

## **Acupuncture Advisory Review Request Form**

Please complete the following form to request review of an acupuncture practice topic for the Oregon Medical Board's Acupuncture Advisory Committee. Your proposal will be reviewed by OMB staff with assistance by the Committee's chair. If we have questions concerning the requested review, we will follow up with you for additional information.

You will receive confirmation of your request and whether the request will be reviewed by the Acupuncture Advisory Committee. Please note the Acupuncture Advisory Committee meets the first week in June and December. Requests should be submitted at least one month prior to a meeting for consideration.

Please provide as much information as you can to inform the review process, you may leave questions blank if no applicable or you do not know the answer.		
1.	What topic would you like the Acupuncture Advisory Committee to review? Please note any <u>acupuncture rules</u> that you are proposing be reviewed.	
2.	Why is this review needed?	
3.	What are the advantages or benefits? Is there a patient benefit?	
4.	What are the disadvantages or risks? Is there potential for harm?	
5.	Who else might be affected by the review? How will they be affected?	
6.	Who might oppose the topic being reviewed? Why might they oppose it?	



## **Acupuncture Advisory Review** Request Form Revised 12/2023

7.	Is this area currently being taught in acupuncture curriculum? Would an acupuncturist need additional training?	
8.	What are the financial impacts?	
9.	How do other state licensing boards view this topic?	
10.	What research or evidence is there on this topic? Include links or copies to research.	
Request for review made by:		
Fu	Il Name E-mail Phone	
Or	ganization (if applicable)	
St	reet Address, City, State, Zip Code	
E-mail request form to: <a href="mailto:shayne.nylund@omb.oregon.gov">shayne.nylund@omb.oregon.gov</a> and <a href="mailto:elizabeth.ross@omb.oregon.gov">elizabeth.ross@omb.oregon.gov</a>		