



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

Revised 03/2020

The Board of Naturopathic Medicine is waiving restoration fees and continuing education requirements for Oregon Inactive Licensees who wish to obtain an active license for the duration of the State of Emergency. Please provide the following information and attach government-issued photo ID (driver's license or passport).

Applicant Information

Last Name	First Name	Middle Name
Inactive License #		DOB
Mailing Address Street	City, State, Zip Code	
Primary Phone	Primary E-Mail	

I certify that I meet the qualifications to practice in Oregon under ORS Chapter 685, that I have completed all areas of this form; and that the information is complete and accurate. I agree to practice in compliance with ORS Chapter 685 and OAR Chapter 850 and other applicable federal and state laws.

Signature _____

Date _____