Oregon
Tina Kotek, Governor

Medical Board
1500 SW 1st Avenue, Suite 620
Portland, OR 97201-5847
(971) 673-2700
FAX (971) 673-2669
www.oregon.gov/omb

Dear Applicant:

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

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

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

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

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

Sincerely,

Nicole Krishnaswami, JD
Executive Director

Oregon Medical Board
omb.oregon.gov
971-673-2700

Statement of Philosophy

Re-Entry to Clinical Practice

The Oregon Medical Board (“OMB" or “Board") has the mission to protect the health, safety, and wellbeing of the citizens of Oregon and must protect the public from the practice of medicine by unqualified, incompetent or impaired physicians, physician associates, or acupuncturists. The Board also supports provider re-entry as part of its mission to promote access to quality care. Consistent with these directives, the Board has adopted a policy regarding re-entry to clinical practice following a period of clinical inactivity.

In general, the Board requires any applicant or licensee with more than a 24-month hiatus from practice to design a re-entry plan that includes an assessment, supplemental training, or mentorship. Requirements vary depending on individual circumstances, including the number of years in practice before the hiatus, the number of years out of practice, the type of licensure requested, and the clinician's intended practice and specialty.

A detailed re-entry plan is designed and documented in a Consent Agreement for Re-entry to Practice, which may consist of mentoring, supplemental training, passing the SPEX or COMVEX exam, continuing education hours, or other activities pertinent to the clinician's practice and needs. The duration of a re-entry program is dependent upon individual circumstances, and completion requires a letter from the program or mentor verifying fitness to return to clinical practice. The re-entry program is not a mechanism for switching specialties.

Re-entry programs help providers return to practice, assure licensure boards of competency, promote quality care, and increase the medical workforce. The Oregon Medical Board is firmly invested in ensuring licensee competency to deliver safe health care to Oregonians, and every effort will be made to maintain balance between clinician supply and the demand for safe, competent health care.

- Adopted April 2011
- Amended July 2023

Oregon Medical Board rules outline re-entry requirements, OAR 847-020-0183, 847-050-0043, 847-070-0045, and 847-080-0021.

Oregon Re-Entry to Clinical Practice

Revised 10/2017

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

Applicant Name: _____ Application No.: _____

Profession: MD/DO/DPM ☐ PA ☐ AC ☐

Clinical Experience

Previous Specialty: _____

Time Spent in Clinical Practice: _____ Date of Last Clinical Practice: _____

Reason for leaving clinical practice: _____

Intended Clinical Practice

Intended Specialty: _____

Intended Practice Setting: _____

Describe how you have maintained competency since leaving clinical practice.

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

Signature: _____ Date: _____

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

OREGON ADMINISTRATIVE RULES
PHYSICIAN RE-ENTRY TO PRACTICE

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

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

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

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

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

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

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

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

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

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

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

(a) Pass the SPEX/COMVEX examination;

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

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

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

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

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

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

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

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

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.100, 677.190, 677.265

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

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

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

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

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

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

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

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

(a) Pass the licensing examination;

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

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

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

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

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

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

Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.825, 677.830

MD Application
Applicant #:

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

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

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

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

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

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

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

Respectfully,

Unspecified, MD

BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

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

1.

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

2.

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

3.

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

/ / /

/ / /

4.

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

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

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

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

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

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

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

/ / /

/ / /

/ / /

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

IT IS SO AGREED this _____ day of _____, 20??.

_____
UNSPECIFIED, MD

IT IS SO AGREED this _____ day of _____, 20??.

OREGON MEDICAL BOARD
State of Oregon

_____
KATHLEEN HALEY, JD
Executive Director

, M.D.

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

12/22/15

SAMPLE of Mentor Report

To: Joseph Thaler, MD
Kathleen Haley, JD

Re: MD (Oregon Medical License # .

Dear Dr. Thaler and Ms. Haley,

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

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

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

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

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

Sincerely,

OREGON ADMINISTRATIVE RULES
RE-ENTRY TO PRACTICE

PHYSICIAN ASSISTANTS

847-050-0043
Inactive Registration and Re-Entry to Practice

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

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

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

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

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

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

(c) Complete 30 hours per year of Category I continuing medical education acceptable to the Board.

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

Stat. Authority: ORS 677.265
Stats. Implemented: ORS 677.172, 677.175 & 677.512

ACUPUNCTURISTS

847-070-0045
Inactive Registration and Re-Entry to Practice

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

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

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

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

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

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

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

(d) Complete a Board-approved mentorship tailored to the applicant's time out of practice under a Board-approved mentor who must individually supervise the licensee. The mentor must report the successful completion of the mentorship to the Board; and

(e) Additional requirements as determined appropriate by the Board.

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

Stat. Authority: ORS 677.265 & ORS 677.759
Stats. Implemented: ORS 677.759 & ORS 677.175

Oregon PA Re-Entry Protocol

Revised 1/23/2025

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

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

Years out of Practice	Re- Entry Requirements
≤ 1 year out of practice	No re-entry requirements
> 1 to < 2 years out of practice	A Consent Agreement for Re-Entry to Practice is not required* OMB staff may ask for: • 30 hours of Category 1 CME for each year out of practice • Obtain NCCPA certification or re-certification or provide documentation of current NCCPA certification *Committee review may be required if there are additional concerns
≥ 2 and < 6 years out of practice	**A Consent Agreement for Re-entry to Practice is required** • 30 hours of Category 1 CME for every year out of practice • Obtain NCCPA certification or re-certification or provide documentation of current NCCPA certification • A plan for approximately 400 hours for each year out of practice beyond one year for consistent and quality collaboration with a specified physician on a regular basis • Committee review may be required for additional concerns, additional requirements as determined by the Administrative Affairs Committee/Board
≥ 6 years out of practice	**A Consent Agreement for Re-entry to Practice is required** • 30 hours of Category 1 CME for every year out of practice • Obtain NCCPA certification or re-certification or provide documentation of current NCCPA certification • A plan for 2,000 hours for consistent and quality collaboration with a specified physician on a regular basis • Review is required by the Administrative Affairs Committee/Board, additional requirements may apply

*PAs with fewer than 2,000 hours of post-graduate clinical experience, must have a plan for consistent and quality collaboration with a specified physician on a regular basis, see OAR 847-050-0082(2)(d). Hours required in a Consent Agreement may be used to meet this requirement, but a PA must still have a Collaboration Agreement with a Specified Collaboration Plan to practice in Oregon.

Rule Reference: OAR 847-050-0043

BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

In the Matter of Unspecified, PA APPLICANT	)))))	CONSENT AGREEMENT FOR RE-ENTRY TO PRACTICE

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including physician assistants, in the State of Oregon. Unspecified, PA (Applicant) is a physician assistant who applied for a physician assistant license in the State of Oregon.

2.

Applicant graduated from the Physician Assistant School on unspecified date. Applicant was granted a physician assistant license in the State of Unspecified on unspecified date, and practiced there until unspecified date. Applicant has not practiced as a physician assistant since that time. Applicant's current certification with the National Commission on Certification of Physician Assistants (NCCPA) expires unspecified date, and Applicant has submitted documentation of unspecified Category I AMA CME hours.

3.

In regard to the Applicant's absence from practice as a physician assistant for a period of more than two years, Applicant and the Board desire to ensure public safety by entry of this Agreement in the Board's records. This Agreement is a public document; however, it is not an adverse action and is not reportable to the National Practitioner Data Bank. Applicant understands the terms of this Agreement and signs freely, without fraud or duress.

/ / /

/ / /

/ / /

4.

Applicant and the Board agree that the Board will grant Applicant an active license to practice as a physician assistant in the State of Oregon, contingent upon Applicant agreeing to the following conditions:

4.1 Applicant agrees to practice under the mentorship of a physician pre-approved by the Board's Medical Director. Applicant must practice for at least unspecified hours to complete the mentorship. The mentorship must be completed within 12 months.

4.2 Applicant's physician mentor shall submit quarterly reports to the Board's Medical Director detailing Applicant's progress.

4.3 Once Applicant completes the terms of this Agreement, applicant may submit documentation of their successful completion of the terms of this Agreement and a letter in support of termination of this Agreement from their physician mentor, to the Board's Medical Director. Upon review and approval by the Medical Director, this Agreement may be terminated. Applicant will be notified in writing of such termination when and if it occurs.

4.4 This Agreement may be terminated by the Board after six months of the effective date if Applicant fails to secure the necessary employment to complete the terms of this Agreement. At that time, the Board will review and change the status of the license issued to Applicant, commensurate with Applicant's practice.

4.5 Applicant agrees to inform the Compliance Section of the Board of any and all practice sites, as well as any changes in practice address(es), employment, or practice status within 10 business days. Additionally, Applicant agrees to notify the Compliance Section of any changes in contact information within 10 business days.

4.6 Applicant must obey all federal and Oregon state laws and regulations pertaining to physician assistant practice.

/ / /

/ / /

/ / /

4.7 This Agreement becomes effective the date the Executive Director signs the Agreement.

IT IS SO AGREED this _____ day of _____, 20??.

_____
Unspecified, PA

IT IS SO AGREED this _____ day of _____, 20??.

OREGON MEDICAL BOARD
State of Oregon

_____
Executive Director

Oregon Acupuncture Re-Entry Protocol

Revised 1/2020

The Matrix below outlines the minimum standards for re-entry to practice after a period of clinical inactivity. These minimum requirements are set by the Acupuncturist Advisory Committee and Oregon Medical Board (OMB) and are used by OMB staff when assessing application and license reactivation requests.

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

Required Continuing Education Units (CEU) are 15 units per year out of practice. Required mentorship is 40 hours per year out of practice. Additional requirements may be included based on the individual circumstances of the re-entering acupuncturist. The Acupuncture Advisory Committee typically meets twice yearly in June and December.

AC Re-Entry Matrix	
≤ 1 year out of practice	No re-entry requirements
> 1 to < 2 years out of practice	A Consent Agreement for Re-Entry to Practice is <u>not</u> required* OMB staff will ask for 15 hours of CEU for each year out of practice *Committee review may be required if there are additional concerns
≥ 2 and < 6 years out of practice	**A Consent Agreement for Re-Entry to Practice is required** • 15 hours of CEU for each year out of practice • 40-hour mentorship for each year out of practice • Committee review may be required for additional concerns <u>Example:</u> A practitioner out of practice for 4-4.9 years will be required to complete at least a 160-hour mentorship.
≥ 6 years out of practice	**A Consent Agreement for Re-Entry to Practice is required** • 15 hours of CEU for each year out of practice • 40-hour mentorship for each year out of practice, with a minimum of a 240-hour mentorship • Committee Review and Approval of Consent Agreement for Re-entry <u>Example:</u> A practitioner out of practice for 8-8.9 years will be required to complete at least a 320-hour mentorship.

Rule Reference: OAR 847-070-0045

BEFORE THE

OREGON MEDICAL BOARD

STATE OF OREGON

In the Matter of UNSPECIFIED, AC APPLICANT	)))))	 CONSENT AGREEMENT FOR RE-ENTRY TO PRACTICE

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including acupuncturists, in the State of Oregon. Unspecified, AC, is an acupuncturist who submitted an application for licensure on _____.

2.

Applicant graduated from the Oregon College of Oriental Medicine on _____. Applicant has not practiced acupuncture since graduating from her training program. Applicant is currently certified by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), and has submitted documentation of 28.5 NCCAOM-approved continuing education units.

3.

In regard to Applicant's absence from the practice of acupuncture for a period of more than two years, Applicant and the Board desire to ensure public safety by entry of this Agreement in the Board's records. This Agreement is a public document; however, it is not an adverse action and is not reportable to the National Practitioner Data Bank. Applicant understands the terms of this Agreement and signs freely, without fraud or duress.

4.

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

/ / /

4.1 Applicant must practice under the mentorship of an acupuncturist pre-approved by the Board's Medical Director. Applicant must practice for at least 160 contact hours to complete the mentorship. The mentorship must be completed within six months.

4.2 Applicant's practice mentor must submit quarterly reports to the Board's Medical Director regarding Applicant's progress in her mentorship.

4.3 Applicant must submit documentation of 31.5 hours of NCCAOM-approved continuing education units within six months from the effective date of this Agreement.

4.4 Once Applicant completes the terms of this Agreement, she may submit documentation of successful completion and a letter in support of termination of this Agreement from her practice mentor. Upon review and approval by the Board's Medical Director, this Agreement may be terminated. Applicant will be notified in writing of such termination when and if it occurs.

4.5 This Agreement may be terminated by the Board after six months of the effective date if Applicant fails to secure the necessary employment to complete the terms of this Agreement. At that time, the Board will review and change the status of Applicant's license, commensurate with Applicant's practice.

4.6 If Applicant is unable to successfully complete the terms of this Agreement within 12 months, the Board may initiate an investigation regarding Applicant's ability to safely and competently practice acupuncture.

4.7 Applicant agrees to inform the Compliance Section of the Board of any and all practice sites, as well as any changes in practice address(es), employment, or practice status within 10 business days. Additionally, Applicant agrees to notify the Compliance Section of any changes in contact information within 10 business days.

4.8 Applicant must obey all federal and Oregon state laws and regulations pertaining to the practice of acupuncture.

/ / /

/ / /

4.9 This Agreement becomes effective the date the Executive Director signs the Agreement.

IT IS SO AGREED THIS ____ day of _____, 20##.

_____
Unspecified, AC

IT IS SO AGREED THIS _____ day of _____, 20##.

OREGON MEDICAL BOARD
State of Oregon

_____
NICOLE KRISHNASWAMI, JD
Executive Director