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DIVISION 1

PROCEDURAL RULES

850-001-0000

Notice of Rulemaking

Before the adoption, amendment, or repeal of any rule relating to the practice of naturopathic medicine, with the exception of temporary rules, the Board will give notice of the intended action:

(1) In the Secretary of State's Bulletin referred to in ORS 183.360, at least 21 days before the effective date of the rule.

(2) By mailing or delivering copies of the notice to at least 28 days before the effective date, to persons who have requested notice pursuant to 183.335(8).

(3) By mailing copies of the notice to the Associated Press and the Capitol Press; and

(4) At least 49 days before the effective date, to the legislators specified in ORS 183.335(15).

Stat. Auth.: ORS 183

Stats. Implemented: ORS 685

Hist.: NE 7-1980, f. & ef. 9-11-80; BNE 3-2004, f. & cert. ef. 6-10-04

850-001-0005

Model Rules of Practice and Procedure

The Model Rules of Practice and Procedure promulgated by the Attorney General of the State of Oregon under the Administrative Procedure Act are by this reference adopted as the rules of procedure of the Board of Naturopathic Examiners.

[ED. NOTE: The full text of the Attorney General's Model Rules of Procedure is available from the office of the Attorney General or the Board of Naturopathic Examiners.]

Stat. Auth.: ORS 183 & 685.125

Stats. Implemented:

Hist.: NE 5, f. 6-1-73, ef. 6-15-73; NE 7, f. 4-11-74, ef. 5-11-74; NE 4-1980, f. & ef. 9-11-80; NE 1-1985, f. & ef. 3-11-85; NE 1-1986, f. & ef. 4-10-86; NE 2-1992, f. & cert. ef. 7-28-92; BNE 2-2000, f. & cert. ef. 4-12-00

850-001-0010

Requiring an Answer to Charges as Part of Notices to Parties in Contested Cases

In addition to the notice requirements under the Attorney General's Model Rules of Procedure adopted under OAR 850-001-0005, the notice to parties in contested cases may include the statement that an answer to the assertions or charges will be required, and if so, the consequence of failure to answer may be satisfied by enclosing a copy of OAR 850-001-0015 with the notice.

Stat. Auth.: ORS 183 & 685

Stats. Implemented:

Hist.: NE 2-1985(Temp), f. & ef. 3-11-85; NE 1-1986, f. & ef. 4-10-86

850-001-0015

Hearing Request and Answers: Consequences of Failure to Answer

A hearing request, and answer when required, shall be made in writing to the board by the party or the parties' attorney and an answer shall include the following:

(1) An admission or denial of each factual matter alleged in the notice.

(2) A short and plain statement of each relevant affirmative defense the party may have.

Stat. Auth.: ORS 183 & 685

Stats. Implemented:

Hist.: NE 2-1985(Temp), f. & cf. 3-11-85; NE 1-1986, f. & cf. 4-10-86

DIVISION 5

ADMINISTRATION OF THE BOARD

850-005-0175

Board Terms

The term for each member of the Board will be three years, with no more than three Board member terms expiring in the same year.

Stat. Auth.: 685.125

Stats. Implemented: 685.160

Hist.: BNE 7-2004, f. & cert. ef. 9-10-04; Renumbered from 850-030-0175, BNE 8-2005, f. & cert. ef. 10-27-05

850-005-0185

Peer Review

(1) If the Board directs, peer review will occur upon submission of a request for review by a patient, his/her representative, insurer or health care provider, an agency, or the Board itself. This request must be made in writing and submitted with all available information and documentation. The Board shall establish criteria for screening requests for peer review. The Board shall have the authority to establish a fee to assist in defraying administrative costs of performing the review.

(2) The Peer Review Investigatory Committee may request an informal interview with the doctor(s) being reviewed and, when appropriate, may request the opinion of other health care providers for reviews involving particular area of practice. When required to travel, the members shall be paid mileage and per diem at the state rate.

(3) Any member(s) of the Peer Review Committee shall disqualify him/herself from participation in a case investigation for close personal and/or professional involvement or association with the involved doctor(s), patient, patient's representative and the insurer or professional competition in the community with the involved doctor(s). Members shall also be disqualified for lack of impartiality. The doctor(s) being reviewed may protest being reviewed by a specific peer review member, request the presence of a Board member(s) or be given the opportunity to be accompanied by legal counsel.

(4) The Peer Review Investigatory Committee shall consider all files and records submitted to it by the Board. These records shall be compiled in their completeness before submission to each Peer Review member. The Committee shall also consider any written and/or oral comments by doctor(s) being reviewed and the involved patient. The Committee shall meet, complete the review and submit a written report to the Board within 60 days of the submission of the case to the Peer Review Committee. This report should be made in the presence of the full committee, or copies shall be sent to the absent members for their written approval prior to submission to the Board. The report shall include, but not be limited to, a brief statement of the facts of the case, any violation of ORS Chapter 685, the necessity, efficacy and/or appropriateness of any part of the care provided and any comments which may assist the Board in taking appropriate action. An annual summary of the findings of the Peer Review Investigatory Committee shall be prepared and submitted to the Board.

(5) The peer review process shall be governed by ORS Chapter 183 and 685.205. The evaluations and recommendations of the Committee shall be submitted and placed in the files of the Board and

shall not be subject to the public disclosure or admissible as evidence in any judicial proceeding. Only in the case where the Board finds any violation of ORS Chapter 685, and following a formal hearing, shall the party who submitted the request be notified of the Board's specific findings. The doctor(s) being reviewed must receive a certified copy of the Peer Review Investigatory Committee's findings. The Board shall dismiss immediately any Peer Review member found to have violated ORS Chapter 685.

(6) To provide active supervision over the conduct of the peer review committee a board member shall serve as a member of the peer review committee.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.205

Hist.: NE 1-1990, f. & cert. ef. 4-13-90; BNE 3-2002(Temp), f. & cert. ef. 6-11-02 thru 12-8-02; BNE 5-2002, f. & cert. ef. 10-10-02; Renumbered from 850-030-0185, BNE 8-2005, f. & cert. ef. 10-27-05

DIVISION 10

GENERAL

850-010-0005

Definitions

As used in OAR 850-001-0000 to 850-060-0226, unless otherwise required by context:

(1) "Board" means Oregon State Board of Naturopathic Examiners.

(2) "Naturopathy" or "Naturopathic Medicine" is defined as a system of diagnosing and treating the human body and maintaining or restoring it to a state of normal health, as defined in ORS Chapter 685, and in such other sections thereof as may apply.

(3) "Diagnosis" is a determination by a licensed naturopathic physician of the nature and etiology of a disease by the use of all recognized and accepted physical and laboratory examinations, which includes the drawing of blood and taking specimens of body fluids and tissues for microscopic and chemical analysis.

(4) "Prescription" is a written or verbal order for the prescribing or dispensing of non-poisonous plant substances as taught in approved schools and given in standard medical dosages. Naturopathic physicians shall be allowed to prescribe and dispense non-poisonous plant substances.

(5) "Non-Poisonous Plant Substance" is any plant substance, taken in accepted therapeutic dosages, which would not, by its action on organs or tissue, seriously impair function or destroy life. The following are examples of non-poisonous plant substances: Belladonna alkaloids, Bioflavonoids, Bromelains, Cephalosporins, Cinchona alkaloids (Quinine, quinidine), Colchicines, Digitalis glycosides, Ephedra (ephedrine), Ergot alkaloids (ergotamine, ergonovine), Fagus extracts (creosote, guaiacol), Griseofulvin, Lobelines, Macrolides (erythromycin), Papains, Pelargonium extracts (terpin hydrate), Penicillins, Physostigmines, Pilocarpus alkaloids, Plant Sterols (sitosterols), Psoralens, Rauwolfia alkaloids, Salicylates, Streptomycins (aminoglycosides, nystatin, deferroxamine), Tetracyclines, Veratrun alkaloids, Vinca alkaloids, Xanthines (theophylline), and Cineraria Maritima.

(6) "Plant Substances" are those substances found in nature which impart therapeutic or medicinal properties and are used as medicines or as ingredients in medicines. They comprise the whole plant, herbs, anatomical parts, saps, extracts, secretions, and other constituents thereof. Their natural state may be improved by any mechanical, physical, or chemical process which does not substantially alter its molecular structure as found in nature.

(7) "Food" is any organic substance taken into the body which helps maintain life, builds or repairs tissue, and sustains growth. This includes the use of enzymes, minerals, vitamins (either in trace amounts or megadoses) and any food products or extracts however processed, refined, or concentrated.

(8) "Poisonous Plant Substances" The Board considers any of the following to be poisonous plant substances: Coniine, Delphinine, Muscarine, Oleandrin, and Strychnine.

(9) "Superficial" refers to lacerations, abrasions, benign lesions, foreign bodies and wounds which involve the skin, mucosa, and

subcutaneous tissue to a depth of the deep superficial fascia, and which do not involve vital deep structure such as major nerves, major tendons, major blood vessels and bone or viscera.

(10) "Lesion" refers to any pathological or traumatic change to human tissue or impairment of a bodily function.

(11) "Preventive" as used in ORS 685 and OAR 850, is defined as the branch of medicine concerned with preventing the occurrence of both mental and physical illness and disease. Preventive medicine encompasses preventing the development of disease in a susceptible or potentially susceptible population including general promotion of health and specific protection such as immunization; early diagnosis and prompt therapy to shorten duration of illness, reduce the severity of disease, reduce the possibility of contagion, and limit sequelae; and limiting the degree of disability and promoting rehabilitation in chronic and irreversible diseases.

Stat. Auth.: ORS 685.125

Stats. Implemented:

Hist.: NE 3, f. 8-26-66; NE 4, f. 10-9-67; NE 1-1980, f. & ef. 9-11-80; NE 2-1984, f. & ef. 2-28-84; NE 3-1984(Temp), f. & ef. 12-13-84; NE 2-1992, f. & cert. ef. 7-28-92; BNE 4-2000, f. & cert. ef. 12-6-00

850-010-0100

Mode of Remittance

(1) The remittance of any application fee, license fee, or yearly renewal fee shall be made by postal money order, postal certificates, express money order, bank draft, or certified check.

(2) The Secretary shall be under no obligation to accept personal checks; however, he may accept them subject to collection only.

Stat. Auth.: ORS 685

Stats. Implemented:

Hist.: NE 2, f. 6-7-59

850-010-0160

State Industrial Accident Cases

Naturopathic physicians may accept injured workers who are employed under the provisions of the State Industrial Accident Commission, in conformance with the Workers' Compensation Law and the rules of committee.

Stat. Auth.: ORS 685

Stats. Implemented:

Hist.: NE 2, f. 6-7-59

850-010-0170

State Welfare Cases

Naturopathic physicians may accept welfare cases under the medical plan adopted by the Welfare Commission, April 26, 1946.

Stat. Auth.: ORS 685

Stats. Implemented:

Hist.: NE 2, f. 6-7-59

850-010-0180

Standards

It shall be the object of the Board to foster higher professional standards as rapidly as is consistent with the best interests of the profession, and in this, it shall not be swayed or influenced by any school or other interests whatsoever.

Stat. Auth.: ORS 685

Stats. Implemented:

Hist.: NE 2, f. 6-7-59

DIVISION 20

APPROVAL OF NATUROPATHIC SCHOOLS OF MEDICINE

850-020-0000

Scope and Purpose

(1) ORS 685.060 requires that one of the minimum educational requirements for licensure to practice naturopathic medicine in Oregon is graduation from a naturopathic school or college approved by the State Board of Naturopathic Examiners which teaches adequate courses in all subjects necessary to the practice of naturopathic medicine. The statute also specifies required subjects and subjects

which the Board may not require, and permits the Board to require other subjects at its discretion.

(2) The Board of Naturopathic Examiners approves schools of naturopathic medicine that have met the accreditation standards of the Council on Naturopathic Medical Education (CNME) and meets the standards of ORS 685.060 and any rules promulgated by the Board.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.010

Hist.: NE 1-1981, f. & ef. 12-7-81; BNE 1-2005, f. & cert. ef. 2-4-05

850-020-0005

Exercise of Board Authority

(1) The Board retains its authority to review any school for approval even if it has met the standards of the CNME, other Board approved regional accrediting bodies, or both.

(2) The Board may revoke the approval of a school if it fails to meet the standards of the CNME, other Board approved accrediting bodies, or the Board.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.010

Hist.: NE 1-1981, f. & ef. 12-7-81; BNE 1-2005, f. & cert. ef. 2-4-05

850-020-0020

Standards

(1) The criteria used by the Board in considering a naturopathic college's application for approval shall include, but not be limited to the following:

- (a) Program's mission and objectives;
- (b) Organization and administration;
- (c) Finances;
- (d) Faculty;
- (e) Student Services;
- (f) Core Curriculum;
- (g) Clinical education;
- (h) Continuing education and Certification programs;
- (i) Library and Information resources;
- (j) Research; and
- (k) Physical resources.

(1) The Board may request any additional information it feels pertinent to qualifying a school of naturopathic medicine.

(2) When appropriate, the Board will evaluate the criteria to ensure that the college is financially stable and that the college has resources and will produce a curriculum and level of instruction that should produce graduates who are competent to practice naturopathic medicine in Oregon.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.010

Hist.: NE 1-1981, f. & ef. 12-7-81; NE 3-1997(Temp), f. 12-1-97, cert. ef. 12-2-97 thru 5-31-98; BNE 3-1998, f. 7-31-98, cert. ef. 8-3-98; BNE 5-2001, f. & cert. ef. 8-10-01; BNE 1-2005, f. & cert. ef. 2-4-05

850-020-0025

Review Procedures

(1) The Board may acknowledge the adequacy of accreditation by the Council on Naturopathic Medical Education, the Council on Higher Education Accreditation or other accrediting agency approved by resolution of the Board.

(2) Final action for approval by the Board may be held open to the public and the applicant college will be invited to attend.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.010

Hist.: NE 1-1981, f. & ef. 12-7-81; BNE 1-2005, f. & cert. ef. 2-4-05

850-020-0030

Revocation of Approval

Approval obtained under ORS 685.060 may be revoked for proper cause by the Board at its discretion, after a hearing. Such hearing shall be held in accordance to Model Rules of Procedure applicable to contested cases.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.010

Hist.: NE 1-1981, f. & ef. 12-7-81; BNE 1-2005, f. & cert. ef. 2-4-05

DIVISION 30

LICENSURE

850-030-0010

Requirements for Application

(1) Any applicant for the basic science examination must be enrolled and entering at least the third year of an approved naturopathic college. Any applicant for the clinical sciences examination shall be a graduate of an approved naturopathic college that offers a resident four-year course of at least 4,000 hours.

(2) Each applicant shall submit satisfactory evidence of having had, prior to matriculation into a naturopathic college, at least two years Liberal Arts or Science study in a college or university accredited by either the Northwest Association of Secondary Schools and Colleges or a like regional association or in a college or university in Oregon approved for granting degrees by the Educational Coordinating Commission.

Stat. Auth.: ORS 183 & 685

Stats. Implemented:

Hist.: NE 2, f. 6-7-59; NE 2-1984, f. & ef. 2-28-84; NE 1-1986, f. & ef. 4-10-86; NE 3-1990(Temp), f. 11-27-90, cert. ef. 12-1-90; Renumbered from 850-010-0010, BNE 8-2005, f. & cert. ef. 10-27-05

850-030-0030

Application for Examination; Application for License

(1) Any application for examination by the Board shall be filled out, without alterations, on an application furnished by the Board.

(a) The application shall be filed with the Board prior to the date of the examination.

(b) A copy of the applicant's naturopathic physician's diploma and transcripts shall be attached to the examination application.

(2) Application for licensure may be made after passing national and state examinations.

(a) Payment of license fee must be made within one year of passing examinations. If payment is not received within one year of passing the examinations, state examinations will need to be retaken.

(b) Application for initial license must be made within two years of passing state examinations if licensed in another licensing jurisdiction. If not completed within two years of initial application, state jurisprudence and formulary examinations will need to be retaken.

Stat. Auth.: ORS 685

Stats. Implemented: ORS 685.070

Hist.: NE 2, f. 6-7-59; NE 2-1984, f. & ef. 2-28-84; BNE 6-2001, f. 10-9-01, cert. ef. 1-1-02; Renumbered from 850-010-0030, BNE 8-2005, f. & cert. ef. 10-27-05

850-030-0035

Fees for Licensure, Examination and Registration

(1) The fee to apply to take the jurisprudence and formulary examinations to be eligible for licensure shall be \$150.

(2) The fee for an initial license to practice naturopathic medicine (including reciprocity) shall be \$150.

(3) The fee for an initial certificate of special competency in natural childbirth shall be \$60.

(4) The biennial license renewal fee for an active Naturopathic license shall be \$550.

(5) The annual license renewal fee for an inactive license shall be \$125.

(6) The annual renewal fee for a retired license shall be \$15.

(7) The annual renewal fee for a certificate of special competency in natural childbirth shall be \$60.

(8) A late fee of \$75 will be charged for any renewal that does not meet the December 15 deadline per OAR 850-030-0195.

(9) The fee to reinstate an expired license to active status shall be \$275 for each year the license was expired, plus a restoration fee of \$150.

Stat. Auth.: ORS 685.100(6)(b) & 685.100(6)(c)

Stats. Implemented: ORS 685.100 & 685.102

Hist.: NE 1-1987(Temp), f. 9-17-87, ef. 10-1-87; NE 1-1988, f. & cert. ef. 3-15-88; NE 1-1996, f. & cert. ef. 10-18-96; NE 2-1997(Temp), f. 12-1-97, cert. ef. 12-2-97 thru 5-31-98; BNE 1-1998(Temp), f. 7-15-98, cert. ef. 8-3-98 thru 1-30-99; BNE 2-1998, f. 7-31-98, cert. ef. 8-3-98; BNE 2-1999, f. & cert. ef. 9-24-99; BNE

5-2000, f. & cert. ef. 12-6-00; BNE 4-2003, f. & cert. ef. 10-9-03; Renumbered from 850-010-0035, BNE 8-2005, f. & cert. ef. 10-27-05

850-030-0040

Examination Dates

State Jurisprudence and Formulary examinations are customarily offered two times each year. Examinations for natural childbirth certification are customarily offered once a year.

Stat. Auth.: ORS 183 & 685

Stats. Implemented:

Hist.: NE 2, f. 6-7-59; NE 1-1986, f. & ef. 4-10-86; BNE 3-2001, f. & cert. ef. 2-7-01; Renumbered from 850-010-0040, BNE 8-2005, f. & cert. ef. 10-27-05

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 Examiners 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 Examiners.

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

850-030-0060

Temporary Permits

Temporary permits for the practice of naturopathy shall not be issued by the Board.

Stat. Auth.: ORS 685

Stats. Implemented:

Hist.: NE 2, f. 6-7-59; Renumbered from 850-010-0060, BNE 8-2005, f. & cert. ef. 10-27-05

850-030-0070

Reciprocity

The Board on an individual basis can consider reciprocity for applicants who hold an active license of good standing in Naturopathic medicine, in another state or territory of the United States, the District of Columbia or Canada. Applicants for license by reciprocity must possess qualifications equal to those required of persons eligible for licensure under ORS 685. An application for license by reciprocity will be denied if applicant does not meet all those qualifications. If an application for license by reciprocity is not completed within one year of receipt of application, the applicant will need to reapply.

Stat. Auth.: ORS 685

Stats. Implemented:

Hist.: NE 2, f. 6-7-59; NE 2-1984, f. & ef. 2-28-84; BNE 7-2001, f. 10-9-01, cert. ef. 1-1-02; Renumbered from 850-010-0070, BNE 8-2005, f. & cert. ef. 10-27-05

850-030-0080

Display of License

Each licentiate of the Board shall display in their office, in a conspicuous place, their license and yearly renewal validation.

Stat. Auth.: ORS 685

Stats. Implemented:

Hist.: NE 2, f. 6-7-59; NE 2-1984, f. & ef. 2-28-84; Renumbered from 850-010-0080, BNE 8-2005, f. & cert. ef. 10-27-05

850-030-0090

Expiration and Renewal of Licenses

(1) Unless renewed to the Executive Secretary of the Board on a form provided by the Board, all licenses to practice naturopathy in Oregon automatically expire on the date specified on each license.

(2) The renewal notice shall be accompanied by a specified biennial fee determined by the Board, the practitioner's address, and original license number. Assessment of fees shall be set on the following biennial schedule; licensees with last names beginning with letters "A" through "L" shall submit the biennial fee in odd numbered years and those licensees with last names beginning with letters "M" through "Z" shall submit the biennial fee in even numbered years.

Stat. Auth.: ORS 685

Stats. Implemented: ORS 685.100

Hist.: NE 2, f. 6-7-59; NE 2-1980, f. & ef. 9-11-80; NE 1-1984, f. & ef. 1-3-84; NE 1-1987(Temp), f. 9-17-87, ef. 10-1-87; NE 1-1988, f. & cert. ef. 3-15-88; NE 1-1996, f. & cert. ef. 10-18-96; BNE 3-1999, f. & cert. ef. 11-1-99; Renumbered from 850-010-0090, BNE 8-2005, f. & cert. ef. 10-27-05

850-030-0110

Use of Unauthorized Material and Misrepresentations in Obtaining License

(1) Any applicant for a license detected in the act of offering or accepting unauthorized assistance or using unauthorized material while the examinations are in progress shall be excluded from further examination and his or her papers rejected in total.

(2) The Board may refuse to grant a license to any applicant indulging in misrepresentation, fraud, or deception, or to revoke the license granted as a result of these.

(3) The Board shall carefully and rigidly investigate applicants who attempt to obtain naturopathic license by false statements or representations in their applications or otherwise violate these rules.

Stat. Auth.: ORS 685

Stats. Implemented:

Hist.: NE 2, f. 6-7-59; Renumbered from 850-010-0110, BNE 8-2005, f. & cert. ef. 10-27-05

850-030-0195

License Renewal Requirements

All Naturopathic physicians licensed under ORS Chapter 685, whether active or inactive or retired must complete an annual renewal form furnished by the Board. Specific requirements for each license status, renewal procedures and requirements are as follows:

(1) A Naturopathic physician holding an initial license:

(a) Must complete the renewal form furnished by the Board; and

(b) Pay the biennial renewal fee according to OAR 850-030-0090 and 850-030-0035; and

(c) Is exempt from completing CE in the initial year of licensure.

(2) A licensee doing an accredited residency for at least six months in the calendar year must:

(a) Complete the annual renewal form furnished by the Board; and

(b) Pay the biennial renewal fee according to OAR 850-030-0090 and 850-030-0035; and

(c) Provide proof of an accredited residency to meet the CE requirement for an active license.

(3) A Naturopathic physician holding a certificate to practice natural childbirth must complete at least 15 hours of CE each year in obstetrics and sign an affidavit furnished by the Board confirming these hours. Seven of the 15 hours in obstetrics may be used to satisfy

the requirement of an active license in 850-030-0195(4). The licensee must provide proof of current certification in neonatal resuscitation annually with the renewal.

(4) To maintain an active license, a licensee must:

(a) Complete the annual renewal form furnished by the Board; and

(b) Pay the biennial renewal fee according to OAR 850-030-0090 and 850-030-0035; and

(c) Complete at least 25 hours of Board approved CE per OAR 850-040-0210 each year and submit a signed affidavit furnished by the Board confirming this. At least five of the required 25 CE hours must be in the pharmacology of legend drugs.

(5) A Naturopathic physician holding an inactive license must:

(a) Complete the renewal form furnished by the Board; and

(b) Pay the annual renewal fee per OAR 850-030-0035; and

(c) Complete at least 10 hours of Board approved CE each year and submit a signed affidavit furnished by the Board confirming these hours.

(6) A retired status Naturopathic license, upon completing the renewal form furnished by the Board and paying the annual renewal fee for a retired license is not required to complete CE for renewal.

(7) By November 1, the Board will send to all licensees an annual renewal form to the last mailing address on record. For a renewal to be timely, a licensee must submit to the Board a completed renewal application postmarked no later than December 15 each year. A completed renewal application consists of the completed renewal form, the biennial license fee if due, and the late fee, if appropriate, and the completed affidavit confirming completion of continuing education as required under sections (1) through (6) of this rule. Failure to meet the December 15 deadline shall result in a late fee of \$75, which must be submitted with the renewal application form. Any licensee who does not receive the renewal form by November 15 should notify the Board. It is the licensee's duty to obtain and submit the renewal form in a timely manner.

(8) The license of any licensee who fails to submit a completed renewal application by December 31 shall lapse, effective at midnight, December 31.

(9) Licensees must maintain for a period of at least five years, full and accurate records including verification of attendance to support hours reported on the signed affidavit.

(10) Each year the Board will audit a number of license renewals. These licensees will be asked to provide their CE documents to verify the signed affidavit. Licensee must provide CE records and verifications that will document compliance with the renewal requirements.

(11) After January 1, the Board may reinstate a license that has been expired for one year or less, upon submission of the affidavit of continuing education as required for an active license, completion of the renewal form furnished by the Board and paying the appropriate fees per ORS 685.100 and OAR 850-030-0035.

(12) To apply for reinstatement of a license from inactive to active status a licensee must:

(a) Complete the reinstatement form furnished by the Board; and

(b) Pay the appropriate fees per ORS 685.100 and OAR 850-030-0035; and

(c) Submit an affidavit confirming completion of continuing education as follows:

(A) If the license is inactive for 12 months or less, the licensee must demonstrate completion of 25 hours of approved continuing education during the past 12 months, with five of these hours in pharmacology; and

(B) If the license is inactive for more than one year, licensee must provide an additional five hours of approved continuing education for each subsequent year or partial year that the license was inactive, in addition to the 10 hours of CE required by OAR 850-030-0195(5).

(d) If license is inactive for more than five years, licensee must take and pass the state jurisprudence and formulary examinations furnished by the Board.

(13) Upon written application for reinstatement to an active license from an expired status, the applicant must submit an affidavit furnished by the Board, confirming completion of the continuing education requirements for an active license for each year that the license was expired, and meet the fee requirements per ORS 685.100 and OAR 850-030-0035 for an active license; or

(a) Retake the Naturopathic Physicians Licensing Examinations (NPLEX) and State Jurisprudence and Formulary examinations, as recognized by the Board; or

(b) If holding an active naturopathic license in good standing in another licensing jurisdiction, may apply for a reciprocal license per ORS 685.085.

(14) The Board may exempt any licensee from the requirements of ORS 685.102(1) upon providing evidence satisfactory to the Board of inability to comply with the CE requirement. No licensee shall be exempted from the CE requirement more than once in any five-year period.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.100

Hist.: BNE 1-2003, f. & cert. ef. 2-14-03; Renumbered from 850-010-0195, BNE 8-2005, f. & cert. ef. 10-27-05

DIVISION 35

NATURAL CHILDBIRTH

850-035-0230

Requirements for Certification to Practice Natural Childbirth

A naturopathic physician licensed in Oregon, who wishes to practice natural childbirth must apply to and receive from the board a certificate of special competency in natural childbirth. To receive and maintain a certificate, the licensee must fulfill the following requirements:

(1) Complete at least 200 hours of course work at an approved naturopathic college or hospital in obstetrics and furnish a signed log showing evidence that (a) and (b) and (c) of this subsection have been completed under the direct supervision of a licensed practitioner with specialty training in obstetrics and/or natural childbirth:

(a) Licensee must have taken part in the care of 50 cases each in prenatal and postnatal care; one case may qualify for both areas of care; and

(b) Licensee must have observed and assisted in the intrapartum care and delivery of 50 natural childbirths in a hospital or alternative birth setting. A minimum of 26 of these births must be under the supervision of a naturopathic doctor. No more than 10 of the 50 births may be under the supervision of a medical doctor. No more than 10 of the births may be observation only. A labor and delivery that starts under the care of a naturopathic doctor and includes hospitalization shall count as a birth; and

(c) Licensee must hold a current neonatal resuscitation certificate.

(2) Licensee must pass a specialty exam in obstetrics given by or approved by the Board, after first completing the 200 hours of coursework as required above, and participating in the care of at least 15 cases each in prenatal, intrapartum, and postnatal care; one case may qualify for all these areas of care.

(3) An application for a certificate of special competency in natural childbirth must be submitted, with appropriate fees, after meeting the requirements in 850-035-0230, within three years of passing the specialty examination.

(4) Licensee holding a natural childbirth certification must annually, including initial year of certification, submit 15 hours of Board approved continuing education in obstetrics. Seven of the 15 hours in obstetrics may be used to satisfy ORS 685.102. Licensee must submit proof of current certification in neonatal resuscitation annually.

(5) Licensing action by the Board under ORS 685.100 shall be deemed to have an equal effect upon a certificate of special competency issued the practitioner, unless specifically provided otherwise in the Board action. When the subject of a disciplinary proceeding under ORS 685.100 relates specifically to the practice of natural childbirth by a licensee who possesses a certificate of special com-

petency, the license action may in lieu of effecting the entire scope of the licensee's practice, suspend, revoke, or curtail only the practitioner's authority under a certificate of special competency.

Stat. Auth.: ORS 183 & 685

Stats. Implemented: ORS 685.100, 685.102, 685.135 & 685.160

Hist.: NE 3-1985(Temp), f. & ef. 9-23-85; NE 1-1986, f. & ef. 4-10-86; NE 1-1996, f. & cert. ef. 10-18-96; NE 2-1997(Temp), f. 12-1-97, cert. ef. 12-2-97 thru 5-31-98; administrative correction 8-9-99; BNE 1-2001, f. & cert. ef. 2-7-0; Renumbered from 850-010-0230, BNE 8-2005, f. & cert. ef. 10-27-05

DIVISION 40

CONTINUING EDUCATION

850-040-0210

Continuing Education

(1) Continuing education (CE) is required as part of the naturopathic physician's license renewal per OAR 850-030-0195. The purpose of CE is to offer education that promotes competency and skills necessary to assure the citizens of Oregon the highest standard of naturopathic medical care.

(a) Each licensee with an active license must obtain at least 25 hours in CE every year, with at least five of these hours in pharmacy;

(b) Each licensee holding an inactive license must obtain at least 10 hours of CE every year;

(c) A natural childbirth certificate requires 15 hours in obstetrics each year per OAR 850-035-0230;

(d) New licensees are not required to obtain CE in the initial year of licensure.

(e) Effective January 1, 2006, licensees with an active license must obtain at least 3 hours of medical ethics education every three years, which may be included as part of the annual CE requirement.

(f) Licensee must obtain one-time mandatory pain management education as required by ORS 409.500 through 409.570.

(A) If initial licensee was issued prior to January 1, 2006, licensee must obtain and show verification of this education with the renewal no later than December 2007;

(B) If initial license was issued after January 1, 2006 licensee must obtain and show verification of this education with in 24 month of initial licensure;

(C) Credit for this required education will be given in the year education is obtained.

(2) No more than 15 hours of credit will be accepted in one subject area. CE obtained in December not used in the year the hours were obtained, may be used in the following year for CE credit.

(a) CE credit will be rounded to the nearest quarter hour.

(b) At least ten (10) hours of CE must be obtained through participation by attendance at approved seminars, conferences, grand rounds or other Board approved in-person activities.

(3) Licensees holding an active license must obtain at least five hours of Board approved CE annually in pharmacology. These hours may be part of the 25 hours of CE required for renewal. The following are examples of previously approved pharmacy programs:

(a) Substances listed in OAR 850-060-0225 and their application in patient care;

(b) Biopharmacology;

(c) Non-formulary substances or drugs relevant to patient care;

(d) Drug-drug, drug-herb, drug-nutrient interactions or contraindications;

(e) Research of formulary substances and drugs in conjunction with naturopathic medical care.

(4) Any licensee using intramuscular (IM) or subcutaneous (SC) or intravenous (IV) therapeutic injection of vitamins or minerals, or preventive injections (IM, SC, or IV) must have qualifying education per OAR 850-060-0212.

(5) To be considered for approval, programs of continuing education for licensees must:

(a) Be presented by naturopathic physicians, other physicians or other professionally acknowledged health care educators with expertise in the subject matter;

(b) Foster the competency and skills of the naturopathic physician;

(c) Consist of education covering review, new, experimental, research or specialty subjects relevant to the practice of naturopathic medicine;

(d) Exclude the selling or promotion of proprietary products or practice building;

(e) Not misrepresent or mislead the end result/skill to be gained by the education or training offered.

(6) Licensees may receive credit for the qualifying verification. Licensees are encouraged to request pre-approval for any program not clearly meeting the criteria in this rule.

(a) Continuing Medical Education (CME) provided by recognized professional health care licensing agencies, hospitals, or institutions; programs accredited by the Accreditation Council for Continuing Medical Education (ACCME); the American Council on Pharmaceutical Education (ACPE); or programs approved by the Board. A verification of attendance for all CE courses or activities showing hours claimed or proof of completion must be signed by the program provider;

(b) Video or audio taped CE courses or seminars: Verification of video or audio taped credit for previously Board approved presentations must include an original outline of the presentation as well as the name and date of the presentation and the date of review, length of taped course or seminar and sponsor information;

(c) Literature Review: credit for literature review is determined by the length of the article(s) and the complexity of the topic(s), not to exceed two hours of credit per submission. Verification must include concise information including an original outline on the literature reviewed which must be from a recognized peer review publication with the date of publication and author.

(d) Internet education: Internet education is accepted for credit in accordance with the standards of the ACCME or ACPE including verification of completion;

(e) Authoring: Credit may be given for being an author of an article related to naturopathic medicine in a professional publication or book. Credit is determined by the length of the article and the complexity of its content. Credit for such activities will be credited in the year the project is completed, with no more than 15 hours credited for each original publication. Verification must include a copy of the article or book.

(f) CPR: CPR courses in the year taken, with proof of current certification;

(g) Preceptorship: Preceptorship credit must be offered by qualifying persons per (5)(a) of this rule. Verification of preceptor hours must include the date and place, an outline of the information studied, and a signed acknowledgement from the preceptor;

(h) Protocol Writing: Credit may be given for participation in a formal protocol writing process associated with an accredited health care institution or government health care agency. Verification must include a written record of hours of development and research, the names and addresses of the institutions involved, the name of supervisors and their signatures verifying qualified hours;

(i) Research: Credit may be given for participation in research related to the advancement of naturopathic medicine and should be directed by a Board recognized educational or medical institution or organization, or self-directed. Verification must include the type of research being conducted, purpose and summary of research, dates of participation and disclosure of any fiduciary relationships.;

(j) Teaching/Presentation: Credit may be given for actual presentation hours for an initial course or initial seminar offering and up to three hours for preparation for each hour of the presentation, when subject is specific to professional level health education;

(k) Graduate Level Education: Credit may be given for participation in an accredited graduate level health related program relevant to the practice of naturopathic medicine;

(l) Other courses or activities specifically authorized by the Board.

(7) Licensees may receive limited credit for the following:

(a) Up to a total of 10 hours of credit may be granted for CE obtained by participation on the Naturopathic Physicians Licensing Examinations (NPLEX) committee in the development and writing of the NPLEX examinations.

(b) Up to three hours of credit may be obtained by activities specific to patient charting and record keeping.

(8) Exception to the CE requirements in OAR 850-040-0210 is allowed for:

(a) Licensee maintaining an active license in Oregon but not living and practicing in Oregon may obtain up to 20 hours of CE by nonattendance activities that satisfy the program qualifications in OAR 850-040-0210;

(b) A full-time residency, which is CNME or Board approved, requiring at least 6 months of participation in the calendar year;

(c) A fellowship with a Board recognized professional organization, requiring at least six months of active participation in the calendar year;

(d) Licensees who have obtained prior Board approval to obtain all 25 hours of CE, including 5 in pharmacy, by approved audio and video presentations or approved internet education. Documentation supporting this exception must be approved by the Board prior to obtaining all CE by audio and video tapes or internet education.

(9) Credit will not be given for hours received for:

(a) Teaching, except as permitted in OAR 850-040-0210(6)(j);

(b) Community service seminars and activities;

(c) Self-growth/self-help activities;

(d) Practice building activities;

(e) Medical/insurance billing presentations;

(f) Nonprofessional level health related programs presented by a lay person;

(g) Nonprofessional level health related programs presented to the lay public;

(h) Proprietary programs, which promote exclusive services and/or products.

(i) Information not within or directly related to the scope of practice of naturopathic medicine.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.102

Hist.: NE 6, f. 6-1-73, ef. 6-15-73; NE 5-1980, f. & ef. 9-11-80; NE 2-1984, f. & ef. 2-28-84; NE 1-1986, f. & ef. 4-10-86; NE 1-1992, f. & cert. ef. 1-15-92; NE 2-1993, f. & cert. ef. 9-23-93; NE 1-1996, f. & cert. ef. 10-18-96; NE 2-1997(Temp), f. 12-1-97, cert. ef. 12-2-97 thru 5-31-98; BNE 2-1998, f. 7-31-98, cert. ef. 8-3-98; BNE 6-2000, f. & cert. ef. 12-6-00; BNE 7-2002, f. & cert. ef. 12-10-02; BNE 4-2004, f. & cert. ef. 6-10-04; Renumbered from 850-010-0210, BNE 8-2005, f. & cert. ef. 10-27-05; BNE 3-2006, f. & cert. ef. 10-13-06

850-040-0230

Continuing Education Approval: Licensee Submissions

Continuing education should support, develop, and increase the knowledge, skills, and professionalism of naturopathic physicians.

(1) CE approval requests must clearly foster the competency and skills of naturopathic physicians and

(a) Consist of new or review material on recognized naturopathic practices; or

(b) Research in the advancement of naturopathic medicine; or

(c) Education in areas of specialty practice when recognized by the Board; and

(d) Should be received by the Board at least four weeks prior to the event.

(2) CE approval requests received more than 30 days after the presentation may not be considered by the Board for credit.

(3) CE credit is determined in quarter hour increments.

(4) CE approval requests must be complete and submitted on an application form provided by the Board and contain the following:

(a) Title of the program;

(b) Syllabus or course outline for all offerings in the program;

(A) Pharmacy hours must be clearly delineated in each request with supporting documentation and meet the standards set in 850-040-0210(3),

(B) Hours in Obstetrics must be clearly delineated with supporting documentation, and

(C) Ethics education hours must be clearly delineated with supporting documentation;

(c) Date(s);

(d) Start and end time for individual presentations;

(e) Include the total hours for the entire program;

(f) Location(s) of presentation; and

(g) A copy of the curriculum vitae for each presenter, who must be a naturopathic physician, other licensed physician or other professionally acknowledged health care educator with expertise in the subject matter.

(5) The Board reserves the right to decline for consideration programs that are not submitted with adequate documentation.

(6) CE approval requests will not be considered for programs that:

(a) Are proprietary in nature, promoting exclusive services, companies or products;

(b) Misrepresent or mislead the end result or skill obtained by the education or training offered;

(c) Are community service seminars and activities;

(d) Are self-growth/self-help activities;

(e) Are practice building activities;

(f) Are medical or insurance billing presentations;

(g) Are nonprofessional health related programs presented by a lay person(s);

(h) Are nonprofessional health related programs directed to the lay public;

(i) Are not relevant to the scope of practice of naturopathic medicine.

(7) A CE program request that has been submitted to the Board with inaccurate or misleading information will lose CE approval for the program even it has already been presented.

(8) If a program has been denied approval, the licensee may submit a request for review by the Board with additional substantiating documentation.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.102

Hist.: BNE 1-2006, f. & cert. ef. 10-13-06

850-040-0240

Continuing Education Program Approval: Professional Development Providers (PDP)

A Professional Development Provider (PDP) is any organization or individual offering CE to naturopathic physicians. PDP approval requests must consist of educational activities that serve to maintain, develop or increase the knowledge, skills and professional performance and relationships of naturopathic physicians in services for patients, the public, the profession. CE must offer education and skills recognized and accepted by the profession in areas pertaining to research, basic medical sciences, clinical practice, or public health care.

(1) Professional Development Provider (PDP) approval requests must be received by the Board at least 8 weeks before the event offering:

(a) the program must foster the continuing competency and skills in the practice of naturopathic medicine, and

(b) provide education in new, review, experimental research or specialized education and training specific to the practice of naturopathic medicine.

(2) CE credit hours will be determined in quarter hour increments.

(3) PDP approval requests must be submitted on an application form provided by the Board and contain the following:

(a) Title of the program;

(b) Syllabus or course outline for all offerings in the program;

(A) Pharmacy hours must be delineated in each request with supporting documentation and meet the standards set in 850-040-0210(3), and

(B) Natural Childbirth hours must be delineated with supporting documentation, and

(C) Ethics hours must be delineated with supporting documentation;

(c) Date(s);

(d) Start and end time for individual presentations;

(e) Total hours for entire program;

(f) Location(s) of presentation;

(g) A copy of the curriculum vitae for each presenter who must be a naturopathic physician, other licensed physician, or other pro-

fessionally recognized health care educator with expertise in the subject matter;

(g) A signed letter of agreement provided by the Board, for each presenter stating the intent of the individual program, and disclosing any conflict of interests. Presenter must disclose at the beginning of each presentation any fiduciary or other conflict of interests, and

(h) A copy of the certificate of attendance or completion that is to be provided to attendees.

(4) PDP must maintain attendance records for all approved presentations for at least five years from the date of presentation.

(5) The PDP approval request must be received before any publication indicating approval or pending approval by this Board. In the event that "CE Approval", "Pending Board Approval" or other indications are published prior to the receipt of a complete CE application, credit will be denied.

(6) Any changes to an already approved program, including but not limited to, presenter, content, and length of program or sponsorship must be submitted for approval by the Board within two weeks of the changes. Any submission received after this time will be retroactively denied approval.

(7) The Board reserves the right to decline for consideration programs that are not submitted with adequate documentation.

(8) Approved PDP programs are valid for two years.

(9) It is the PDP responsibility to make a new application on a biennial basis from the date of original approval.

(10) CE approval submissions will not be considered for programs that:

(a) Misrepresent or mislead the end result or skill obtained by the education or training offered;

(b) Are proprietary in nature, promoting exclusive services, companies or products;

(c) Are community service oriented in nature;

(d) Are nonprofessional health related programs presented by a lay person(s);

(e) Are nonprofessional health related programs directed to the lay public;

(f) Are not relevant to the scope of practice of naturopathic medicine.

(g) Pertain to personal-growth/ personal-help;

(h) Pertain to practice building; or

(i) Pertain to medical or insurance billing;

(11) A PDP program that has been submitted to the Board with inaccurate or misleading information will retroactively lose CE approval for the program, even if the program has already occurred.

(12) At its discretion, the Board may appoint a member of the Board or other designee to audit, by attendance, any program in order to verify appropriateness for approval of CE hours.

(13) The Board may require a taped copy of the entire presentation be provided for review after the initial presentation for verification of content.

(14) If a program has been denied approval, the provider may submit a request for review by the Board with additional substantiating documentation.

(15) If a PDP fails to follow the provisions of this rule, the Board may revoke, deny or limit the approval.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.102

Hist.: BNE 1-2006, f. & cert. ef. 10-13-06

DIVISION 50

DISCIPLINE

850-050-0010

Sanctions for Violations

The following lists the Board's disciplinary practices with respect to most common violations of law. Other less common violations may also result in discipline. The Board will determine the severity of each violation and decide the discipline to impose accordingly.

(1) General violations.

(a) The Board will attempt to resolve by non-disciplinary means, allegations of the following kinds of violations, in the absence of aggravating circumstances and if the licensee has not been the subject of a final order which finds the licensee committed a violation of a similar nature:

- (A) Practicing outside the scope of practice;
- (B) Inadequate charting;
- (C) Failure to report a change of address;
- (D) Prescribing off the formulary;
- (E) False or misleading advertising; or
- (F) Failure to refer upon termination.

(b) Instead of discipline in the violations listed in (1)(a), the Board may issue a letter of caution or a letter of warning. If Licensee disregards the Board's recommendation in the letter of caution or the letter of warning, the Board may initiate disciplinary action.

(c) The Board generally will take formal disciplinary action for allegations of the following kinds of violations, in the absence of major mitigating circumstances:

- (A) Negligent prescribing;
- (B) Negligent treatment;
- (C) Conduct contrary to the standard of ethics;
- (D) Failure to refer when referral is appropriate;
- (E) Untimely response to Board investigation;
- (F) Aiding or abetting unlawful practice by an unlicensed person;

- (G) Sexual impropriety with a patient; or
- (H) Conviction of a crime involving moral turpitude.

(d) Discipline for violations listed in (1)(c) may include a letter of reprimand, a civil penalty, probation, license suspension, license limitations, and license revocation.

(e) For violations which are not listed in subsections (1)(a) and (b) of this rule, the Board will determine the appropriate discipline.

(f) If a violation is listed in subsection (1)(a) of this rule and the licensee has already received a letter of caution or a letter of warning for a violation of a similar nature, the Board may proceed with formal discipline.

(2) Aggravating and Mitigating Factors or Circumstances. Discipline proposed by the Board may increase in severity, possibly up to license revocation, if there are aggravating circumstances. Discipline may decrease in severity if there are mitigating circumstances.

(a) Aggravating circumstances include, but are not limited to, the following:

- (A) The same or similar violation has occurred more than once;
- (B) The violation occurred or was repeated over a significant length of time;
- (C) The licensee has previously been disciplined by the Board or in another jurisdiction;
- (D) The violation was deliberate or grossly negligent;
- (E) The licensee received some benefit from committing the violation;
- (F) The violation involved a significant chance for causing harm to the patient or the public.

(b) Mitigating circumstances include, but are not limited to, the following:

- (A) The licensee accepted responsibility for the violation;
- (B) The licensee practiced a significant period of time without complaints or disciplinary action taken by the Board or any other jurisdiction.

(3) Probation. Probation may be added where the circumstances indicate that future monitoring, training, or other follow-up is necessary or appropriate. Probation may include completion of an approved treatment program when a licensee is alleged to engage in habitual or excessive use of drugs or alcohol.

(4) Practice Restriction. Practice restriction or practice limitation may be added where the circumstances warrant more than a civil penalty but less than a license suspension.

(5) Education. Education may be required when the circumstances indicate that further education is merited to prevent a recurrence of the violation.

Stat. Auth.: ORS 685.125
Stats. Implemented: ORS 685.110
Hist.: BNE 7-2005, f. & cert. ef. 10-27-05

850-050-0120

Illegal Practice; Duty to Report

(1) Any applicant for examination shall be prohibited from and prosecuted for any practice of naturopathy while awaiting examination.

(2) Any person convicted of practicing illegally in Oregon or any person who, without a license, makes a diagnosis shall not be admitted to examination by the Board at any time.

(3) It shall be the duty of all licentiates of the Board, in the interests of both the public and the profession, to inform the Board, in writing, fully signed, of anyone practicing naturopathy in Oregon without a license or otherwise in violations of the law.

(4) For the purpose of this rule, naturopathic treatment shall be considered as practicing naturopathy within the meaning of ORS 685.010(4) even though practicing in the office of a licentiate of the Board.

Stat. Auth.: ORS 685
Stats. Implemented:
Hist.: NE 2, f. 6-7-59; BNE 4-2004, f. & cert. ef. 6-10-04; Renumbered from 850-010-0120, BNE 8-2005, f. & cert. ef. 10-27-05

850-050-0130

Change of Address

Each licensee of the Board shall notify the Board in writing within 30 days of any change of residence address, practice location, or mailing address.

Stat. Auth.: ORS 685
Stats. Implemented: ORS 685.100, 685.110
Hist.: NE 2, f. 6-7-59; BNE 1-2004, f. & cert. ef. 2-11-04; Renumbered from 850-010-0130, BNE 8-2005, f. & cert. ef. 10-27-05

850-050-0140

Advertising

While constructive educational publicity shall be encouraged, licentiates of the Board shall refrain from using or causing to be used advertising matter which contains misstatements, falsehoods, misrepresentations, distorted, or fabulous statements as to cures.

Stat. Auth.: ORS 685
Stats. Implemented:
Hist.: NE 2, f. 6-7-59; Renumbered from 850-010-0140, BNE 8-2005, f. & cert. ef. 10-27-05

850-050-0150

Public Health Laws

Naturopathic physicians shall be subject to all state, county, and municipal laws and rules relating to public health concerning the diagnosis and reporting of contagious and infectious diseases, as may be required, to the proper health authorities in the respective counties.

Stat. Auth.: ORS 685
Stats. Implemented:
Hist.: NE 2, f. 6-7-59; Renumbered from 850-010-0150, BNE 8-2005, f. & cert. ef. 10-27-05

850-050-0190

Discipline or Denial of License

The Board may refuse to grant a license to practice Naturopathic medicine in the State of Oregon, or may discipline a license, for any of the following reasons:

(1) Commitment to a mental health institution. A copy of the record of commitment, certified to by the clerk of the court entering the commitment, is conclusive evidence of the commitment.

(2) Habitual use of ardent spirits, narcotics, or other intoxicants to such an extent as to incapacitate him/her from the performance of his/her professional duties.

(3) Unprofessional or dishonorable conduct which includes but is not limited to:

(a) Any conduct or practice contrary to recognized standards of ethics of the naturopathic profession; or

(b) Any of the following:

(A) Engaging in any conduct which constitutes a violation of any provision of ORS 163.305 through 163.465, Criminal Sexual Offenses, if proven by at least a preponderance of the evidence in any criminal, civil, or administrative litigation, or admitted to or stipulated by the professional;

(B) Engaging in any conduct with a patient that is sexual, or may be reasonably interpreted as sexual, whether initiated by the patient or not;

(C) Any behavior, gesture, or expression that is sexually seductive or sexually demeaning to a patient, or any action that shows a lack of respect for the patient's privacy;

(D) Entering into an intimate sexual relationship with a patient or with a former patient if within six months after the doctor-patient relationship is terminated, unless a prior sexual relationship existed.

(4) Fraud or misrepresentation related to naturopathic medicine.

(5) A breach of confidentiality.

(6) The use of any advertising in which untruthful, improper, misleading, or deceptive statements are made.

(7) Claiming superiority to or a greater skill than that possessed by fellow naturopathic physicians.

(8) Aiding or abetting the unlawful practice of any of the healing arts by an unlicensed person.

(9) The advertising or holding oneself out to diagnose or treat a patient by any secret formula method, treatment, or procedure.

(10) The guaranteeing of a cure or "results" from any treatment.

(11) Failure to refer the patient to an appropriate care provider upon termination of treatment where referral is called for, unless termination was the decision of the patient and the licensee had no opportunity to refer the patient.

(12) Prescribing or dispensing a substance that is not listed on the formulary compendium.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.225

Hist.: NE 1, f. 11-12-57; NE 3-1980, f. & ef. 9-11-80; NE 3-1992, f. & cert. ef. 11-5-92; BNE 4-1998(Temp), f. & cert. ef. 8-26-98 thru 2-22-99; administrative correction 8-9-99; BNE 4-2005, f. & cert. ef. 4-13-05; Renumbered from 850-010-0190, BNE 8-2005, f. & cert. ef. 10-27-05

DIVISION 60

PRESCRIBING AUTHORITY; EDUCATION; FORMULARY

850-060-0212

Education Requirements for Injections/ IV Chelation Therapy

(1) Before using therapeutic injections of vitamins and minerals, or preventive injections of any substance, whether intramuscular (IM) or subcutaneous (SC) or intravenous (IV), licensee must provide proof of Board approved qualifying continuing education prior to using these applications as set forth in this rule, or proof of Board approved qualifying education received at an approved medical institution equivalent to the prescribed continuing education.

(2) Non-IV therapeutic injections of vitamins or minerals require a one-time two hour qualifying education on this subject.

(3) IV therapeutic injections of vitamins or minerals require a one-time 12 hour qualifying education on this subject.

(4) Preventive injections (IM, SC, IV) require an additional one-time four hours of qualifying education in addition to the CE hours noted in OAR 850-060-0212(2) and (3).

(5) The use of any IV chelation therapy requires 12 hours of Board approved qualifying education in addition to the education required in (2), (3) and (4) of this rule.

(6) Licensee must stay current in IV chelation training. Current means licensee has completed the education and obtained a certificate of competence within the last five years.

(7) Qualifying chelation therapy education must be provided by faculty with at least five years of experience in IV chelation therapy and current training approved by the Board. The qualifying education must contain all of the following:

(a) Current/ historical research on IV chelation therapy;

(b) Indications/contraindications of IV chelation therapy;

(c) IV Chelation therapy side effects and toxicity;

(d) IV Chelation therapy and practical application;

(e) IV solutions;

(f) Initial evaluation and treatment monitoring requirements;

(g) Frequency of IV treatment and remineralization;

(h) Charting requirements, standards of care, office procedures, consent to treat, nutrition and lifestyle recommendations during treatment;

(i) Heavy metal toxicity and disease;

(j) Practical on mixing and administering IV Chelation solutions;

(k) Examination for certification (exam subject to Board approval).

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685

Hist.: BNE 6-2004, f. & cert. ef. 6-10-04; BNE 6-2005, f. & cert. ef. 8-15-05; Renumbered from 850-010-0212, BNE 8-2005, f. & cert. ef. 10-27-05

850-060-0215

Drug Enforcement Administration Registration

(1) Licensees may register with the United States Department of Justice for the issuance of a Drug Enforcement Administration (DEA) Number.

(2) Licensees with DEA registration have authority to prescribe from Schedules II, III, IIN, IV and V, only those drugs as listed on the Formulary compendium, OAR 850-060-0225.

(3) Licensees shall not prescribe from Schedules II, III, IIN, IV and V without a current DEA registration.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.145

Hist.: NE 6-1980, f. & ef. 9-11-80; NE 2-1984, f. & ef. 2-28-84; BNE 2-2004, f. & cert. ef. 4-14-04; Renumbered from 850-010-0215, BNE 8-2005, f. & cert. ef. 10-27-05

850-060-0220

Authority to Prescribe, Dispense, and Order

Naturopathic physicians shall be allowed to prescribe, dispense, and order the following:

(1) All substances recommended by the Formulary Council and approved by the Board.

(a) All biological substances including extracts and/or their products and residues.

(b) All topical preparations.

(2) All vitamins, minerals, trace minerals, enzymes, and food.

(3) All mechanical devices, except those that require major surgical intervention.

(4) All homeopathic preparations.

(5) All laboratory and diagnostic procedures.

Stat. Auth.: ORS 685.125

Stats. Implemented: 685.030

Hist.: NE 2-1984, f. & ef. 2-28-84; BNE 2-2005, f. & cert. ef. 2-4-05; Renumbered from 850-010-0220, BNE 8-2005, f. & cert. ef. 10-27-05

850-060-0225

Naturopathic Formulary Compendium

The following substances have been recommended for addition to the Formulary Compendium after review by the Board of Naturopathic Examiners Formulary Council established by the 65th Oregon Legislature. Substances listed on the formulary compendium can be prescribed in any dosage or any dosage form. Products marked with an asterisk (*) may be used by Naturopathic Physicians, but may not be prescribed. Combination products containing only active ingredients listed in the Formulary may be prescribed. Combination products containing any active ingredient(s), not listed in the Formulary, except non-legend drugs, may not be prescribed.

(1) Abacavir;

(2) Acarbose;

(3) Acetic Acid;

(4) Acetylcysteine;

(5) Acitretin;

(6) Acyclovir;

(7) Adapalene;

(8) Adenosine Monophosphate;

(9) Albuterol Sulfate;

(10) Alendronate;

(11) Allopurinol;

(12) Alprostadil;

(13) Amino Acids;

(14) Amino Aspirins;

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| (15) Aminoglycosides; | (86) Cloxacillin; |
| (16) Aminolevulinic Acid; | (87) Codeine; |
| (17) Aminophylline; | (88) Colchicine; |
| (18) Aminosalicyclic Acid; | (89) Colistimethate; |
| (19) Ammonium Chloride; | (90) Collagenase; |
| (20) Ammonium lactate lotion 12%; | (91) Condyllox; |
| (21) Amoxicillin; | (92) Cortisone; |
| (22) Amoxicillin & Clavulanate; | (93) Coumadin; |
| (23) Amphotericin B; | (94) Cromolyn Sodium; |
| (24) Ampicillin; | (95) Cyanocobalamin; |
| (25) Ampicillin & Sulbactam; | (96) Cycloserine; |
| (26) Anastrozole; | (97) Danazol; |
| (27) Anthralin; | (98) Deferoxamine/Desferroxamine (Board approved certification required before therapeutic IV chelation is allowed); |
| (28) Atorvastatin; | (99) Demeclocycline Hydrochloride; |
| (29) Atropine; | (100) Desmopressin; |
| (30) Atropine Sulfate; | (101) Desoxyribonuclease; |
| (31) Auranofin; | (102) Dexamethasone; |
| (32) Azelaic Acid; | (103) Dextran; |
| (33) Azithromycin; | (104) Dextromethorphan; |
| (34) Bacampicillin; | (105) Dextrose; |
| (35) Bacitracin; | (106) Dextrothyroxine; |
| (36) Baclofen; | (107) Dicloxacillin; |
| (37) Becaplermin; | (108) Dihydroergotamine Migranal; |
| (38) Belladonna; | (109) Didanosine; |
| (39) Benazepril; | (110) Dimethyl Sulfone (DMSO); |
| (40) Benzodiazepines; | (111) Digitalis; |
| (41) Benzoic Acid; | (112) Digitoxin; |
| (42) Benzonatate; | (113) Digoxin; |
| (43) Betaine; | (114) Dinoprostone; |
| (44) Betamethasone; | (115) Diphylline; |
| (45) Bethanechol Chloride; | (116) Dirithromycin; |
| (46) Bichloroacetic Acid*; | (117) DMPS (Board approved certification required before therapeutic IV chelation is allowed); |
| (47) Bimatoprost Solution 0.03%; | (118) DMSA; |
| (48) Biologicals; | (119) Doxercalciferol; |
| (49) Biphosphonate; | (120) Doxycycline; |
| (50) Bromocriptine; | (121) Dronabinol; |
| (51) Budesonide; | (122) Dyclonine; |
| (52) Buprenorphine; | (123) EDTA (Board approved certification required before therapeutic IV chelation is allowed); |
| (53) Butorphanol; | (124) Electrolyte Solutions; |
| (54) Cabergoline; | (125) Emtricitabine; |
| (55) Calcipotriene; | (126) Enalapril; |
| (56) Calcitonin; | (127) Ephedrine; |
| (57) Calcitriol; | (128) Epinephrine*; |
| (58) Carbamide Peroxide; | (129) Epinephrine (auto-inject); |
| (59) Carbidopa; | (130) Ergoloid Mesylates; |
| (60) Carbol-Fuchsin; | (131) Ergonovine Maleate; |
| (61) Captopril; | (132) Ergotamine; |
| (62) Cefaclor; | (133) Erythromycins; |
| (63) Cefdinir; | (134) Erythropoietin; |
| (64) Cefibuten; | (135) Estradiol; |
| (65) Cefadroxil; | (136) Estriol; |
| (66) Cefditoren; | (137) Estrogen-Progestin Combinations; |
| (67) Cefixime; | (138) Estrogens, Conjugated; |
| (68) Cefonicid Sodium; | (139) Estrogen, Esterified; |
| (69) Cefpodoxime Proxetil; | (140) Estrone; |
| (70) Cefprozil; | (141) Estropipate; |
| (71) Ceftributen; | (142) Ethyl Chloride; |
| (72) Cefuroxime; | (143) Etidronate; |
| (73) Celecoxib; | (144) Ezetimibe; |
| (74) Cellulose Sodium Phosphate; | (145) Famciclovir; |
| (75) Cenestin; | (146) Fentanyl; |
| (76) Cephalixin; | (147) Fibrinolysin; |
| (77) Cephadrine; | (148) Flavoxate; |
| (78) Chirocaine*; | (149) Fluconazole; |
| (79) Chloramphenicol; | (150) Fludrocortisone Acetate; |
| (80) Chloroquine; | (151) Flunisolide; |
| (81) Citrate Salts; | (152) Fluorides; |
| (82) Clarithromycin; | (153) Fluoroquinolones; |
| (83) Clindamycin; | |
| (84) Clioquinol; | |
| (85) Clostridium botulinum toxin (ab); | |

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| (154) Fluoroquinolones; | (225) Methylprednisolone; |
| (155) Fluorouracil; | (226) Methylsulfonylmethane (MSM); |
| (156) Fluticasone propionate; | (227) Methyltestosterone; |
| (157) Fluvastatin; | (228) Methysergide; |
| (158) Fosinopril; | (229) Metronidazole; |
| (159) Gaba Analogs; | (230) Miglitol; |
| (160) Gabapentin; | (231) Minerals (Oral & Injectable); |
| (161) Galantamine H. Br.; | (232) Minocycline; |
| (162) Ganciclovir; | (233) Misoprostol; |
| (163) Gentamicin; | (234) Moexipril; |
| (164) Gentian Violet; | (235) Monobenzene; |
| (165) Griseofulvin; | (236) Morphine; |
| (166) Guaifenesin; | (237) Mupirocin; |
| (167) Heparin — subcutaneous, sublingual and heparin locks; | (238) Nafarelin acetate; |
| (168) Hexachlorophene; | (239) Naloxone; |
| (169) Homatropine Hydrobromide*; | (240) Natamycin; |
| (170) Human Growth Hormone; | (241) Nateglinide; |
| (171) Hyaluronic Acid; | (242) Nicotine; |
| (172) Hyaluronidase; | (243) Nitroglycerin; |
| (173) Hydrocodone; | (244) Novobiocin; |
| (174) Hydrocortisone; | (245) Nystatin; |
| (175) Hydrogen Peroxide; | (246) Olsalazine; |
| (176) Hydromorphone; | (247) Omeprazole; |
| (177) Hydroquinone; | (248) Opium; |
| (178) Hydroxychloroquine; | (249) Over the Counter (OTC) |
| (179) Hydroxypolyethoxydodecane*; | (250) Oxacillin; |
| (180) Hyoscyamine; | (251) Oxamniquine; |
| (181) Iloprost Inhalation Solution; | (252) Oxaprozin; |
| (182) Imiquimod Cream (5%); | (253) Oxtriphylline; |
| (183) Immune Globulins*; | (254) Oxycodone; |
| (184) Insulin; | (255) Oxygen; |
| (185) Interferon Alpha b w/Ribavirin; | (256) Oxymorphone; |
| (186) Iodine; | (257) Oxytetracycline; |
| (187) Iodoquinol; | (258) Oxytocin*; |
| (188) Iron Preparations; | (259) Pancrelipase; |
| (189) Isosorbide Dinitrate; | (260) Papain; |
| (190) Isotretinoin; | (261) Papavarine; |
| (191) Itraconazole; | (262) Paramethasone; |
| (192) Kanamycin Sulfate; | (263) Paregoric; |
| (193) Ketoconazole; | (264) Penciclovir; |
| (194) Lactulose; | (265) Penicillamine (Board approved certification required |
| (195) Lamivudine; | before therapeutic IV chelation is allowed); |
| (196) Letrozole; | (266) Penicillin; |
| (197) Leucovorin Calcium; | (267) Pentosan; |
| (198) Levalbuteral; | (268) Pentoxifylline; |
| (199) Levodopa; | (269) Pergolide; |
| (200) Levonorgestrel; | (270) Perindopril; |
| (201) Levorphanol; | (271) Permethrin; |
| (202) Levothyroxine; | (272) Phenazopyridine; |
| (203) Lincomycin; | (273) Phenylalkylamine; |
| (204) Lindane; | (274) Phenylephrine*; |
| (205) Liothyronine; | (275) Physostigmine; |
| (206) Liotrix; | (276) Pilocarpine; |
| (207) Lisinopril; | (277) Pimecrolimus Cream 1%; |
| (208) Lisuride; | (278) Podophyllum Resin; |
| (209) Lithium; | (279) Polymyxin B Sulfate; |
| (210) Lovastatin; | (280) Polysaccharide-Iron Complex; |
| (211) Mebendazole; | (281) Potassium Iodide; |
| (212) Meclizine; | (282) Potassium Supplements; |
| (213) Medroxyprogesterone; | (283) Pramoxine; |
| (214) Medrysone; | (284) Pravastatin; |
| (215) Mefloquine; | (285) Prednisolone; |
| (216) Megestrol Acetate; | (286) Prednisone; |
| (217) Mercury, Ammoniated; | (287) Pregabalin; |
| (218) Mesalamine; | (288) Progesterone; |
| (219) Metformin; | (289) Progestins; |
| (220) Methadone; | (290) Propionic Acids; |
| (221) Methimazole; | (291) Propylthiouracil; |
| (222) Methoxsalen; | (292) Prostaglandins; |
| (223) Methscopolamine; | (293) Proton Pump inhibitor; |
| (224) Methylergonovine; | (294) Pyrazinamide; |

- (295) Pyrethrins;
- (296) Quinapril;
- (297) Quinidine;
- (298) Quinilones;
- (299) Quinine Sulfate;
- (300) Quinines;
- (301) Quinolines;
- (302) Ramopril;
- (303) Rauwolfia Alkaloids;
- (304) Rho(D) Immune globulins*;
- (305) Rifabutin;
- (306) Rifampin;
- (307) Risendronate;
- (308) Salicylamide;
- (309) Salicylate Salts;
- (310) Salicylic Acid;
- (311) Salsalate;
- (312) Scopolamine;
- (313) Selenium Sulfide;
- (314) Silver Nitrate;
- (315) Simvastatin;
- (316) Sodium Polystyrene Sulfonate;
- (317) Sodium Thiosulfate;
- (318) Spironolactone;
- (319) Stavudine;
- (320) Spectinomycin;
- (321) Sucralfate;
- (322) Sulfasalazine;
- (323) Sulfonamide/Trimethoprim/Sulfones;
- (324) Tazarotene topical gel;
- (325) Tacrolimus;
- (326) Telithromycin;
- (327) Tenofovir;
- (328) Testosterone;
- (329) Tetracycline;
- (330) Theophylline;
- (331) Thiabendazole;
- (332) Thyroid;
- (333) Thyroxine;
- (334) Tiagabine;
- (335) Tibolone;
- (336) Tiludronate;
- (337) Tinidazole;
- (338) Tobramycin;
- (339) Opical steroids;
- (340) Tramadol;
- (341) Trandolapril;
- (342) Troleandomycin;
- (343) Tretinoin;
- (344) Triamcinolone;
- (345) Triamterene;
- (346) Trichloroacetic Acid*;
- (347) Trioxsalen;
- (348) Triptans;
- (349) Troleandomycin;
- (350) Undecylenic Acid;
- (351) Urea;
- (352) Urised;
- (353) Ursodiol;
- (354) Valacyclovir;
- (355) Vancomycin;
- (356) Verapamil;
- (357) Vidarabine;
- (358) Vitamins (Oral & Injectable);
- (359) Yohimbine;
- (360) Zalcitabine;
- (361) Zidovudine;
- (362) Zolpidem;
- (363) Local Anesthetics:
- (a) Benzocaine*;
- (b) Bupivacaine*;

- (c) Chloroprocaine*;
- (d) Dyclonine*;
- (e) Etidocaine*;
- (f) Lidocaine*;
- (g) Lidocaine (non-injectable dosage form);
- (h) Mepivocaine*;
- (i) Prilocaine*;
- (j) Procaine*;
- (k) Tetracaine*.
- (364) Vaccines:
- (a) BCG*;
- (b) Cholera*;
- (c) Diphtheria*;
- (d) DPT*;
- (e) Haemophilus b Conjugate*;
- (f) Hepatitis A Virus*;
- (g) Hepatitis B*;
- (h) Influenza Virus*;
- (i) Japanese Encephalitis Virus*;
- (j) Measles Virus*;
- (k) Mumps Virus*;
- (l) Pertussis*;
- (m) Plague*;
- (n) Pneumococcal*;
- (o) Poliovirus Inactivated*;
- (p) Poliovirus-Live Oral*;
- (q) Rabies*;
- (r) Rubella*;
- (s) Smallpox*;
- (t) Tetanus IG*;
- (u) Tetanus Toxoid*;
- (v) Typhoid*;
- (w) Varicella*;
- (x) Yellow Fever*;

(365) SkinTests:

- (a) Diphtheria*;
- (b) Mumps*;
- (c) Tuberculin*.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 681.145

Hist.: NE 2-1990, f. & cert. ef. 11-8-90; NE 1-1997, f. 10-13-97, cert. ef. 10-20-97; BNE 1-1999, f. 6-24-99, cert. ef. 6-25-99; BNE 1-2000, f. & cert. ef. 1-10-00; BNE 3-2000, f. & cert. ef. 8-16-00; BNE 2-2001, f. & cert. ef. 2-7-01; BNE 4-2001, f. & cert. ef. 5-25-01; BNE 8-2001, f. & cert. ef. 12-7-01; BNE 4-2002, f. & cert. ef. 8-8-02; BNE 3-2003, f. & cert. ef. 6-9-03; BNE 5-2003, f. & cert. ef. 12-5-03; BNE 5-2004, f. & cert. ef. 6-10-04; BNE 3-2005, f. & cert. ef. 2-4-05; BNE 5-2005, f. & cert. ef. 6-10-05; Renumbered from 850-010-0225, BNE 8-2005, f. & cert. ef. 10-27-05; BNE 9-2005, f. & cert. ef. 12-12-05

850-060-0226

Naturopathic Formulary Compendium by Classification

The following classifications for substances listed in 850-060-0225 have been recommended by the Board of Naturopathic Examiners Formulary Council established by the 65th Oregon Legislature. Substances listed on the formulary compendium can be prescribed in any dosage or any dosage form. Products marked with an asterisk (*) may be used by Naturopathic Physicians, but may not be prescribed. Combination products containing only active ingredients listed in the Formulary may be prescribed. Combination products containing any active ingredient(s), not listed in the Formulary, except non-legend drugs, may not be prescribed. A double asterisk (**) indicates examples include but are not limited to the substances listed.

- (1) Antiestrogens;
- (a) Nafarelin Acetate;
- (b) Tibolone;
- (2) Antigout;
- (a) Colchicine;
- (b) allopurinol;
- (3) Anti-infective Agents;
- (a) Anthelmintics;
- (A) Thiabendazole.
- (B) Oxamniquine.

- (C) Mebendazole.
- (b) Antibacterials;
- (A) Aminoglycosides**;
- (i) Gentamicin;
- (ii) Kanamycin Sulfate;
- (iii) Tobramycin;
- (B) Cephalosporins**;
- (i) Cefaclor;
- (ii) Cefadroxil;
- (iii) Cefdinir;
- (iv) Cefditoren;
- (v) Cefibuten;
- (vi) Cefixime;
- (vii) Cefonicid Sodium;
- (viii) Cefpodoxime Proxetil;
- (ix) Cefprozil;
- (x) Cefibuten;
- (xi) Cefuroxime;
- (xii) Cephalexin;
- (xiii) Cephadrine;
- (C) Chloramphenicol.
- (D) Macrolides and Ketolides**;
- (i) Azithromycin;
- (ii) Clarithromycin;
- (iii) Dirithromycin;
- (iv) Erythromycins;
- (v) Telithromycin;
- (vi) Troleandomycin;
- (E) Penicillins**;
- (i) Amoxicillin and Clavulanate;
- (ii) Amoxicillin;
- (iii) Ampicillin and Sulbactam;
- (iv) Ampicillin;
- (v) Bacampicillin;
- (vi) Cloxacillin;
- (vii) Dicloxacillin;
- (viii) Oxacillin;
- (ix) Penicillin;
- (F) Quinolones**;
- (i) Fluoroquinolones;
- (ii) Quinolones -all;
- (G) Sulfonamides;
- (i) Sulfonamide/Trimethoprim/ Sulfones;
- (H) Tetracyclines**;
- (i) Demeclocycline Hydrochloride;
- (ii) Doxycycline;
- (iii) Minocycline;
- (iv) Oxytetracycline;
- (v) Tetracycline;
- (I) Misc. antibacterials;
- (i) Bacitracin;
- (ii) Clindamycin;
- (iii) Colistimethate;
- (iv) Lincomycin;
- (v) Novobiocin;
- (vi) Polymyxin B Sulfate;
- (vii) Spectinomycin;
- (viii) Vancomycin;
- (c) Antifungals;
- (A) Azoles**;
- (i) Fluconazole;
- (ii) Itraconazole;
- (iii) Ketoconazole;
- (iv) Tinidazole;
- (B) Amphotericin B;
- (C) Gentian Violet;
- (D) Griseofulvin;
- (E) Nystatin;
- (d) Antimycobacterials;
- (A) Aminosalicic Acid;
- (B) Cycloserine;
- (C) Pyrazinamide;
- (D) Rifabutin;
- (E) Rifampin;
- (e) Antivirals;
- (A) Interferon**;
- (B) Nucleoside/nucleotide analogs**;
- (i) Abacavir;
- (ii) Acyclovir;
- (iii) Didanosine;
- (iv) Emtricitabine;
- (v) Famciclovir;
- (vi) Ganciclovir;
- (vii) Lamivudine;
- (viii) Penciclovir;
- (ix) Stavudine;
- (x) Tenofovir;
- (xi) Valacyclovir;
- (xii) Vialabine;
- (xiii) Zalcitabine;
- (xiv) Zidovudine;
- (f) Antiprotozoal;
- (A) Iodoquinol;
- (B) Metronidazole;
- (C) Quinines;
- (i) Chloroquine;
- (ii) Hydroxychloroquine;
- (iii) Mefloquine;
- (iv) Quinine Sulfate;
- (g) Misc;
- (A) Immune Globulins* **;
- (B) Lindane;
- (C) Permethrin;
- (D) Pyrethrins;
- (4) Antineoplastic Agents;
- (a) Anastrozole;
- (b) Letrozole;
- (5) Anti-thyroid;
- (a) Thionamides;
- (A) Methimazole;
- (B) Propylthiouracil;
- (6) Autonomic Drugs;
- (a) Parasympathomimetic;
- (A) Bethanechol;
- (B) Galantamine H. Br;
- (b) Anticholinergic;
- (A) Atropine Sulfate;
- (B) Atropine;
- (C) Belladonna;
- (D) Flavoxate;
- (E) Homatropine Hydrobromide*;
- (F) Hyoscyamine;
- (G) Meclizine;
- (H) Methscopolamine;
- (I) Physostigmine;
- (J) Pilocarpine;
- (K) Scopolamine;
- (c) Sympathomimetic;
- (A) Ephedrine;
- (B) Epinephrine*;
- (C) Epinephrine (auto-inject);
- (d) Sympatholytic;
- (A) Yohimbine;
- (e) Skeletal Muscle Relaxants;
- (A) Clostridium botulinum toxin (ab);
- (B) Baclofen;
- (f) Misc;
- (A) Nicotine;
- (7) Biologicals;
- (a) Enzymes**;
- (A) Collagenase;
- (B) Desoxyribonuclease;

- (C) Fibrinolysin;
- (D) Hyaluronidase;
- (E) Pancrelipase;
- (F) Papain;
- (b) Hormones — see hormone;
- (c) Immune globulins — see anti-infective, misc;
- (d) Interferons — see antivirals;
- (e) Prostaglandins**;
- (A) Alprostadil;
- (B) Bimatoprost;
- (C) Iloprost;
- (D) Dinoprostone;
- (E) Misoprostal;
- (f) Blood derivatives;
- (8) Blood Formation and Coagulation;
- (a) Coumarin;
- (b) Erythropoietin;
- (c) Heparin; subcutaneous, sublingual and heparin locks;
- (9) Cardiovascular Drugs;
- (a) Cardiac;
- (A) Adenosine Monophosphate;
- (B) Digitalis;
- (C) Digitoxin;
- (D) Digoxin;
- (E) Quinidine;
- (b) Antilipemic;
- (A) HMG CoA Reductase Inhibitors**;
- (i) Atorvastatin;
- (ii) Fluvastatin;
- (iii) Lovastatin;
- (iv) Pravastatin;
- (v) Simvastatin;
- (B) Ezetimibe;
- (c) Diuretics;
- (A) Spironolactone;
- (B) Triamterene;
- (d) Hypotensive;
- (A) Lisuride;
- (B) Rauwolfia Alkaloids;
- (e) Vasodilating;
- (A) Nitrates**;
- (i) Isosorbide Dinitrate;
- (ii) Mononitrate;
- (iii) Nitroglycerin;
- (B) Papavarine;
- (f) Calcium Channel blockers;
- (A) Phenylalkylamine**;
- (i) Verapamil;
- (g) ACE inhibitors**;
- (A) Benazepril;
- (B) Captopril;
- (C) Enalapril;
- (D) Fosinopril;
- (E) Lisinopril;
- (F) Moexipril;
- (G) Perindopril;
- (H) Quinapril;
- (I) Ramopril;
- (J) Trandolapril;
- (10) Central Nervous System Agents;
- (a) Analgesics and Antipyretics;
- (A) NAIDS;
- (i) Amino Aspirins;
- (ii) Celecoxib;
- (iii) Mesalamine;
- (iv) Olsalazine;
- (v) Oxaprozin;
- (vi) Propionic Acid Derivatives**;
- (aa) Fenoprofen;
- (bb) Flurbiprofen;
- (cc) Ibuprofen;
- (dd) Ketoprofen;
- (ee) Oxaprozin;
- (ff) Naproxen;
- (vii) Salicyclic Acid;
- (viii) Salicylamide;
- (ix) Salicylate Salts;
- (x) Salsalate;
- (xi) Sulfasalazine;
- (B) Opioids**;
- (i) Buprenorphine;
- (ii) Butorphanol;
- (iii) Codeine;
- (iv) Dextromethorphan;
- (v) Fentanyl;
- (vi) Hydrocodone;
- (vii) Hydromorphone;
- (viii) Levorphanol;
- (ix) Methadone;
- (x) Morphine;
- (xi) Opium;
- (xii) Oxycodone;
- (xiii) Oxymorphone;
- (xiv) Paregoric;
- (xv) Tramadol;
- (b) Opioid Antagonists;
- (A) Naloxone;
- (c) Anticonvulsants;
- (A) Gaba Analogues**;
- (i) Gabapentin;
- (ii) Pregabalin;
- (iii) Tigabine;
- (d) Anti-Parkinson's;
- (A) Bromocriptine;
- (B) Carbidopa;
- (C) Cabergoline;
- (D) Levodopa;
- (E) Pergolide;
- (e) Psychotherapeutic;
- (A) Anxiolytics, sedatives and hypnotics;
- (i) Benzodiazepines**;
- (ii) Zolpidem;
- (B) Anti-Manic;
- (i) Lithium;
- (f) Misc;
- (A) Triptans**;
- (11) Diabetic;
- (a) Acarbose;
- (b) Insulin;
- (c) Metformin;
- (d) Miglitol;
- (e) Nateglinide;
- (12) Electrolytic;
- (a) Ammonium Chloride;
- (b) Bisphosphonates**;
- (A) Alendronate;
- (B) Etidronate;
- (C) Risendronate;
- (D) Tiludronate;
- (c) Cellulose Sodium Phosphate (calcium removing);
- (d) Dextran;
- (e) Dextrose;
- (f) Electrolyte Solutions;
- (g) Fluorides;
- (h) Iodine;
- (i) Iron Preparations;
- (j) Minerals (Oral & Injectable);
- (k) Polysaccharide-Iron Complex;
- (l) Potassium Iodide;
- (m) Potassium Supplements;
- (n) Sodium Polystyrene Sulfonate;
- (13) Ergot Derivatives**;

- (a) Dihydroergotamine;
- (b) Ergoloid Mesylates;
- (c) Ergonovine Maleate;
- (d) Ergotamine;
- (14) EENT preparations;
- (a) Acetic Acid;
- (b) Ophthalmic Solution (0.03%);
- (c) Carbamide Peroxide;
- (d) Natamycin;
- (e) Phenylephrine;
- (f) Prostaglandins — see Biologicals;
- (15) GI drugs;
- (a) Antidiarrhea — see opioids;
- (b) Cathartics and laxatives;
- (A) Lactulose;
- (c) Antiemetics;
- (A) Dronabinol;
- (d) Antiulcer and acid suppressants;
- (A) Misoprostol;
- (B) Proton Pump Inhibitors**;
- (i) Omeprazole;
- (C) Sucralfate;
- (e) Misc;
- (A) Citrate Salts;
- (B) Ursodiol;
- (16) Gold Compounds;
- (a) Auranofin;
- (17) Heavy Metal antagonists (see 850-060-225 for specific education requirements);
- (a) Deferoxamine/Desferroxamine;
- (b) DMPS;
- (c) DMSA;
- (d) EDTA;
- (e) Penicillamine;
- (f) Sodium Thiosulfate.
- (18) Hormones and synthetic substitutes**;
- (a) Adrenals;
- (A) Betamethasone;
- (B) Budesonide;
- (C) Cortisone;
- (D) Dexamethasone;
- (E) Fludrocortisone Acetate;
- (F) Flunisolide;
- (G) Fluticasone Propionate;
- (H) Hydrocortisone;
- (I) Paramethasone;
- (J) Prednisolone;
- (K) Prednisone;
- (L) Tibolone;
- (M) Triamcinolone;
- (b) Androgens;
- (A) Danazol;
- (B) Methyltestosterone;
- (C) Testosterone;
- (c) Contraceptives;
- (A) Estrogen-Progestin Combinations;
- (B) Progestins;
- (d) Estrogens and antiestrogens;
- (A) Cenestin;
- (B) Estradiol;
- (C) Estriol;
- (D) Estrogen, Esterified;
- (E) Estrogens, Conjugated;
- (F) Estrone;
- (G) Estropipate;
- (e) Pituitary;
- (A) Desmopressin;
- (B) Human Growth Hormone;
- (C) Oxytocin;
- (f) Progestins;
- (A) Medroxyprogesterone;
- (B) Medrysone;
- (C) Megestrol Acetate;
- (D) Methylprednisolone;
- (E) Progesterone;
- (F) Progestins;
- (g) Thyroid;
- (A) Dextrothyroxine;
- (B) Levonorgestrel;
- (C) Levothyroxine;
- (D) Liothyronine;
- (E) Liotrix;
- (F) Thyroxine;
- (19) Immunological;
- (a) Tacrolimus;
- (b) Rho(D) Immune globulins*;
- (20) Local anesthetics**;
- (a) Benzocaine*;
- (b) Betaine;
- (c) Bupivacaine*;
- (d) Chirocaine*;
- (e) Chloroprocaine*;
- (f) Dyclonine*;
- (g) Ethyl Chloride;
- (h) Etidocaine*;
- (i) Hydroxypolyetho-xydodecane*;
- (j) Lidocaine (non-injectable dosage form);
- (k) Lidocaine*;
- (l) Mepivocaine*;
- (m) Pramoxine;
- (n) Prilocaine*;
- (o) Procaine*;
- (p) Tetracaine*;
- (21) Prostaglandins — see Biologicals;
- (22) Skin and mucous membrane agents;
- (a) Anti-infectives;
- (A) Benzoic Acid;
- (B) Carbol-Fuchsin;
- (C) Clioquinol;
- (D) Hexachlorophene;
- (E) Iodoquinol;
- (F) Mercury, Ammoniated;
- (G) Mupirocin;
- (H) Selenium Sulfide;
- (I) Silver Nitrate;
- (J) Undecylenic Acid;
- (b) Anti-inflammatory;
- (A) Topical steroids;
- (c) Antipruritics and local anesthetics;
- (A) Pentosan;
- (B) Phenazopyridine;
- (d) Cell stimulants and proliferants;
- (A) Anthralin;
- (B) Tretinoin;
- (e) Keratolytic;
- (A) Adapalene;
- (B) Aminolevulinic Acid;
- (C) Bichloroacetic Acid;
- (D) Imiquimod Cream (5%);
- (E) Isotretinoin;
- (F) Podophyllum Resin;
- (G) Trichloroacetic Acid*;
- (H) Urea;
- (f) Misc;
- (A) Acitretin;
- (B) Ammonium lactate lotion 12%;
- (C) Azelaic Acid;
- (D) Becaplermin;
- (E) Calcipotriene;
- (F) Condyllox;
- (G) Fluorouracil;
- (H) Hydroquinone;

- (I) Methoxsalen;
- (J) Monobenzone;
- (K) Pimecrolimus Cream 1%;
- (L) Tazarotene topical gel;
- (M) Trioxsalen;
- (23) Skin Tests**;
- (a) Diphtheria*;
- (b) Mumps*;
- (c) Tuberculin*;
- (24) Upper Respiratory;
- (a) Acetylcysteine;
- (b) Albuterol Sulfate;
- (c) Benzonatate;
- (d) Cromolyn Sodium;
- (e) Guaifenesin;
- (f) Levalbuteral;
- (g) Nedocromil;
- (h) Xanthines**;
- (A) Aminophylline;
- (B) Diphylline;
- (C) Oxtriphylline;
- (D) Pentoxifylline;
- (E) Theophylline;
- (25) Vaccines**;
- (a) BCG*;
- (b) Cholera*;
- (c) Diphtheria*;
- (d) DPT*;
- (e) Haemophilus b Conjugate*;
- (f) Hepatitis A Virus*;
- (g) Hepatitis B*;
- (h) Influenza Virus*;
- (i) Japanese Encephalitis Virus*;
- (j) Measles Virus*;
- (k) Mumps Virus*;

- (l) Pertussis*;
- (m) Plague*;
- (n) Pneumococcal*;
- (o) Poliovirus - Inactivated*;
- (p) Poliovirus - Live Oral*;
- (q) Rabies*;
- (r) Rubella*;
- (s) Smallpox*;
- (t) Tetanus IG*;
- (u) Tetanus Toxoid*;
- (v) Typhoid*;
- (w) Varicella*;
- (x) Yellow Fever*;
- (26) Vitamins**;
- (a) Calcitonin;
- (b) Calcitriol;
- (c) Cyanocobalamin;
- (d) Doxercalciferol;
- (e) Leucovorin Calcium;
- (f) Vitamins (Oral & Injectable);
- (27) Misc;
- (a) Colchicine (gout);
- (b) Dimethyl Sulfone (DMSO);
- (c) Hyaluronic Acid;
- (d) Hydrogen Peroxide;
- (e) MSM;
- (f) OTC Substances;
- (g) Oxygen;
- (h) Urised.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.145

Hist.: BNE 1-2002, f. & cert. ef. 2-19-02; BNE 4-2002, f. & cert. ef. 8-8-02; BNE 3-2003, f. & cert. ef. 6-9-03; BNE 5-2003, f. & cert. ef. 12-5-03; BNE 5-2004, f. & cert. ef. 6-10-04; Renumbered from 850-010-0226, BNE 8-2005, f. & cert. ef. 10-27-05; BNE 9-2005, f. & cert. ef. 12-12-05
