



# Oregon

Kate Brown, Governor

## Medical Board

1500 SW 1<sup>st</sup> Avenue, Suite 620

Portland, OR 97201-5847

(971) 673-2700

FAX (971) 673-2670

[www.oregon.gov/omb](http://www.oregon.gov/omb)

Dear Applicant:

The Oregon Medical Board is pleased that you have decided to return to clinical practice in Oregon.

The Board, which is composed of physicians, a physician assistant, and public members, has the duty to ensure Oregonians receive appropriate medical care from qualified professionals. The re-entry process helps us honor that responsibility by ensuring that you have maintained competency or have established a plan to regain competency after your break in clinical practice.

This Re-Entry to Clinical Practice packet provides the Board's Statement of Philosophy on Re-Entry, the administrative rules on re-entry plans, a Re-Entry to Clinical Practice form to be submitted as part of your application, and samples of a Consent Agreement for Re-Entry to Practice and mentor letter.

Our licensing staff is ready to help you through the re-entry process, and the Board will collaborate with you to ensure your successful return to practice. If you have questions, please visit the Board's website at [www.oregon.gov/OMB](http://www.oregon.gov/OMB) or call the Board office at (971) 673-2700 or toll free in Oregon (877) 254-6263.

We wish you the very best as you return to clinical practice.

Sincerely,

Nicole Krishnaswami, JD  
Executive Director



# Oregon

Kate Brown, Governor

**Medical Board**

1500 S.W. 1st Ave., Suite 620

Portland, OR 97201

**Voice (971) 673-2700**

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## Statement of Philosophy

### Re-Entry to Clinical Practice

The Oregon Medical Board (“OMB” or “Board”) has the mission to protect the health, safety, and wellbeing of the citizens of Oregon and must protect the public from the practice of medicine by unqualified, incompetent or impaired physicians. Consistent with this directive, the Board has adopted a policy regarding provider re-entry to clinical practice following a period of clinical inactivity.

In general, the Board requires any licensed physician with more than a 24-month hiatus from practice to design a re-entry plan that includes an assessment and possible supplemental training or mentorship. Requirements for assessment and supplemental training vary depending on individual circumstances. Factors the Board uses in determining the appropriate plan include the number of years in practice before the physician’s hiatus, the number of years out of practice, the type of licensure requested, and the physician’s intended practice and specialty.

Competency assessments include the Special Purpose Examination (SPEX), Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX), self-assessment exercises, computer-based simulations and direct evaluation by a board-approved clinician. Assessments should be standardized and validated.

Following the initial evaluation, a detailed re-entry plan is constructed, which may consist of mentoring, supplemental training, passing the SPEX or COMVEX exam, or other activities pertinent to the clinician’s needs. Supplemental training should focus on the intended area of practice and cover a broad scope, including areas such as managing and assessing information. The duration of participation in a re-entry program is dependent upon individual circumstances, and completion requires a letter from the program verifying fitness to return to clinical practice. In cases where clinicians are found sufficiently competent during an initial assessment, supplemental training may be deemed unnecessary. The re-entry program is not a mechanism for switching specialties.

Providers who are re-entering clinical practice after a prolonged absence may also be required to restrict the scope or volume of practice, work with a mentor, or participate in regular re-assessment of competency. Mentors participating in physician re-entry programs must be board certified, have no public record and be Board approved. Decisions to allow physician re-entry will be significantly influenced by mentor opinion and achievement of goals established at the outset of the mentorship.

Currently, there are national discussions about standardization of re-entry programs. Common objectives of a standardized re-entry program include helping providers return to practice, assuring licensure boards of competency, promoting quality care, enhancing physician supply, and re-assessment of competency at the completion of the program. The Board supports initiatives to standardize re-entry programs and establish accreditation. Furthermore, the Board recognizes that re-entry programs may be expensive and that much of the financial burden will be borne by the clinician seeking re-entry. In some circumstances, admission to a re-entry program will be influenced by State need for clinicians in that specialty.

The Oregon Medical Board is firmly invested in ensuring provider competency to deliver safe health care to Oregonians, and every effort will be made to maintain balance between provider supply and the demand for safe, competent health care.

*-Adopted April 2011*



## Oregon Re-Entry to Clinical Practice

Revised 10/2017

**Complete this form to apply for a license after a period of clinical inactivity. Submit this document electronically using our [Secure Upload Portal](#), by mail, or by fax (971) 673-2672.**

Applicant Name: \_\_\_\_\_ Application No.: \_\_\_\_\_

Profession: MD/DO/DPM ☐ PA ☐ AC ☐

### Clinical Experience

Previous Specialty: \_\_\_\_\_

Time Spent in Clinical Practice: \_\_\_\_\_ Date of Last Clinical Practice: \_\_\_\_\_

Reason for leaving clinical practice: \_\_\_\_\_

### Intended Clinical Practice

Intended Specialty: \_\_\_\_\_

Intended Practice Setting: \_\_\_\_\_

### Describe how you have maintained competency since leaving clinical practice.

Include board recertification or continuing education hours (type and amount) you have earned. Provide any additional details relevant to your time away from practice and your planned re-entry. You may attach additional pages if necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Board's website provides additional information on re-entry to practice that may assist you.*  
[www.oregon.gov/omb/licensing/Pages/Re-Entry-to-Practice.aspx](http://www.oregon.gov/omb/licensing/Pages/Re-Entry-to-Practice.aspx)

## OREGON ADMINISTRATIVE RULES PHYSICIAN RE-ENTRY TO PRACTICE

### **OAR 847-020-0183: Re-Entry to Practice – SPEX or COMVEX Examination, Re-Entry Plan**

If an applicant has ceased the practice of medicine for a period of 12 or more consecutive months immediately preceding the application for licensure or reactivation, the applicant may be required to demonstrate clinical competency.

(1) The applicant who has ceased the practice of medicine for a period of 12 or more consecutive months may be required to pass the Special Purpose Examination (SPEX) or Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX). This requirement may be waived if the applicant has done one or more of the following:

(a) The applicant has received a current appointment as Professor or Associate Professor at the Oregon Health and Science University or the Western University of Health Sciences College of Osteopathic Medicine of the Pacific;

(b) The applicant can demonstrate ongoing participation in maintenance of certification with a specialty board as defined in 847-020-0100; or

(c) Subsequent to ceasing practice, the applicant has:

(A) Completed one year of an accredited residency, or

(B) Completed one year of an accredited or Board-approved clinical fellowship, or

(C) Been certified or recertified by a specialty board as defined in 847-020-0100, or

(D) Obtained continuing medical education to the Board's satisfaction.

(2) The applicant who has ceased the practice of medicine for a period of 24 or more consecutive months may be required to complete a re-entry plan to the satisfaction of the Board. The re-entry plan must be reviewed and approved through a Consent Agreement prior to the applicant beginning the re-entry plan. Depending on the amount of time out-of-practice, the applicant may be required to do one or more of the following:

(a) Pass the SPEX/COMVEX examination;

(b) Practice for a specified period of time under a mentor/supervising physician who will provide periodic reports to the Board;

(c) Obtain certification or re-certification, or participate in maintenance of certification, with a specialty board as defined in 847-020-0100;

(d) Complete a re-entry program as determined appropriate by the Board;

(e) Complete one year of accredited postgraduate or clinical fellowship training, which must be pre-approved by the Board's Medical Director;

(f) Complete at least 50 hours of Board-approved continuing medical education each year for the past three years.

(3) The applicant who fails the SPEX or COMVEX examination three times, whether in Oregon or other states, must successfully complete one year of an accredited residency or an accredited or Board-approved clinical fellowship before retaking the SPEX or COMVEX examination.

(4) The applicant may be granted a Limited License, SPEX/COMVEX according to 847-010-0064.

(5) All of the rules, regulations and statutory requirements pertaining to the medical school graduate remain in full effect.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, 677.190, 677.265

### **OAR 847-080-0021: Competency Examination and Re-Entry to Practice [for Podiatric Physicians]**

(1) The applicant who has not completed postgraduate training within the past 10 years or been certified or recertified with the ABPM or the ABPS within the past 10 years may be required to pass a competency examination in podiatry. The competency examination may be waived if the applicant can demonstrate ongoing participation in maintenance of certification with the ABPM or ABPS, or has completed at least 50 hours of Board-approved continuing education each year for the past three years.

(2) The applicant who has ceased practice for a period of 12 or more consecutive months immediately preceding an application for licensure or reactivation may be required to pass a competency examination in podiatry. The competency examination may be waived if the applicant can demonstrate ongoing participation in maintenance of certification with the ABPM or ABPS or, subsequent to ceasing practice, the applicant has:

(a) Passed the licensing examination administered by the NBPME, or

(b) Been certified or recertified by the ABPM or ABPS, or

(c) Completed a Board-approved one-year residency or clinical fellowship, or

(d) Obtained continuing medical education to the Board's satisfaction.

(3) The applicant who has ceased the practice of medicine for a period of 24 or more consecutive months may be required to complete a re-entry plan to the satisfaction of the Board. The re-entry plan must be reviewed and approved through a Consent Agreement prior to the applicant beginning the re-entry plan. Depending on the amount of time out of practice, the applicant may be required to do one or more of the following:

(a) Pass the licensing examination;

(b) Practice for a specified period of time under a mentor/supervising podiatric physician who will provide periodic reports to the Board;

(c) Obtain certification or re-certification, or participate in maintenance of certification, with the ABPM or the ABPS;

(d) Complete a re-entry program as determined appropriate by the Board;

(e) Complete one year of an accredited postgraduate or clinical fellowship training, which must be pre-approved by the Board's Medical Director;

(f) Complete at least 50 hours of Board-approved continuing medical education each year for the past three years.

(4) Licensure shall not be granted until all requirements of OAR chapter 847, division 80, are completed satisfactorily.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.825, 677.830

MD Application  
Applicant #:

**Re-entry Plan for Clinical Practice of  
Diagnostic Radiology  
Unspecified, MD  
Unspecified Date**

This document is an updated and modified proposal for my re-entry into the clinical practice of Diagnostic Radiology. It is intended as a preliminary outline of what I feel is a reasonable course of action in assuring that I return as a competent practitioner, a reliable professional, and a valuable colleague in the medical community.

To this point in my efforts of trying to regain my license to practice medicine in Oregon, I have taken the SPEX and have almost completed 150 hours of CME. Predictably, these educational opportunities have revealed to me areas of relative strength and weakness in my knowledge base. A period of mentorship will allow for objective observers to further illuminate shortcomings requiring my preparatory efforts.

In order to put a mentorship plan into action, I will be required to approach one or more radiology groups to enlist appropriate mentors. This in turn necessitates my having some guidance from the Oregon Medical Board as to whether my general plan is acceptable. It would be premature of me to address a professional group and pitch my proposal without a reasonably detailed description of the commitment in time and expertise I am seeking. I am sure you understand my position.

My proposal to the Oregon Medical Board regarding mentoring/shadowing is such: a minimum of 60 hours of contact with one or more Diagnostic Radiologists in good standing and appropriately licensed and board certified over a minimum period of 30 days; and, bimonthly submission, to the Oregon Medical Board, of a written record providing information as to my competence in the capacity of a professional radiologist. The other attached document in this communication is a template for said written record. Additional hours of mentorship will be completed until all involved parties are assured of my competence.

Of course, once I secure a mentor relationship with a radiologist or group, I will provide the appropriate detailed information to the Oregon Medical Board regarding participants and timeline.

Thank you for your continued time and communication during this process I am undertaking. I hope this proposal is acceptable to the Oregon Medical Board. I look forward to your response as to whether I can move forward with the process of finding practitioners willing to serve in a mentor function.

Respectfully,

Unspecified, MD

BEFORE THE  
OREGON MEDICAL BOARD  
STATE OF OREGON

In the Matter of )  
UNSPECIFIED, MD/DO/DPM )  
APPLICANT ) CONSENT AGREEMENT  
)

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including physicians, in the state of Oregon. Unspecified, MD/DO/DPM (Applicant) is a physician who has submitted an application to practice medicine in the state of Oregon.

2.

Applicant is (or is not) a board certified family practice physician who submitted an application for an Oregon License on Unspecified date. Applicant graduated from medical school in Unknown year, practiced in the state of Washington until Unspecified date, and has not practiced medicine since Unspecified date. Applicant is meeting Maintenance of Certification requirements through her certifying board.

3.

In regard to the Applicant's absence from medical practice for a period of over two years, Applicant and the Board desire to ensure public safety by entry of this Agreement in the Board's records. Applicant understands that they have the right to a contested case hearing under the Administrative Procedures Act (chapter 183), Oregon Revised Statutes. Applicant fully and finally waives the right to a contested case hearing and any appeal therefrom by the signing of and entry of this agreement in the Board's records. This Agreement is a public document; however, it is not an adverse action.

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1 4.

2 In order to address the concerns of the Board and for purposes of resolving this matter,  
3 Applicant and the Board agree that the Board will close this matter and grant Applicant an active  
4 license to practice medicine in the state of Oregon, contingent upon Applicant satisfying the  
5 following conditions:

6 4.1 For a minimum of six months, Applicant must practice in accordance with the  
7 submitted re-entry to practice plan which includes practicing under the supervision of a mentor  
8 pre-approved by the Board's Medical Director.

9 4.2 The re-entry plan shall include monthly chart review by the mentor physician of  
10 at least ten charts per month, three charts may be chosen by the Applicant. The mentor physician  
11 will submit monthly reports to the Board.

12 4.3 Once Applicant completes the terms of this Agreement, Applicant may submit  
13 written documentation of successful compliance with the terms of this Agreement and a letter in  
14 support of termination of this Agreement from the mentor to the Board's Medical Director.  
15 Upon review and approval by the Medical Director, this Agreement may be terminated.  
16 Applicant will be notified in writing of such termination when and if it occurs.

17 4.4 This Agreement may be terminated by the Board after six months of the effective  
18 date if Applicant fails to secure the necessary employment to complete the terms of this  
19 Agreement. The Board may also review the status of the license issued to Applicant at that time.

20 4.5 If Applicant/Licensee is unable to successfully complete the terms of this  
21 Agreement, the Board may initiate an investigation regarding Applicant/Licensee's ability to  
22 safely and competently practice medicine.

23 4.6 Applicant must obey all federal and Oregon State laws and regulations pertaining  
24 to the practice of medicine.

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1           4.7     Applicant agrees that any violation of the terms of this Agreement shall be  
2 grounds to immediately suspend the medical license and to take further disciplinary action under  
3 ORS 677.190(17).

4           IT IS SO AGREED this \_\_\_\_\_ day of \_\_\_\_\_, 20??.  
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6           \_\_\_\_\_  
UNSPECIFIED, MD  
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8           IT IS SO AGREED this \_\_\_\_\_ day of \_\_\_\_\_, 20??.  
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OREGON MEDICAL BOARD  
State of Oregon  
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KATHLEEN HALEY, JD  
Executive Director  
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, M.D.

Portland, OR 97210  
Telephone: (503)  
Fax: (503)

12/22/15

To: Joseph Thaler, MD  
Kathleen Haley, JD

## **SAMPLE of Mentor Report**

Re: MD (Oregon Medical License # .

Dear Dr. Thaler and Ms. Haley,

I have mentored for the past three months as per her consent agreement with the Oregon Medical Board, and I am writing to give you an update on our work together. Dr. and I have met at my office once a month for the past three months. Below please find a summary of what we discussed during each of our three meetings.

On Wednesday, 10/21/15, Dr. reviewed her signed consent agreement with me. At this time, she did not have any patients of her own, so we reviewed one of my charts to see how it was organized and how my progress notes read. Dr. showed me the forms she planned to use to collect patient data and how she planned to document her own sessions with patients. Dr. did have a recent telephone contact from a former patient, and she showed me how she documented that interaction. In addition, we discussed the fact that I have opted out of Medicare, and how she should go about doing this herself if she so chooses. We also discussed how to register for the Prescription Drug Monitoring Program.

Dr. and I next met on Wednesday, 11/18/15. We discussed her experiences with the Mass General Hospital Psychopharmacology course which she attended from 10/23-10/25/15. She was very satisfied with the course and earned 31.25 CME credits. At this point, Dr. had a new patient chart which we reviewed together. She has begun using an office policies form which she has patient's sign at the beginning of treatment. In addition to chart review, we discussed case load strategies and differences in the prescription pad requirements for scheduled medication between Oregon and California. We also discussed Oregon policies on involuntary holds and the Tarasoff law.

Most recently, Dr. and I met on Wednesday 12/16/15. She informed me that she had completed her required pain management CMEs through an online course. Dr. currently has two patients in regular psychotherapy, and we reviewed the charts of both patients.

It has been a pleasure to mentor Dr. Her chart organization and notes are excellent, and our discussions about practicing psychiatry in Oregon have been helpful to me as well. Please feel free to contact me if you have any questions or concerns. Our next meeting is scheduled for Wednesday, 1/20/16, and I will contact you with my final update at the end of March 2016.

Sincerely, X

**OREGON ADMINISTRATIVE RULES  
RE-ENTRY TO PRACTICE**

**PHYSICIAN ASSISTANTS**

**847-050-0043**

**Inactive Registration and Re-Entry to Practice**

(1) Any physician assistant licensed in this state who changes location to some other state or country, or who is not in a current supervisory relationship with a licensed physician for six months or more, will be listed by the Board as inactive.

(2) If the physician assistant wishes to resume active status to practice in Oregon, the physician assistant must submit the Affidavit of Reactivation and processing fee, satisfactorily complete the reactivation process and be approved by the Board before beginning active practice in Oregon.

(3) The Board may deny active registration if it judges the conduct of the physician assistant during the period of inactive registration to be such that the physician assistant would have been denied a license if applying for an initial license.

(4) If a physician assistant applicant has ceased practice for a period of 12 or more consecutive months immediately preceding the application for licensure or reactivation, the applicant may be required to do one or more of the following:

(a) Obtain certification or re-certification by the National Commission on the Certification of Physician Assistants (N.C.C.P.A.);

(b) Provide documentation of current N.C.C.P.A. certification;

(c) Complete 30 hours of Category I continuing medical education acceptable to the Board for every year the applicant has ceased practice;

(d) Agree to increased chart reviews upon re-entry to practice.

(5) The physician assistant applicant who has ceased practice for a period of 24 or more consecutive months may be required to complete a re-entry plan to the satisfaction of the Board. The re-entry plan must be reviewed and approved through a Consent Agreement prior to the applicant beginning the re-entry plan. Depending on the amount of time out of practice, the re-entry plan may contain one or more of the requirements listed in section (4) of this rule and such additional requirements as determined appropriate by the Board.

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.512

**ACUPUNCTURISTS**

**847-070-0045**

**Inactive Registration and Re-Entry to Practice**

(1) Any acupuncturist licensed in this state who changes location to some other state or country shall be listed by the Board as inactive.

(2) If the acupuncturist wishes to resume active status, the acupuncturist must file an Affidavit of Reactivation and pay a processing fee, satisfactorily complete the reactivation process and be approved by the Board before beginning active practice in Oregon.

(3) The Board may deny active registration if it judges the conduct of the acupuncturist during the period of inactive registration to be such that the acupuncturist would have been denied a license if applying for an initial license.

(4) If an acupuncturist applicant has ceased practice for a period of 24 or more consecutive months immediately preceding the application for licensure or reactivation, the applicant may be required to do one or more of the following:

(a) Obtain certification or re-certification in Acupuncture or Oriental Medicine by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM);

(b) Provide documentation of current NCCAOM Acupuncture or Oriental Medicine certification;

(c) Complete 15 hours of continuing education acceptable to the Board for every year the applicant has ceased practice;

(d) Complete a mentorship of at least 20 hours under a Board-approved mentor who must individually supervise the licensee. The mentor must report the successful completion of the mentorship to the Board.

(5) The acupuncturist applicant who has ceased practice for a period of five or more consecutive years may be required to complete a re-entry plan to the satisfaction of the Board. The re-entry plan must be reviewed and approved through a Consent Agreement prior to the applicant beginning the re-entry plan. Depending on the amount of time out of practice, the re-entry plan may contain one or more of the requirements listed in section (4) of this rule and such additional requirements as determined appropriate by the Board.

Stat. Auth.: ORS 677.265, 677.759

Stats. Implemented: ORS 677.175, 677.759

## Oregon PA Re-Entry Protocol

Revised 3/11

The Matrix below outlines the re-entry standards which have been defined by the Oregon Medical Board (OMB). These standards are currently being used by OMB staff when assessing application and license reactivation requests.

- Required Continuing Medical Education (CME) is 30 units per year out of practice, and is prorated.
- If the out of practice interval included discipline, then all requirements would be more stringent, and mandatory interview and Investigative Committee analysis would be necessary.
- If the out of practice interval included actual clinical experience (e.g. working as a medical assistant, EMT, surgical assistant, etc.) then the requirements may be less stringent.

Years out of Practice	Re- Entry Requirements
1	<ul style="list-style-type: none"><li>• 30 hours of Category 1 CME + Administrative Review</li></ul>
2	<ul style="list-style-type: none"><li>• 60 hours of Category 1 CME + 30 days at 100% chart review</li></ul>
3-5	<ul style="list-style-type: none"><li>• 30 hours of Category 1 CME for every year out of practice.</li><li>• Pass NCCPA exam</li><li>• 60 days at 100% chart review</li></ul>
6-9	<ul style="list-style-type: none"><li>• 30 hours of Category 1 CME for every year out of practice.</li><li>• Pass NCCPA exam</li><li>• 60 days at 100% chart review</li><li>• Additional requirements as determined by the Administrative Affairs Committee/Board</li></ul>
> 10	<ul style="list-style-type: none"><li>• 30 hours of Category 1 CME for every year out of practice.</li><li>• Pass NCCPA exam</li><li>• 90 days at 100% chart review</li><li>• Additional requirements as determined by the Administrative Affairs Committee/Board</li></ul>

BEFORE THE  
OREGON MEDICAL BOARD  
STATE OF OREGON

In the Matter of )  
Unspecified, PA )  
LICENSE NO. PA000000 ) CONSENT AGREEMENT  
)

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including physicians, in the state of Oregon. PA (Licensee) is a physician assistant who holds an inactive license to practice medicine as a physician assistant in the state of Oregon.

2.

Licensee graduated from Unknown Physician Assistant Program on Unknown date, and was granted an Oregon physician assistant license on Unknown date. Licensee has not practice medicine since graduating from training program in Unknown Year, and the Oregon license reverted to inactive status on Unknown date. Licensee submitted a complete application to reactivate license on Unspecified date. Licensee is currently (or not currently) certified by the National Commission on Certification of Physician Assistants (NCCPA) and has completed 100.75 hours of NCCPA approved continuing education courses in the last two years.

3.

In regard to the Licensee's absence from medical practice for a period of over two years, Licensee and the Board's desire to ensure public safety by entry of this Agreement in the Board's records. Licensee understands that they have the right to a contested case hearing under the Administrative Procedures Act (chapter 183), Oregon Revised Statutes. Licensee fully and finally waives the right to a contested case hearing and any appeal therefrom by the signing of and entry of this agreement in the Board's records. This Agreement is a public document, however, it is not an adverse action.

1 4.

2 In order to address the concerns of the Board and for purposes of ensuring Licensee's  
3 safe re-entry to practice, Licensee and the Board agree that the Board will close this matter and  
4 grant Licensee an active license to practice medicine in the state of Oregon, contingent upon  
5 Licensee satisfying the following conditions:

6 4.1 For a minimum of 30 days, Licensee must practice under the personal supervision  
7 of a supervising physician. Licensee's supervising physician must conduct 100% chart review of  
8 Licensee's charts. At the end of 30 days, Licensee's supervising physician shall submit a report  
9 to the Board's Medical Director outlining the quality of Licensee's work and the Licensee's  
10 ability to safely practice medicine.

11 4.2 Upon approval by the Board's Medical Director, the required chart review will be  
12 reduced to 50% of charts for the next 30 days, 30% for the next 60 days, and 20% for the next 90  
13 days. After six months, chart review is reduced to 10% of charts per month, contingent on the  
14 approval of the Board's Medical Director.

15 4.3 Once Licensee completes the terms of this Agreement, Licensee may submit  
16 written documentation of successful compliance with this Agreement, and a letter in support of  
17 termination of this Agreement from the supervising physician, to the Board's Medical Director.  
18 Upon review and approval by the Medical Director, this Agreement may be terminated.  
19 Licensee will be notified in writing of such termination when and if it occurs.

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4.4 Licensee must obey all federal and Oregon State laws and regulations pertaining to the practice of medicine.

IT IS SO AGREED this \_\_\_\_\_ day of \_\_\_\_\_, 20??.

UNSPECIFIED, PA

IT IS SO AGREED this \_\_\_\_\_ day of \_\_\_\_\_, 20??.

OREGON MEDICAL BOARD  
State of Oregon

KATHLEEN HALEY, JD  
Executive Director

## Oregon AC Re-Entry Protocol

Revised 1/19

The Matrix below outlines the minimum standards for re-entry, which are determined by the Acupuncture Advisory Committee and Oregon Medical Board (OMB). These minimum requirements are used by OMB staff when assessing application and license reactivation requests.

Re-entry agreements are not disciplinary. Rather, the purpose is to ensure the re-entering acupuncturist's competency, which benefits patients, the public, and the acupuncturist.

Required Continuing Education Units (CEU) are 15 units per year out of practice. Required mentorship is 40 hours per year out of practice. Additional requirements may be included based on the individual circumstances of the re-entering acupuncturist.

Review of proposed re-entry plans occurs at the Acupuncture Advisory Committee meeting, which is typically held twice yearly in June and December.

AC Re-Entry Matrix		
≤ 1 year out of practice	No requirements	
> 1 to < 2 years out of practice	<i>For AC with Practice Experience:</i>  15 hours of CME for each year out of practice	<i>For AC with Less than 1 Year of Continuous Clinical Experience Outside of School:</i>  15 hours of CME for each year out of practice + 40-hour mentorship + Committee Review Case by case basis
≥ 2 and < 6 years out of practice	15 hours of CME for each year out of practice + 40-hour mentorship for each year out of practice + Committee Review Case by case basis  <u>Example:</u> A practitioner out of practice for 4-4.9 years will be required to complete at least a 160-hour mentorship.	
≥ 6 years out of practice	15 hours of CME for each year out of practice + 40-hour mentorship for each year out of practice, with a minimum of a 240-hour mentorship + Committee Review Case by case basis  <u>Example:</u> A practitioner out of practice for 8-8.9 years will be required to complete at least a 320-hour mentorship.	

BEFORE THE  
OREGON MEDICAL BOARD  
STATE OF OREGON

In the Matter of )  
UNSPECIFIED, LAc ) CONSENT AGREEMENT  
APPLICANT )  
)

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including acupuncturists, in the state of Oregon. Unspecified, LAc (Applicant) is an acupuncturist seeking licensure in the state of Oregon.

2.

Applicant was originally licensed to practice acupuncture in the state of Oregon on Unknown date; this license expired on Unknown date. Applicant submitted an application for a new acupuncture license on Unknown date. Applicant practiced acupuncture in California from Unknown date, to Unknown date, but has not practiced since that time. Applicant completed the re-certification process with the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) on Unknown date. This certification is valid through Unknown date. Applicant has completed 227 hours of NCCAOM approved continuing education courses.

3.

In regard to the Applicant's absence from the practice of acupuncture for a period of over two years, Applicant and the Board desire to ensure public safety by entry of this Agreement in the Board's records. Applicant understands that they have the right to a contested case hearing under the Administrative Procedures Act (chapter 183), Oregon Revised Statutes. Applicant fully and finally waives the right to a contested case hearing and any appeal therefrom by the



1 signing of and entry of this agreement in the Board's records. This Agreement is a public  
2 document, however, it is not an adverse action.

3 4.

4 The Board agrees to grant Applicant an active Oregon acupuncture license contingent  
5 upon Applicant satisfying the following conditions:

6 4.1 Applicant must obtain a practice mentor under the conditions specified in  
7 Applicant's Acupuncture Mentorship Outline. The practice mentor must be an acupuncturist  
8 who is in good standing with the Board and has held an Oregon acupuncture license for a  
9 minimum of five years. The practice mentor must be approved in advance by the Board's  
10 Medical Director. Applicant must comply with all terms of the Acupuncture Mentorship  
11 Outline. All costs associated with the practice mentor must be borne by the Applicant.

12 4.2 Once Applicant completes the terms of this Agreement, Applicant may submit  
13 written documentation of successful compliance with the terms of this Agreement to the Board's  
14 Medical Director. Upon review and approval by the Medical Director, this Agreement may be  
15 terminated. Applicant will be notified in writing of such termination when and if it occurs.

16 4.3 This Agreement may be terminated by the Board after six months of the effective  
17 date if Applicant fails to secure the necessary employment to complete the terms of this  
18 Agreement. The Board may also review the status of the license issued to Applicant at that time.

19 4.4 If Applicant is unable to successfully complete the terms of this Agreement, the  
20 Board may initiate an investigation regarding Applicant's ability to safely and competently  
21 practice acupuncture.

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4.5 Evidence of violation of the terms of this agreement will be grounds for discipline pursuant to ORS 677.190(17).

IT IS SO AGREED THIS \_\_\_\_ day of \_\_\_\_\_, 20??.

UNSPECIFIED, LAC  
Acupuncture Applicant

IT IS SO AGREED THIS \_\_\_\_\_ day of \_\_\_\_\_, 20??.

OREGON MEDICAL BOARD  
State of Oregon

KATHLEEN HALEY, JD  
Executive Director