

Oregon Medical Board

Five-Needle Protocol (5NP) Applicant Guide

1. Create an Oregon Medical Board (OMB) Account

- Go to: <https://omb.oregon.gov/login>
- Under “New Users” click Register
- Enter your information
- Select “Five-needle Protocol (5NP) Technician” in two places and click Register
- **You will receive a confirmation email.**

Please select your Profession.

- Medical Doctor
- Doctor of Osteopathic Medicine
- Doctor of Podiatric Medicine
- Physician Associate
- Acupuncturist
- Five-Needle Protocol (5NP) Technician

Please select your application type below.

(Scroll to bottom when ready to register)

Five-Needle Protocol (5NP) Technician Registration:

A registered 5NP Technician may provide a standardized treatment protocol using sterile, single-use disposable needles, ear seeds, or ear beads to stimulate five specific points on the outer ear (shen men, sympathetic, liver, kidney, and lung) to provide temporary relief from symptoms of substance use disorder, mental health conditions, and trauma.

Oregon-licensed acupuncturists and MD/DO physicians with appropriate training can provide 5NP treatments under their existing license; 5NP registration is not required. To be a 5NP trainer, Oregon-licensed acupuncturists and MD/DO physicians must request approval from OMB.

To qualify for 5NP registration, applicants must complete a training that meets the Board's criteria and includes a minimum of 30 hours of didactic instruction and 40 ears needed during supervised clinical training. **Please do not apply until you have completed the appropriate training.**

WARNING: Click here to indicate your understanding that once you have clicked the *Register* button, you will not be able to change your selection.

Cancel

Register



OREGON MEDICAL BOARD
Oregon.gov/OMB

Dear [REDACTED],

You have started an application for licensure or registration with the Oregon Medical Board. Your application number is [REDACTED]. Take note of this number as you will need it to access [Applicant/Licensee Services](#).

Respectfully,
The Licensing Team
licensing@omb.oregon.gov
Call Center 971-673-2700
1-877-254-6263 toll free in Oregon
8:00 a.m. - 3:00 p.m.

OUR MISSION: To protect the health, safety, and wellbeing of Oregonians by regulating the practice of medicine in a manner that promotes access to quality care.

Oregon Medical Board, 1500 SW 1st Ave. Suite 620, Portland, OR 97201, (971)673-2700

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2. Starting the 5NP Technician Application

- Return to: <https://omb.oregon.gov/login> and login
- After logging in, you will see the Online Services page listing your application.
- Click “Resume Application” to complete your 5NP Technician Application.

Manage My Account
Change My Password Last Changed 3/2/2026 12:43 PM
Change My Address
Change My E-mail Address
Change Other Account Information

Apply for a License or Registration

5NP Technician Application: [REDACTED]
In Process Online

RESUME APPLICATION DOCUMENTS

3. Application Steps

The application consists of steps shown in the left side bar. You must complete each step before you can submit the application. Green checkmarks indicate completed steps.

Step 1: Contact Information

OREGON MEDICAL BOARD
APPLICANT/LICENSEE SERVICES

Tojal test_Palwankar04
5NP Technician Application
229777

← Back to Home

☑ Contact Information

● 5NP Training Program

● Personal Information

● Race and Ethnicity

● Personal History Questions

● Submission

UPLOAD DOCUMENTS

MANAGE DOCUMENTS

HELP

LOG OUT

Contact Information

Phone [REDACTED] Email [REDACTED]

Mailing Address

Street [REDACTED] Street 2 [REDACTED]

City [REDACTED] State [REDACTED] Zip [REDACTED]

SAVE AND CONTINUE >>

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Step 2: 5NP Training Program

Select Add a Training Program and enter your training program, the organization, location, and date you completed the program.

If you completed the program more than 10 years ago, you must demonstrate current competency through relevant courses or 5NP treatments. In the Current Competency Explanation space please explain how you kept current and you may also attach documentation under Upload Documents.

The screenshot shows a web application interface for managing 5NP training programs. On the left is a navigation sidebar with a 'Back to Home' link and several menu items: 'Contact Information' (checked), '5NP Training Program' (selected), 'Personal Information', 'Race and Ethnicity', 'Personal History Questions', and 'Submission'. Below the sidebar are buttons for 'UPLOAD DOCUMENTS', 'MANAGE DOCUMENTS', 'HELP', and 'LOG OUT'. The main content area is titled '5NP Training Program' and contains two entries:

- People's Community 5NP program**: Program Completed: 02/02/2000, City: Seattle, State: WA. Current Competency Explanation: Completed one more training recently.
- National 5NP Training**: Program Completed: 10/14/2025, City: Hillsboro, State: OR.

Each entry has 'EDIT' and 'DELETE' icons. Below the entries is a blue 'ADD TRAINING PROGRAM' button. At the bottom of the main area is a light blue informational banner: 'Upload a copy of a certificate showing completion of your 5NP training program.' Below this is a green 'SAVE AND CONTINUE >>' button.

Step 3: Personal Information

Upload identity documents (birth certificate or state ID) and a recent photograph. If applicable, please provide records for any name changes and indicate language proficiency (optional).

The screenshot shows the 'Personal Information' section of the application. The left sidebar is updated to show 'Personal Information' as the selected menu item. The main content area is titled 'Identity Verification' and includes instructions to upload documents to verify identity, such as a 'Legal name and age' document and a 'Photograph'. Below this is a 'Name Change Information' section with instructions to list legal name changes in chronological order and an 'ADD NAME CHANGE' button. The final section is 'Other Languages', with instructions to enter languages other than English and an 'ADD LANGUAGE' button. At the bottom of the main area is a green 'SAVE AND CONTINUE >>' button.

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Step 4: Race and Ethnicity

Please select your race and ethnicity information, you may decline to answer.

The screenshot shows a web application interface for the 'Race & Ethnicity' step. On the left is a navigation sidebar with a 'Back to Home' link and a list of steps: 'Contact Information', '5NP Training Program', 'Personal Information', 'Race and Ethnicity' (highlighted with a blue circle), 'Personal History Questions', and 'Submission'. Below the list are buttons for 'UPLOAD DOCUMENTS', 'MANAGE DOCUMENTS', 'HELP', and 'LOG OUT'. The main content area is titled 'Race & Ethnicity' and contains the following text: 'We ask about your race and ethnicity to improve health and services in Oregon. These questions are optional and confidential, and your answers will not affect your application.' Below this is a text input field for 'How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?'. A dropdown menu is titled 'Which of the following describes your racial or ethnic identity? Please expand the appropriate sections and check ALL that apply.' The dropdown options are: 'American Indian or Alaska Native', 'Asian', 'Black or African American', 'Hispanic or Latino/a', 'Middle Eastern / Northern African', 'Native Hawaiian or Pacific Islander', 'White', and 'Other'. A green 'SAVE AND CONTINUE >>' button is at the bottom right.

Step 5: Personal History Questions

Please answer questions regarding other licensure, criminal history, and additional relevant information and review and affirm a mental health advisory statement.

The screenshot shows a web application interface for the 'Personal History Questions' step. The navigation sidebar is similar to the previous step, but 'Personal History Questions' is highlighted with a blue circle. The main content area is titled 'Personal History Questions' and contains four numbered questions with radio button options: 1. 'Have you ever applied for a healthcare license, registration, or certificate in another profession?' with 'No' selected. 2. 'Have you been arrested, convicted of, or pled no contest to any felony ever or a misdemeanor in the last five years in any state in the United States?' with 'No' selected. 3. 'Do you have any additional information on your background and experience you would like to provide for consideration by the Oregon Medical Board?' with 'No' selected. 4. A paragraph of text about the Board's recognition of health conditions, followed by a radio button option 'I have read and understand the above advisory and agree to abide by the Board's expectation.' which is selected. A green 'SAVE AND CONTINUE >>' button is at the bottom right.

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Step 6: Application Documents

You will now upload documents, such as training certificates, identity documents, and a current photograph. Please select the appropriate Document Type when uploading. Before submitting the application, you may Edit (change Document Type), Replace, or Delete the document.

Upload Documents ×


Select files to upload

[+ SELECT FILES](#)

[CANCEL](#) [UPLOAD](#)

Upload Documents ×

2 file(s) selected + ADD MORE

 Applicant_Licensee Services... 34.3 KB	Document Type 5NP Practice Statement	×
 License Subform top.docx 43.0 KB	Document Type Applicant Response	×

[CANCEL](#) [UPLOAD \(2\)](#)

Upload Documents ×

 Successfully uploaded 2 documents.

[UPLOAD MORE](#) [DONE](#)

Application Documents		↑ UPLOAD DOCUMENTS
5NP Practice Statement Upload Date: 3/2/2026 Status: Received	✎ EDIT 🔄 REPLACE 🗑 DELETE	
Applicant Response Upload Date: 3/2/2026 Status: Received	✎ EDIT 🔄 REPLACE 🗑 DELETE	

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Step 7: Application Support Assistance

Application Support

General Information

For more information on Five-Needle Protocol (5NP) Technician registration requirements and 5NP Trainer qualifications, see our [Five-Needle Protocol \(5NP\)](#) webpage.

Contact Us

We're here to support you through this process. Contact us using the methods below:

Email: licensing@omb.oregon.gov

Phone: 971-673-2700

Oregon toll-free: 1-877-254-6263

Phone assistance is available Monday-Friday, 9am-12pm and 1pm-3pm (Pacific Time)

We close for lunch 12pm-1pm

Step 8: Review and Submit

After completing all steps, please review and press submit.

The screenshot shows a web application interface for the Oregon Medical Board. On the left is a navigation sidebar with a 'Back to Home' link and a list of steps: 'Contact Information', '5NP Training Program', 'Personal Information', 'Race and Ethnicity', 'Personal History Questions', 'Licensure History', and 'Submission' (which is selected and highlighted). Below the sidebar are buttons for 'UPLOAD DOCUMENTS', 'MANAGE DOCUMENTS', 'HELP', and 'LOG OUT'. The main content area is titled 'Submission' and displays 'Fees Due: \$148.00' with a note that fees are non-refundable. It includes an 'Attestation' section with a declaration of compliance with Oregon laws and a privacy statement. A blue callout box prompts the user to 'Please print a copy of this application for your records.' Below this, a green 'SUBMIT' button is visible, and a note states that after submission, the user will be redirected to the payment page.

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Step 9: Confirmation

Application Submitted

Name: [REDACTED]
File ID: [REDACTED]
Type: SNP Technician Application

You have successfully submitted your application. Please use the **Continue to Payment** button below to pay your application fee. When your application fee is paid, Board staff will process your application.

Please see the [5NP Technician Application checklist](#) for a list of items required for the application process.

Your outstanding items will be reflected on your Online Status Report, available by logging into Applicant/Licensee Services. Applicants who check their status early and often tend to complete the application process more quickly.

If you need to update any of the information submitted, please contact the Licensing Services department at licensing@omb.oregon.gov or 971-673-2700. Confidential information and documents can be securely submitted using our upload portal when logged into Applicant/Licensee Services.

Your registration will be issued when all outstanding requirements are met and your application reaches final approval.

The Oregon Medical Board would like your suggestions for improving the online system. Feedback provided below is **anonymous**; no responses will be given. Your input assists us in making future upgrades to this service. Thank you!

[Return to Applicant/Licensee Services](#)

[Continue to Payment](#)

You will receive an email confirmation with prompts to submit payment also.



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Step 10: Payment

Invoice #	Description	Amount Due
925612	5NP Fingerprint Criminal Background Check Fee	\$48.00
925611	5NP Application & Registration	\$100.00
	Total	\$148.00

Please print this page for your records. 

Fees are not refundable or transferable; they cannot be credited or prorated. This regulation and the fee schedule are available in Oregon Administrative Rule 847-005-0005. See our [Delivery and Refund Policy](#) for more information. By submitting payment, you acknowledge understanding of these terms.

[Pay Online with Check or Credit Card](#)

US Bank.
Your online payment is secure. 



If paying by mail, please submit a copy of this page along with your payment.

[Pay By Mail](#)

Remit to:
Oregon Medical Board
1500 SW 1st Ave Suite 620
Portland, OR 97201

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Oregon Medical Board - Payment Service

Make a Payment

My Payment - Oregon Medical Board

Oregon Medical Board

Amount Due \$148.00

Payment Information

Frequency One Time

Payment Amount \$148.00

Payment Date Pay Now

Contact Information

First Name

Last Name

Company (Optional)

Address 1

Address 2 (Optional)

City/Town

State/Province/Region

Zip/Postal Code

Country US

Phone Number

Email Address

Payment Method

Payment Method

[Cancel](#)



[Customer Service](#) | [Help](#) | [Privacy Policy](#) | [Security](#)

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Step 11: Status

After payment, you may check your application status at <https://omb.oregon.gov/login>.

Application Status

Listed below is the information we have for your file and the items that remain outstanding for your application. If a particular requirement is not referenced on this report, consider that requirement complete. Please note, at any time during the application process, the Board may request additional information or materials from you or third parties based on information received during the processing of your application.

If you need to contact the Board with any questions about this process, please contact the Licensing Call Center at licensing@omb.oregon.gov or (971) 673-2700.

5NP Technician Application: [REDACTED]

Status: Complete Under Review Received: - Expires: -

Admin Review	Incomplete	
Application Fee	Not Received	Details
Fingerprint Background Check	Not Received	
Identity Document	Not Received	
Name Change	Not Received	
Name Change	Not Received	
NPDB	Not Received	
Photograph	Not Received	
Training Program Certificate	Not Received	Details

Documents



Application Documents

[UPLOAD DOCUMENTS](#)

5NP Practice Statement

Upload Date: 3/2/2026 Status: Received

[EDIT](#) [REPLACE](#) [DELETE](#)

Applicant Response

Upload Date: 3/2/2026 Status: Received

[EDIT](#) [REPLACE](#) [DELETE](#)