

Chapter 850 Oregon Board of Naturopathic Medicine

DIVISION 1

PROCEDURAL RULES

- 850-001-0000** Notice of Rulemaking
850-001-0005 Model Rules of Practice and Procedure
850-001-0010 Requiring an Answer to Charges as Part of Notices to Parties in Contested Cases
850-001-0015 Hearing Request and Answer: Consequences of Failure to Answer

DIVISION 5

ADMINISTRATION OF THE BOARD

- 850-005-0175** Board Terms
850-005-0185 Peer Review
850-005-0190 Board Member Compensation

DIVISION 10

GENERAL

- 850-010-0005** Definitions
850-010-0100 Mode of Remittance
850-010-0160 State Industrial Accident Cases
850-010-0170 State Welfare Cases
850-010-0180 Standards

DIVISION 20

APPROVAL OF NATUROPATHIC SCHOOLS OF MEDICINE

- 850-020-0000** Scope and Purpose
850-020-0005 Exercise of Board Authority
850-020-0020 Standards
850-020-0025 Review Procedures
850-020-0030 Revocation of Approval

DIVISION 30

LICENSURE

- 850-030-0010** Requirements for Application
850-030-0020 State and Nationwide Criminal Records Checks, Fitness Determinations
850-030-0030 Application for Examination; Application for License
850-030-0035 Fees for Licensure, Examination and Certification
850-030-0040 Examination Dates
850-030-0055 Practice in Oregon by Out-of-State Naturopathic Physicians In the Event of an Emergency
850-030-0060 Temporary Permits
850-030-0070 Reciprocity
850-030-0080 Display of License
850-030-0090 Expiration and Renewal of Licenses and Certificates in Natural Childbirth
850-030-0110 Use of Unauthorized Material and Misrepresentations in Obtaining License
850-030-0195 License Renewal Requirements

DIVISION 35

NATURAL CHILDBIRTH

- 850-035-0230** Requirements for Certification to Practice Natural Childbirth

DIVISION 40

CONTINUING EDUCATION

- 850-040-0210** Continuing Education

- 850-040-0230** Continuing Education Approval: Licensee Submissions

- 850-040-0240** Continuing Education Program Approval: Professional Development Providers (PDP)

DIVISION 50

DISCIPLINE

- 850-050-0010** Sanctions for Violations
850-050-0120 Illegal Practice; Duty to Self-Report
850-050-0130 Change of Name and Address
850-050-0140 Advertising
850-050-0150 Public Health Laws
850-050-0190 Discipline or Denial of License

DIVISION 60

PRESCRIBING AUTHORITY; EDUCATION; FORMULARY

- 850-060-0212** Education Requirements for Injections/ IV Chelation Therapy
850-060-0215 Drug Enforcement Administration Registration
850-060-0220 Authority to Prescribe, Dispense, Administer, and Order
850-060-0225 Naturopathic Formulary Compendium
850-060-0226 Formulary Compendium Classifications

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 Medicine.

[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 Medicine.]

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. & ef. 3-11-85; NE 1-1986, f. & ef. 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

850-005-0190

Board Member Compensation

(1) Board members of the Oregon Board of Naturopathic Medicine, who are authorized by law to receive compensation for time spent in the performance of their official duties, will receive a payment of \$100 for each day or portion thereof during which the member is actually engaged in the performance of official duties. If the hours engaged in the official duty is less than 3 hours, payment will be \$30 for the day. This compensation amount will be in addition to any eligible reimbursement of travel expenses.

(2) Board members and employees of the Board are authorized to receive actual and necessary travel or other expenses actually incurred in the performance of their official duties as determined by the Board. Mileage reimbursement will be provided at the rate established by the Internal Revenue Service for privately owned vehicles.

(3) No Board member will be required to accept compensation or reimbursement of travel expenses while performing their official duties as a Board member.

Stat. Auth.: ORS 292 & 182

Stats. Implemented: ORS 182.466(3) & 2009 OL Ch. 535 (HB 2058)

Hist.: OBNM 2-2010, f. & cert. ef. 5-3-10

DIVISION 10

GENERAL

850-010-0005

Definitions

As used in OAR 850-010-0010 to 850-060-0226 unless otherwise required by context:

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

(2) "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.

(3) "Direct Supervision" means that a licensed Naturopathic physician is physically present in the clinic, is monitoring and directly responsible for activities of supervised person, and is available to intervene if necessary.

(4) "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.

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

(6) "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.

(7) "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.

(8) "Patient" means any person who is examined, treated, or otherwise provided naturopathic medical services, whether or not the person has entered into a physician-patient relationship or has agreed to pay a fee for services.

(9) "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 altered by any mechanical, physical, or chemical process

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

(11) "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.

(12) "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;

(13) "Superficial" as used in ORS 685.010(4) Minor Surgery 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.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.010

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; BNE 1-2007, f. & cert. ef. 6-12-07; BNE 4-2008, f. & cert. ef. 6-11-08

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 Medicine 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 Medicine 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

850-030-0020

State and Nationwide Criminal Records Checks, Fitness Determinations

(1) The purpose of these rules is to provide for the reasonable screening of applicants and licensees in order to determine if they have a history of criminal behavior such that they are not fit to be granted or hold a license that is issued by the Board.

(2) These rules are to be applied when evaluating the criminal history of an applicant or licensee and conducting fitness determinations based upon such history. The fact that an applicant or licensee has cleared the criminal history check does not guarantee the granting or renewal of a license.

(3) The Board may require fingerprints of all applicants for an initial license as a naturopathic physician, licensees applying to reinstate a lapsed license, and licensees under investigation to determine the fitness of an applicant or licensee. These fingerprints will be provided on prescribed forms made available by the Board. Fingerprints may be obtained at a law enforcement office or at a private service acceptable to the Board; the Board will submit fingerprints to the Oregon Department of State Police to conduct a Criminal History Check and a National Criminal History Check. Any original fingerprint cards will subsequently be destroyed by the Oregon Department of State Police.

(4) The Board determines whether an applicant or licensee is fit to be granted a license based on the criminal records background check, any false statements made by the applicant or licensee regarding the criminal history of the individual, any refusal to submit or

consent to a criminal records check including fingerprint identification, and any other pertinent information obtained as part of an investigation. If an applicant is determined to be unfit, the applicant may not be granted a license. If a licensee is determined to be unfit the licensee's license may not be reinstated. The Board may make a fitness determination conditional upon applicant's or licensee's acceptance of probation, conditions, limitations, or other restrictions upon licensure.

(5) Except as otherwise provided in section (2), in making the fitness determination the Board considers:

(a) The nature of the crime;

(b) The facts that support the conviction or pending indictment or that indicate the making of the false statement;

(c) The relevancy, if any, of the crime or the false statement to the specific requirements of the applicant's or licensee's present or proposed license; and

(d) Intervening circumstances relevant to the responsibilities and circumstances of the license. Intervening circumstances include but are not limited to:

(A) The passage of time since the commission of the crime;

(B) The age of the applicant or licensee at the time of the crime;

(C) The likelihood of a repetition of offenses or of the commission of another crime;

(D) The subsequent commission of another relevant crime;

(E) Whether the conviction was set aside and the legal effect of setting aside the conviction; and

(F) A recommendation of an employer.

(6) All requested background checks include available state and national data, unless obtaining one or the other is an acceptable alternative.

(7) In order to conduct the Oregon and National Criminal History Check and fitness determination, the Board may require additional information from the licensee or applicant as necessary, such as but not limited to, proof of identity; residential history; names used while living at each residence; or additional criminal, judicial or other background information.

(8) Criminal offender information is confidential. Dissemination of information received under ORS 181.534 is only to people with a demonstrated and legitimate need to know the information. The information is part of the investigation of an applicant or licensee and as such is confidential pursuant to 676.175(1).

(9) The Board will permit the individual for whom a fingerprint-based criminal records check was conducted to inspect the individual's own state and national criminal offender records and, if requested by the subject individual, provide the individual with a copy of the individual's own state and national criminal offender records.

(10) The Board may consider any conviction of any violation of the law for which the court could impose a punishment and in compliance with ORS 670.280. The Board may also consider any arrests, court records, or other information that may be indicative of an individual's inability to perform as a licensee with care and safety to the public.

(11) If an applicant or licensee is determined not to be fit for a license, the applicant or licensee is entitled to a contested case process pursuant to ORS 183.413–183.470. Challenges to the accuracy or completeness of information provided by the Oregon Department of State Police, Federal Bureau of Investigation and agencies reporting information must be made through the Oregon Department of State Police, Federal Bureau of Investigation, or reporting agency and not through the contested case process pursuant to ORS 183. If an individual successfully contests the accuracy or completeness of information provided by the Oregon State Police, the FBI or other reporting agency, the Board will conduct a new criminal history check upon submission of a new request.

(12) If the applicant discontinues the application process or fails to cooperate with the criminal history check process, the application is considered incomplete.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 685.195

Hist.: BNE 2-2007, f. & cert. ef. 6-12-07; BNE 3-2008, f. 4-21-08, cert. ef. 6-10-08

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 Certification

(1) Fees schedule:

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

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

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

(d) The annual license renewal fee for an active Naturopathic license shall be \$275.

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

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

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

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

(i) The fee to reinstate a lapsed license to active status within 12 months of being lapsed shall be \$275 plus a restoration fee of \$150.

(j) The annual fee mandated for all licensees with the authority to prescribe shall be \$25;

(k) Duplicate license fee shall be \$25;

(l) Wall certificate shall be \$25;

(m) The fee for mailing an examination packet shall be \$35 or the current rate charged for the secure overnight mailing of examinations;

(n) Mailing list in any version shall be \$50;

(o) Copies of public documents shall be \$15 for the first ten single-sided pages and 10 cents per page hereafter.

(2) All Board fees and fines are non-refundable.

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; BNE 3-2008, f. 4-21-08, cert. ef. 6-10-08; BNE 3-2009, f. & cert. ef. 10-6-09

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 Medicine 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 Medicine.

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 licensee 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 and Certificates in Natural Childbirth

(1) Unless renewed to the Executive Director or designated staff of the Board on a form provided by the Board, all licenses to practice naturopathic medicine in Oregon automatically lapse on December 31 of every year.

(2) The renewal form must be returned to the Board office by December 15 and include:

- (a) The completed and signed renewal application form furnished by the Board;
- (b) The completed and signed CE affidavit form; and
- (c) The annual fee for an active, inactive or retired license; and
- (d) The annual fee for a natural childbirth certificate if one is held by the licensee.

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; BNE 3-2008, f. 4-21-08, cert. ef. 6-10-08

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 annual 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 annual 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. 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 annual renewal fee according to OAR 850-030-0090 and 850-030-0035; and

(c) Complete Board approved CE as required under OAR 850-040-0210 for an active license each year and submit a signed affidavit furnished by the Board confirming this.

(5) At least 10 of the required CE hours must be in the pharmacology of legend drugs.

(6) 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.

(7) 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.

(8) 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 annual 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 (5) 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.

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

(10) 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.

(11) 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.

(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 the required hours of approved continuing education during the past 12 months for an active license, with 10 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(6).

(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) After January 1, the Board may reinstate a license that has been lapsed 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.

(14) Any licensee who has allowed a license to lapse for more than 12 months must apply and meet the qualifications under ORS 685.060 through 685.085 for licensure.

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; BNE 3-2008, f. 4-21-08, cert. ef. 6-10-08; BNE 4-2009, f. & cert. ef. 10-6-09; BNE 5-2009(Temp), f. & cert. ef. 10-13-09 thru 12-31-09; BNE 6-2009, f. 11-2-09, cert. ef. 1-1-10

DIVISION 35

NATURAL CHILDBIRTH

850-035-0230

Requirements for Certification to Practice Natural Childbirth

A naturopathic physician maintaining an active license 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, which 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 685.100 relates specifically to the practice of natural childbirth by a licensee who possesses a certificate of special competency, 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; BNE 1-2009, f. & cert. ef. 4-30-09; BNE 4-2009, f. & cert. ef. 10-6-09; BNE 5-2009(Temp), f. & cert. ef. 10-13-09 thru 12-31-09; BNE 6-2009, f. 11-2-09, cert. ef. 1-1-10

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.

(2) CE required for an active license is as follows:

(a) For the annual renewal period beginning on January 1, 2010, at least 35 hours of CE, with at least 10 of these hours in pharmacology.

(b) For the annual renewal period beginning on January 1, 2011, at least 40 hours of CE, with at least 10 of these hours in pharmacology.

(c) For the annual renewal period beginning on January 1, 2012, at least 45 hours of CE, with at least 10 of these hours in pharmacology.

(d) Effective January 1, 2013, at least 50 hours of CE every year, with at least 10 of these hours in pharmacology.

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

(4) A natural childbirth certificate requires 15 hours in obstetrics each year per OAR 850-035-0230, which may be included as part of the annual CE requirement.

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

(6) Effective January 1, 2010, licensees with an active license must obtain at least two hours of medical ethics education every year, which may be included as part of the annual CE requirement.

(7) Each Licensee must obtain the one-time mandatory pain management education as required by ORS 409.500 through 409.570, within 24 months of initial license renewal.

(8) CE obtained in December not used in the year the hours were obtained, may be used in the following year for CE credit.

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

(10) Licensees holding an active license must obtain at least 10 hours of Board approved CE annually in pharmacology. These hours may be part of the 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.

(11) 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.

(12) 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.

(13) Licensees may receive credit for the qualifying education. Licensees are encouraged to request pre-approval for any program not clearly meeting the criteria in this rule. Continuing education may be approved based on the following criteria:

(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). Articles must be from peer-reviewed publications. Verification must include concise information including an original outline of the literature reviewed;

(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. 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 (12)(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) Participation in the Naturopathic Physicians Licensing Examinations (NPLEX) committee for the development and writing of the NPLEX examinations;

(m) Activities specific to patient charting and record keeping;

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

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

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

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

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

(a) Teaching, except as permitted in OAR 850-040-0210(13)(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; BNE 4-2009, f. & cert. ef. 10-6-09; BNE 5-2009(Temp), f. & cert. ef. 10-13-09 thru 12-31-09; BNE 6-2009, f. 11-2-09, cert. ef. 1-1-10

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(10),

(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 if 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(10), 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;
- (e) Location(s) of presentation;
- (f) A copy of the curriculum vitae for each presenter who must be a naturopathic physician, other licensed physician, or other professionally 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 Self-Report

(1) No person other than a licensee complying with the provisions of ORS Chapter 685 shall:

(a) Advertise, hold out to the public or represent in any manner that the person is authorized to practice naturopathy or naturopathic medicine in Oregon, or

(b) Use the terms “naturopathic practitioner,” “naturopathic healer,” “naturopathic doctor,” “naturopathic consultant” or any other terms that convey intent to practice naturopathy or naturopathic medicine.

(2) Any applicant for examination shall be prohibited from and prosecuted for any practice of naturopathy or naturopathic medicine while awaiting examination.

(3) 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.

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

(5) For the purpose of this rule, naturopathic treatment shall be considered as practicing naturopathy or naturopathic medicine within the meaning of ORS 685.010(5), unless under the direct supervision of a licensee of the Board.

(6) Each Board licensee must self-report to the Board in writing as soon as possible, but no later than 30 days after official action taken against the licensee, of any of the following:

(a) Any arrest, citation or conviction of the licensee for driving under the influence of intoxicants or reckless driving that is related to the use of an intoxicant;

(b) Any arrest or conviction of the licensee for a felony violation or criminal conduct;

(c) Any action brought against the licensee by a health regulatory agency; and

(d) Any action brought against the licensee by a patient, former patient, or health care facility, based upon allegations or findings of medical incompetence, malpractice, unprofessional conduct or licensee impairment.

Stat. Auth.: ORS 685

Stats. Implemented: ORS 685.220 & 685.110

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; BNE 5-2008, f. & cert. ef. 6-11-08; OBNM 4-2010, f. & cert. ef. 6-30-10

850-050-0130

Change of Name and Address

Each Board licensee must notify the Board in writing within 30 days of any change of the licensee’s name, 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; OBNM 4-2010, f. & cert. ef. 6-30-10

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 licensee, 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, IIIN, 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, IIIN, 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, Administer, and Order

Naturopathic physicians shall be allowed to prescribe, dispense, administer, 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,

(6) Antibiotics to partner(s) of patients diagnosed with a sexually transmitted disease without a patient visit by the partner of the patient for Expedited Partner Therapy (EPT) per OAR 855-041-8000 to 855-041-8005 of the Department of Human Services.

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; OBNM 1-2010, f. & cert. ef. 2-16-10; OBNM 3-2010, f. & cert. ef. 5-3-10

850-060-0225

Naturopathic Formulary Compendium

The Formulary Council has approved the following substances; in addition to the pharmacologic-therapeutic classifications based on the 2009 American Hospital Formulary Service (AHFS) listed in 850-060-0226. This listing does not supersede the education and training requirement established in 850-060-0212 for administration of IV agents. The Formulary Council may consider new agents, substances and pharmacologic-therapeutic classifications for addition to this list.

(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) Amantadine;

(14) Amino Acids;

(15) Amino Aspirins;

(16) Aminoglycosides;

(17) Aminolevulinic Acid;

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

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|-------------------------------------------------------------|------------------------------------------------------------|
| (157) Fludrocortisone Acetate; | (228) Megestrol Acetate; |
| (158) Flunisolide; | (229) Meloxicam; |
| (159) Fluorides; | (230) Memantine; |
| (160) Fluoroquinolones; | (231) Mercury, Ammoniated; |
| (161) Fluoroquinolones; | (232) Mesalamine; |
| (162) Fluorouracil; | (233) Metformin; |
| (163) Fluticasone propionate; | (234) Methadone; |
| (164) Fluvastatin; | (235) Methimazole; |
| (165) Fosinopril; | (236) Methoxsalen; |
| (166) Gaba Analogs; | (237) Methscopolamine; |
| (167) Gabapentin; | (238) Methylergonovine; |
| (168) Galantamine H. Br.; | (239) Methylprednisolone; |
| (169) Gamma-Hydroxy Butyrate; | (240) Methylsulfonylmethane (MSM); |
| (170) Ganciclovir; | (241) Methyltestosterone; |
| (171) Gentamicin; | (242) Methysergide; |
| (172) Gentian Violet; | (243) Metronidazole; |
| (173) Glycerin/Glycerol; | (244) Miglitol; |
| (174) Griseofulvin; | (245) Minerals (Oral & Injectable); |
| (175) Guaifenesin; | (246) Minocycline; |
| (176) Heparin - subcutaneous, sublingual and heparin locks; | (247) Misoprostol; |
| (177) Hexachlorophene; | (248) Moexipril; |
| (178) Homatropine Hydrobromide*; | (249) Monobenzene; |
| (179) Human Growth Hormone; | (250) Morphine; |
| (180) Hyaluronic Acid; | (251) Mupirocin; |
| (181) Hyaluronidase; | (252) Nafarelin acetate; |
| (182) Hydrocodone; | (253) Naloxone; |
| (183) Hydrocortisone; | (254) Naltrexone; |
| (184) Hydrogen Peroxide; | (255) Natamycin; |
| (185) Hydromorphone; | (256) Nateglinide; |
| (186) Hydroquinone; | (257) Nicotine; |
| (187) Hydroxychloroquine; | (258) Nitroglycerin; |
| (188) Hydroxypolyethoxydodecane*; | (259) Novobiocin; |
| (189) Hyoscyamine; | (260) Nystatin; |
| (190) Iloprost Inhalation Solution; | (261) Olsalazine; |
| (191) Imiquimod Cream (5%); | (262) Omeprazole; |
| (192) Immune Globulins*; | (263) Opium; |
| (193) Indomethacin; | (264) Over the Counter (OTC) |
| (194) Insulin; | (265) Oxacillin; |
| (195) Interferon Alpha b w/Ribavirin; | (266) Oxamniquine; |
| (196) Iodine; | (267) Oxaprozin; |
| (197) Iodoquinol; | (268) Oxtriphylline; |
| (198) Iron Preparations; | (269) Oxycodone; |
| (199) Isosorbide Dinitrate; | (270) Oxygen; |
| (200) Isotretinoin; | (271) Oxymorphone; |
| (201) Itraconazole; | (272) Oxytetracycline; |
| (202) Kanamycin Sulfate; | (273) Oxytocin*; |
| (203) Ketoconazole; | (274) Pancrelipase; |
| (204) Ketorolac; | (275) Papain; |
| (205) Lactulose; | (276) Papavarine; |
| (206) Lamivudine; | (277) Paramethasone; |
| (207) Letrozole; | (278) Paregoric; |
| (208) Leucovorin Calcium; | (279) Penciclovir; |
| (209) Levalbuterol; | (280) Penicillamine (Board approved certification required |
| (210) Levocarnitine; | before therapeutic IV chelation is allowed); |
| (211) Levodopa; | (281) Penicillin; |
| (212) Levonorgestrel; | (282) Pentosan; |
| (213) Levorphanol; | (283) Pentoxifylline; |
| (214) Levothyroxine; | (284) Pergolide; |
| (215) Lincomycin; | (285) Perindopril; |
| (216) Lindane; | (286) Permethrin; |
| (217) Liothyronine; | (287) Peroxicam; |
| (218) Liotrix; | (288) Phenazopyridine; |
| (219) Lisinopril; | (289) Phenylalkylamine; |
| (220) Lisuride; | (290) Phenylephrine*; |
| (221) Lithium; | (291) Physostigmine; |
| (222) Lovastatin; | (292) Pilocarpine; |
| (223) Mebendazole; | (293) Pimecrolimus Cream 1%; |
| (224) Meclizine; | (294) Piperazine Citrate; |
| (225) Medroxyprogesterone; | (295) Podophyllum Resin; |
| (226) Medrysone; | (296) Polymyxin B Sulfate; |
| (227) Mefloquine; | (297) Polysaccharide-Iron Complex; |

- (298) Potassium Iodide;
 (299) Potassium Supplements;
 (300) Pramoxine;
 (301) Pravastatin;
 (302) Praziquantel;
 (303) Prednisolone;
 (304) Prednisone;
 (305) Pregabalin;
 (306) Progesterone;
 (307) Progestins;
 (308) Propionic Acids;
 (309) Propylthiouracil;
 (310) Prostaglandins;
 (311) Proton Pump inhibitor;
 (312) Pseudoephedrine;
 (313) Pyrazinamide;
 (314) Pyrethrins;
 (315) Quinapril;
 (316) Quinidine;
 (317) Quinilones;
 (318) Quinine Sulfate;
 (319) Quinines;
 (320) Quinolines;
 (321) Ramopril;
 (322) Rauwolfia Alkaloids;
 (323) Rho(D) Immune globulins*;
 (324) Rifabutin;
 (325) Rifampin;
 (326) Rimantidine;
 (327) Risendronate;
 (328) Ranolazine;
 (329) Salicylamide;
 (330) Salicylate Salts;
 (331) Salicylic Acid;
 (332) Salsalate;
 (333) Scopolamine;
 (334) Selegiline;
 (335) Selenium Sulfide;
 (336) Sildenafil Citrate;
 (337) Silver Nitrate;
 (338) Simvastatin;
 (339) Sitagliptin;
 (340) Sodium Polystyrene Sulfonate;
 (341) Sodium Tetradecyl Sulfate
 (342) Sodium Thiosulfate;
 (343) Spironolactone;
 (344) Stavudine;
 (345) Spectinomycin;
 (346) Sucralfate;
 (347) Sulfasalazine;
 (348) Sulfonamide/Trimethoprim/Sulfones;
 (349) Sulindac;
 (350) Tacrolimus;
 (351) Tazarotene topical gel;
 (352) Telithromycin;
 (353) Tenofovir;
 (354) Testosterone;
 (355) Tetracycline;
 (356) Theophylline;
 (357) Thiabendazole;
 (358) Thyroid;
 (359) Thyroxine;
 (360) Tiagabine;
 (361) Tibolone;
 (362) Tiludronate;
 (363) Tinidazole;
 (364) Tobramycin;
 (365) Tolmetin;
 (366) Topical steroids;
 (367) Tramadol;
 (368) Trandolapril;
 (369) Trazodone;
 (370) Tretinoin;
 (371) Triamcinolone;
 (372) Triamterene;
 (373) Trichloroacetic Acid*;
 (374) Trimetazidine;
 (375) Trioxsalen;
 (376) Triptans;
 (377) Troleandomycin;
 (378) Undecylenic Acid;
 (379) Urea;
 (380) Urised;
 (381) Ursodiol;
 (382) Valacyclovir;
 (383) Valproic Acid;
 (384) Vancomycin;
 (385) Varenicline;
 (386) Verapamil;
 (387) Verdenafil HCL;
 (388) Vidarabine;
 (389) Vitamins (Oral & Injectable);
 (390) Yohimbine;
 (391) Zalcitabine;
 (392) Zidovudine;
 (393) Zolpidem;
 (394) 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*.
 (395) 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*;
 (396) SkinTests:
 (a) Diphtheria*;
 (b) Mumps*;
 (c) Tuberculin*.

Stat. Auth.: ORS 685.125

Stats. Implemented: ORS 681.145

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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; BNE 4-2006, f. & cert. ef. 12-11-06; BNE 3-2007, f. & cert. ef. 6-12-07; BNE 1-2008, f. & cert. ef. 2-19-08; BNE 2-2008, f. & cert. ef. 3-21-08; BNE 6-2008, f. & cert. ef. 6-11-08; BNE 7-2008, f. & cert. ef. 12-8-08; BNE 2-2009, f. & cert. ef. 6-17-09; BNE 7-2009, f. 12-14-09, cert. ef. 1-1-10

850-060-0226

Formulary Compendium Classifications

The Formulary Council has approved the following pharmacologic-therapeutic classifications based on the 2009 American Hospital Formulary Service (AHFS), in addition to drugs previously approved by the Formulary Council and listed in 850-060-0225. This listing does not supersede the education and training requirement established in 850-060-0212 for administration of IV agents. The Formulary Council may consider new agents, substances and pharmacologic-therapeutic classifications for addition to this list.

- (1) Antihistamine Drugs
 - (a) First Generation Antihistamine Drugs
 - (A) Ethanolamine Derivatives
 - (B) Ethylenediamine Derivatives
 - (C) Phenothiazine Derivatives
 - (D) Piperazine Derivatives
 - (E) Propylamine Derivatives
 - (F) Miscellaneous Derivatives
 - (b) Second Generation Antihistamines
- (2) Anti-Infective Agents
 - (a) Anthelmintics
 - (b) Antibacterials
 - (A) Aminoglycosides
 - (B) Cephalosporins
 - (i) First Generation Cephalosporins
 - (ii) Second Generation Cephalosporins
 - (iii) Third Generation Cephalosporins
 - (iv) Fourth Generation Cephalosporins
 - (C) Miscellaneous β -Lactams
 - (i) Carbacephems
 - (ii) Carbapenems
 - (iii) Cephamycins
 - (iv) Monobactams
 - (D) Chloramphenicol
 - (E) Macrolides
 - (i) Erythromycins
 - (ii) Ketolides
 - (iii) Other Macrolides
 - (F) Penicillins
 - (i) Natural Penicillins
 - (ii) Aminopenicillins
 - (iii) Penicillinase-resistant Penicillins
 - (iv) Extended-spectrum Penicillins
 - (G) Quinolones
 - (H) Sulfonamides
 - (I) Tetracyclines
 - (i) Glycylcyclines
 - (J) Antibacterials, Miscellaneous
 - (i) Aminocyclitols
 - (ii) Bacitracins
 - (iii) Cyclic Lipopeptides
 - (iv) Glycopeptides
 - (v) Lincomycins
 - (vi) Oxazolidinones
 - (vii) Polymyxins
 - (viii) Rifamycins
 - (ix) Streptogramins
 - (c) Antifungals
 - (A) Allylamines
 - (B) Azoles
 - (C) Echinocandins
 - (D) Polyenes
 - (E) Pyrimidines
 - (F) Antifungals, Miscellaneous
 - (d) Antimycobacterials

- (A) Antituberculosis Agents
- (B) Antimycobacterials, Miscellaneous
- (e) Antivirals
 - (A) Adamantanes
 - (B) Antiretrovirals
 - (i) HIV Fusion Inhibitors
 - (ii) HIV Protease Inhibitors
 - (iii) Integrase Inhibitors
 - (iv) Nucleoside Reverse Transcriptase Inhibitors
 - (v) Nucleoside and Nucleotide Reverse Transcriptase Inhibitors
 - (C) Interferons
 - (D) Monoclonal Antibodies
 - (E) Neuraminidase Inhibitors
 - (F) Nucleosides and Nucleotides
 - (G) Antivirals, Miscellaneous
 - (f) Antiprotozoals
 - (A) Amebicides
 - (B) Antimalarials
 - (C) Antiprotozoals, Miscellaneous
 - (3) Antineoplastic Agents (oral and topical only) limited to the following:
 - (a) 5FU
 - (b) Anastrozole
 - (c) Letrozole
 - (d) Megestrol
 - (e) Mercaptopurine
 - (f) Methotrexate
 - (g) Tamoxifen
 - (h) Tretinoin
 - (4) Autonomic Drugs
 - (a) Parasympathomimetic (Cholinergic) Agents
 - (b) Anticholinergic Agents — Antimuscarinics/ Antispasmodics
 - (c) Sympathomimetic (Adrenergic) Agents
 - (A) α -Adrenergic Agonists
 - (B) β - Adrenergic Agonists
 - (i) Non-selective β - Adrenergic Agonists
 - (ii) Selective β_1 - Adrenergic Agonists
 - (iii) Selective β_2 - Adrenergic Agonists
 - (C) α -And β -Adrenergic Agonists
 - (d) Sympatholytic (Adrenergic Blocking) Agents
 - (e) Skeletal Muscle Relaxants
 - (A) Centrally Acting Skeletal Muscle Relaxants
 - (B) Direct-acting Skeletal Muscle Relaxants
 - (C) GABA-derivative Skeletal Muscle Relaxants
 - (D) Neuromuscular Blocking Agents
 - (E) Skeletal Muscle Relaxants, Miscellaneous
 - (f) Autonomic Drugs, Miscellaneous
 - (5) Blood Derivatives
 - (6) Blood Formation, Coagulation, and Thrombosis
 - (a) Antianemia Drugs — Iron Preparations
 - (b) Antithrombotic Agents — Anticoagulants
 - (A) Coumarin Derivatives
 - (B) Direct Thrombin Inhibitors
 - (C) Heparins
 - (D) Anticoagulants, Miscellaneous
 - (c) Platelet-reducing Agents
 - (d) Platelet-aggregation Inhibitors
 - (e) Thrombolytic Agents
 - (f) Hematopoietic Agents
 - (g) Hemorrhologic Agents
 - (h) Antihemorrhagic Agents
 - (A) Antiheparin Agents
 - (B) Hemostatics
 - (7) Cardiovascular Drugs
 - (a) Cardiac Drugs
 - (A) Antiarrhythmic Agents
 - (i) Class Ia Antiarrhythmics
 - (ii) Class Ib Antiarrhythmics
 - (iii) Class Ic Antiarrhythmics
 - (iv) Class III Antiarrhythmics

- (v) Class IV Antiarrhythmics
- (B) Cardiotonic Agents
- (C) Cardiac Drugs, Miscellaneous
- (b) Antilipemic Agents
- (A) Bile Acid Sequestrants
- (B) Cholesterol Absorption Inhibitors
- (C) Fibric Acid Derivatives
- (D) HMG-CoA Reductase Inhibitors
- (E) Antilipemic Agents, Miscellaneous
- (c) Hypotensive Agents
- (A) Calcium-Channel Blocking Agents
- (B) Central α -Agonists
- (C) Direct Vasodilators
- (D) Peripheral Adrenergic Inhibitors
- (d) Vasodilating Agents
- (A) Nitrates and Nitrites
- (B) Phosphodiesterase Inhibitors
- (C) Vasodilating Agents, Miscellaneous
- (e) Sclerosing Agents
- (f) α -Adrenergic Blocking Agents
- (g) β -Adrenergic Blocking Agents
- (h) Calcium-Channel Blocking Agents
- (A) Dihydropyridines
- (B) Calcium-Channel Blocking Agents, Miscellaneous
- (i) Renin-Angiotensin-Aldosterone System Inhibitors
- (A) Angiotensin-Converting Enzyme Inhibitors
- (B) Angiotensin II Receptor Antagonists
- (C) Mineralocorticoid (Aldosterone) Receptor Antagonists
- (D) Renin Inhibitors
- (8) Central Nervous System Agents
- (a) Analgesics and Antipyretics
- (A) Nonsteroidal Anti-inflammatory Agents
- (i) Cyclooxygenase-2 (COX-2) Inhibitors
- (ii) Salicylates
- (iii) Other Nonsteroidal Anti-inflammatory Agents
- (B) Opiate Agonists
- (C) Opiate Partial Agonists
- (D) Analgesics and Antipyretics, Miscellaneous
- (b) Opiate Antagonists
- (c) Anticonvulsants, does not include Barbiturates
- (A) Benzodiazepines
- (B) Hydantoins
- (C) Succinimides
- (D) Anticonvulsants, Miscellaneous
- (d) Psychotherapeutic Agents — Antidepressants
- (A) Monoamine Oxidase Inhibitors
- (B) Selective Serotonin- and Norepinephrine-reuptake Inhibitors
- (C) Selective Serotonin- Reuptake Inhibitors
- (D) Serotonin Modulators
- (E) Tricyclics and Other Norepinephrine-reuptake Inhibitors
- (F) Antidepressants, Miscellaneous
- (e) Anorexigenic Agents and Respiratory and Cerebral Stimulants
- (A) Amphetamines
- (B) Anorexigenic Agents and Respiratory and Cerebral Stimulants, Miscellaneous
- (f) Anxiolytics, Sedatives, and Hypnotics, does not include Barbiturates
- (A) Benzodiazepines
- (B) Anxiolytics, Sedatives, and Hypnotics; Miscellaneous
- (g) Antimanic Agents
- (h) Antimigraine Agents — Selective Serotonin Agonists
- (i) Antiparkinsonian Agents
- (A) Adamantanes
- (B) Anticholinergic Agents
- (C) Catechol-O-Methyltransferase (COMT) Inhibitors
- (D) Dopamine Precursors
- (E) Dopamine Receptor Agonists
- (i) Ergot-derivative Dopamine Receptor Agonists
- (ii) Non-ergot-derivative Dopamine Receptor Agonists
- (F) Monoamine Oxidase B Inhibitors
- (j) Central Nervous System Agents, Miscellaneous
- (9) Contraceptives (foams, devices)
- (10) Diagnostic Agents
- (11) Disinfectants (for Agents used on objects other than skin)
- (12) Electrolytic, Caloric, and Water Balance
- (a) Acidifying Agents
- (b) Alkalinizing Agents
- (c) Ammonia Detoxicants
- (d) Replacements Preparations
- (e) Ion-Removing Agents
- (A) Calcium-removing Agents
- (B) Potassium-removing Agents
- (C) Phosphate-removing Agents
- (D) Other Ion-removing Agents
- (f) Caloric Agents
- (g) Diuretics
- (A) Loop Diuretics
- (B) Osmotic Diuretics
- (C) Potassium-sparing Diuretics
- (D) Thiazide Diuretics
- (E) Thiazide-like Diuretics
- (F) Diuretics, Miscellaneous
- (h) Irrigation Solutions
- (i) Uricosuric Agents
- (13) Enzymes
- (14) Respiratory Tract Agents
- (a) Antihistamines
- (b) Antitussives
- (c) Anti-inflammatory Agents
- (A) Leukotriene Modifiers
- (B) Mast-cell Stabilizers
- (d) Expectorants
- (e) Pulmonary Surfactants
- (f) Respiratory Agents, Miscellaneous
- (15) Eye, Ear, Nose, and Throat (EENT) Preparations
- (a) Antiallergic Agents
- (b) Anti-infectives
- (A) Antibacterials
- (B) Antifungals
- (C) Antivirals
- (D) Anti-infectives, Miscellaneous
- (c) Anti-inflammatory Agents
- (A) Corticosteroids
- (B) Nonsteroidal Anti-inflammatory Agents
- (C) Anti-inflammatory Agents, Miscellaneous
- (d) Local Anesthetics
- (e) Mydriatics
- (f) Mouthwashes and Gargles
- (g) Vasoconstrictors
- (h) Antiglaucoma Agents
- (A) α -Adrenergic Agonists
- (B) β -Adrenergic Agents
- (C) Carbonic Anhydrase Inhibitors
- (D) Miotics
- (E) Prostaglandin Analogs
- (i) EENT Drugs, Miscellaneous
- (16) Gastrointestinal Drugs
- (a) Antacids and Adsorbents
- (b) Antidiarrhea Agents
- (c) Antiflatulents
- (d) Cathartics and Laxatives
- (e) Cholelitholytic Agents
- (f) Emetics
- (g) Antiemetics
- (A) Antihistamines
- (B) 5-HT₃ Receptor Antagonists
- (C) Antiemetics, Miscellaneous
- (h) Antiulcer Agents and Acid Suppressants
- (A) Histamine H₂-Antagonists
- (B) Prostaglandins

- (C) Protectants
- (D) Proton-pump Inhibitors
- (i) Prokinetic Agents
- (j) Anti-inflammatory Agents
- (k) GI Drugs, Miscellaneous
- (17) Gold Compounds
- (18) Heavy Metal Antagonists
- (NOTE: IV administration requires education and training compliance with 850-060-0212)
- (19) Hormones and Synthetic Substitutes
 - (a) Adrenals
 - (b) Androgens
 - (c) Contraceptives
 - (d) Estrogens and Antiestrogens
 - (A) Estrogens
 - (B) Estrogen Agonists-Antiagonists
 - (e) Gonadotropins
 - (f) Antidiabetic Agents
 - (A) α -Glucosidase Inhibitors
 - (B) Amylinomimetics
 - (C) Biguanides
 - (D) Dipeptidyl Peptidase (DDP-4) Inhibitors
 - (E) Incretin Mimetics
 - (F) Insulins
 - (G) Meglitinides
 - (H) Sulfonylureas
 - (I) Thiazolidinediones
 - (g) Antihypoglycemic Agents
 - (A) Glycogenolytic Agents
 - (h) Parathyroid
 - (i) Pituitary
 - (j) Somatotropin Agonists and Antagonists
 - (A) Somatotropin Agonists
 - (B) Somatotropin Antagonists
 - (k) Progestins
 - (l) Thyroid and Antithyroid Agents
 - (A) Thyroid Agents
 - (B) Antithyroid Agents
- (20) Local Anesthetics
- (21) Oxytocics
- (22) Serums, Toxoids, and Vaccines
 - (a) Serums
 - (b) Toxoids
 - (c) Vaccines
- (23) Skin and Mucous Membrane Agents
 - (a) Anti-infectives
 - (A) Antibacterials
 - (B) Antivirals
 - (C) Antifungals
 - (i) Allylamines
 - (ii) Azoles
 - (iii) Benzylamines
 - (iv) Hydroxypyridones
 - (v) Polyenes
 - (vi) Thiocarbamates
 - (vii) Antifungals, Miscellaneous
- (D) Scabicides and Pediculicides
- (E) Local Anti-infectives, Miscellaneous
- (b) Anti-inflammatory Agents
- (c) Antipruritics and Local Anesthetics
- (d) Astringents
- (e) Cell Stimulants and Proliferants
- (f) Detergents
- (g) Emollients, Demulcents, and Protectants
- (h) Keratolytic Agents
- (i) Keratoplastic Agents
- (j) Depigmenting and Pigmenting Agents
- (A) Depigmenting Agents
- (B) Pigmenting Agents
- (k) Sunscreen Agents
- (l) Skin and Mucous Membrane Agents, Miscellaneous
- (24) Smooth Muscle Relaxants
 - (a) Gastrointestinal Smooth Muscle Relaxants
 - (b) Genitourinary Smooth Muscle Relaxants
 - (c) Respiratory Smooth Muscle Relaxants
- (25) Vitamins
- (26) Miscellaneous Therapeutic Agents
 - (a) Alcohol Deterrents limited to the following:
 - (A) Acamprosate;
 - (B) Disulfiram;
 - (C) Naltrexone
 - (b) 5- α Reductase Inhibitors
 - (c) Antidotes
 - (d) Antigout Agents
 - (e) Biologic Response Modifiers, limited to Interferons
 - (f) Bone Resorption Inhibitors
 - (g) Cariostatic Agents
 - (h) Complement Inhibitors
 - (i) Disease-Modifying Antirheumatic Agents
 - (j) Gonadotropin-releasing Hormone Antagonists
 - (k) Immunosuppressive Agents
 - (l) Other Miscellaneous Therapeutic Agents limited to the following:
 - (A) Alfuzosin Hydrochloride;
 - (B) Drotrecogin Alfa (Activated);
 - (C) Lanreotide Acetate;
 - (D) Rilonacept;
 - (E) Sapropterin Dihydrochloride;
 - (F) Tamsulosin Hydrochloride

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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; BNE 4-2006, f. & cert. ef. 12-11-06; BNE 3-2007, f. & cert. ef. 6-12-07; BNE 1-2008, f. & cert. ef. 2-19-08; BNE 2-2008, f. & cert. ef. 3-21-08; BNE 6-2008, f. & cert. ef. 6-11-08; BNE 7-2008, f. & cert. ef. 12-8-08; BNE 2-2009, f. & cert. ef. 6-17-09; BNE 7-2009, f. 12-14-09, cert. ef. 1-1-10; OBNM 5-2010, f. & cert. ef. 6-30-10
