Status: _____	Expires: _____
  3. The requesting hospital, clinic, medical practice, public health organization, or other equivalent entity must submit documentation regarding the need for your medical services to [naturopathic.medicine@state.or.us](mailto:naturopathic.medicine@state.or.us) or to the address or fax provided below.

**I certify that I meet the qualifications to practice in Oregon in the event of a Governor-declared emergency; that I have completed all areas of this form; and that the information is complete and accurate. I agree to practice in compliance with OAR 850-030-0055 and other applicable federal and state laws.**

Signature \_\_\_\_\_

Date \_

## **Practice in Oregon by Out-of-State Naturopathic Physicians In the Event of an Emergency**

Oregon Administrative Rules **850-030-0055**

### **Practice in Oregon by Out-of-State Naturopathic Physicians In the Event of an Emergency**

(1) In the event of a disaster emergency declared by the Governor of Oregon, the Board of Naturopathic Medicine shall allow naturopathic physicians licensed in another state to provide medical care in Oregon under special provisions during the period of the declared disaster emergency, subject to such limitations and conditions as the Governor may prescribe.

(2) The out-of-state physician shall submit to the Board the following information:

- (a) Verification of a permanent, current, and unrestricted license to practice naturopathic medicine in another state which is not the subject of a pending investigation by a state medical board, or another state or federal agency; and
- (b) Current federal or state photo identification, i.e., driver license or passport.

(3) The requirement for completing and submitting the information to the Board is waived if the physician is a member of the National Disaster Medical System (NDMS) under the Office of Emergency Preparedness, U.S. Department of Health and Human Services, and submits to the Board a copy of his/her NDMS photo identification.

(4) The physician shall provide the Board documentation demonstrating a request to provide medical care from a hospital, clinic or private medical practice, public health organization, EMS agency, or federal medical facility, or has otherwise made arrangements to provide medical care in Oregon as the result of the declaration of a disaster emergency.

(5) The physician shall not practice in Oregon under the special disaster emergency provisions beyond the termination date of the emergency. Practice in Oregon beyond the termination date of the declared disaster emergency requires licensure through the Board of Naturopathic Medicine.

Stat. Auth.: ORS 685 125

Stats. Implemented: ORS 685.160

Hist.:BNE 6-2002(Temp), f.

cert. ef. 12-6-02 thru 6-3-03;

BNE 2-2003, f. & cert. ef. 4-

11-03; Renumbered from

850-010-0055, BNE 8-2005, f.

& cert. ef. 10-27-05