

<b>OBCE BOARD MEETING PUBLIC SESSION</b>	<b>September 17-18, 2020</b>	<b>8:30 AM</b>
	Zoom Conference: <b>Meeting ID: 957 2223 0561</b> <b>Password: 464459</b>	
<b>Board President: Franchesca Vermillion, DC</b>	<b>Phone 503-378-5816</b>	<b>Fax 503-362-1260</b>

Revised 9/15/2020

**8:30 AM      Convene Public Session**

**1.      PUBLIC COMMENTS**

(Comments must be limited to 3-5 minutes. Notify the Board office in advance, if you wish to address the Board.)

**2.      CONSENT AGENDA**

Action

- a. Today's agenda
- b. July 16, 2020 Public Board Minutes – possible vote change

**3.      OCA Update**

Inform

**4.      UWS Update**

Inform

**5.      ADMINISTRATIVE RULES**

- a. Fee Splitting definition discussion Inform/Action
- b. Non-compliance with Executive Orders/CAs Inform/Action

**9:00 AM      RULE HEARINGS**

Action

- c. **OAR 811-010-0008 Fees** – updating fees to reflect application payment requirements
- d. **OAR 811-010-0085 Application and Examination of Applicants** – updating name to Applicant's Guide
- e. **OAR 811-015-0005 Records** – to include definition of informed consent
- f. **OAR 811-035-0015 Unprofessional Conduct in the Chiropractic Profession** – to include non-compliance of Executive Orders

**6.      DISCUSSION AND ACTION ITEMS**

- a. Board Best Practices – Key Performance Measure Action
- b. Sale of Personal Injury Liens (follow up) Inform
- c. COVID-19 update Inform
- d. 2021 Board Meeting Schedule Action
- e. November Introduction to the Board Action
- f. Practice Policies
  - a. Medical Exemption Policy Action
  - b. Can non-DCs teach CA class? Action
  - c. CA certification w/o DC supervision or employment Action
  - d. Continuing Education for Zoom/Remote Board Meetings Action
  - e. Cultural Competency CE Requirement for New Doctors Action
  - f. Continuing Education for Non-English Courses Action

- g. CE records loss due to fire
- g. Guide to Policy & Practice Questions
- h. Administrative Policies

Inform/Action  
Inform/Action  
Inform/Action

**7. CORRESPONDENCE**

- a. NBCE Part IV issues

Inform/Action

**8. WORK SESSION**

- a. DC and CA Renewal Forms Revisions

Action

**9. IN THE MATTERS OF** (following Executive Session)

## **811-015-0005**

### **Records**

(1) Failure to keep complete, accurate, and minimally competent records on all patients shall be considered unprofessional conduct.

(a) Each patient shall have exclusive records which shall be clear, legible, complete, and accurate as to allow any other chiropractic physician to understand the nature of that patient's case and to be able to follow up with the care of that patient, if necessary.

(b) Every page of chart notes will identify the patient by name and one other unique identifier (date of birth, medical record number, etc.), and the clinic of origin by name and address. Each entry will be identified by day, month, year, provider of service, and author of the record.

(c) Clear, legible, complete, accurate, and minimally competent records shall contain the following:

(A) A description of the chief complaint or primary reason the patient sought treatment from the licensee.

(B) Documentation of any significant event that affects the chief complaint of the patient or the general history of the health of the patient.

(C) An accurate record of the diagnostic and therapeutic procedures that the licensee has employed in providing chiropractic services to the patient, including, but not limited to:

(i) Height, weight, blood pressure, and pulse at initial examination. If initial examination is via telemedicine, record patient's height and weight by patient's report. Record blood pressure and pulse if patient is able to obtain remotely. Height, weight, blood pressure and pulse is recorded on subsequent visits, as clinically indicated;

(ii) Examinations and the results of those examinations;

(iii) Diagnoses;

(iv) Treatment plan, any subsequent changes to the treatment plan, and the clinical reasoning for those changes;

(v) Dates on which the licensee provided clinical services to the patient, as well as the services performed, and clinical indications for those services;

(vi) Areas of the patient's body where the licensee has provided care;

(vii) Patient's response to treatment;

(viii) Therapeutic procedures must be clearly described including information such as providers involved, timing, setting, and tools used, as appropriate. \_

(E) Other clinically relevant correspondence, including, but not limited to: telephonic or other patient communications, referrals to other practitioners, and expert reports.

(d) A chiropractic physician shall maintain billing records for services performed for which payment is received from or billed to the patient, an insurance company, or another person or entity who has assumed the financial responsibility for the payment of services performed to the patient. Such records will be maintained for the same amount of time as other patient records. At a minimum, a billing record will include the date of the patient encounter or financial entry, a notation of the services performed either by description or code, common codes such as the AMA Current Procedural Terminology (CPT) codes may be used without additional explanation or legend, and the fee charged for the services billed. If third party payors are billed, the billing instrument (CMS 1500 form or its

successor) should be retrievable. Such information may be maintained on a handwritten or printed ledger, with the assistance of a computer or other device either by direct entry or with a particular program or application, or by an alternative method. To the extent billing records do not contain patient health care records not kept elsewhere, they are not considered part of the clinical record.

(e) Such information as described in section (d) must be readily available upon request of the patient, an agent of the patient, an insurance carrier or entity responsible for the payment of the services, or by the Board or other entity with a legal right to review such information.

(f) Payment by or to a chiropractic physician or chiropractic clinic solely for referral of a patient is fee splitting and is unethical. Chiropractic physicians may not refer patients based on whether the referring chiropractic physician has negotiated a discount for specialty services. Chiropractic physicians may not accept:

(A) Any payment of any kind, from any source for referring a patient other than distributions of a health care organization's revenues as permitted by law.

(B) Payment for services relating to the care of a patient from any health care facility/organization to which the physician has referred the patient.

(C) Payment referring a patient to a research study.

(2) Practitioners with dual licenses shall indicate on each patient's records under which license the services were rendered.

(3) A patient's entire health care and billing records shall be kept by the chiropractic physician a minimum of seven years from the date of last treatment. However, if a patient is a minor, the records must be maintained at least seven years from the time they turn 18 years of age.

(a) If the treating chiropractic physician is an employee or associate, the duty to maintain entire records shall be with the chiropractic business entity or chiropractic physician that employs or contracts with the treating chiropractic physician.

(b) Chiropractic physicians providing file reviews, second opinion consultations, or independent medical examinations (IME) shall be responsible for keeping an available copy of all authored reports for seven years from the date authored.

(4) If a chiropractic physician releases original radiographic films to a patient or another party, upon the patient's written request, they should create an expectation that the films will be returned, and a notation shall be made in the patient's file or in an office log where the films are located (either permanently or temporarily). If a chiropractic physician has radiographic films stored outside their clinic, a notation shall be made in the patient's file or in an office log where the films are located and the chiropractic physician must ensure those films are available for release, if requested by the patient.

(5) The responsibility for maintaining entire patient records may be transferred to another chiropractic business entity or to another chiropractic physician as part of a business ownership transfer transaction.

(6)(a) A chiropractic physician shall establish a plan for custodianship of these records in the event they are incapacitated, become deceased, are or will become unable to maintain these records pursuant to paragraph (6)(b).

(b) In the event a chiropractic physician dies or becomes incapacitated and unable to practice, and there is no other chiropractic physician associated with the practice, the deceased, incapacitated, or unavailable chiropractic physician's personal representative, guardian, administrator, conservator, next of kin, or other legal representative shall notify the Board in writing of the management arrangement for the custody and transfer of patient files and records. This individual shall ensure the security of,

and access to, patient files and records by the patient or other authorized party, and must report plans or arrangements for permanent custody of patient files and records to the Board in writing within 180 days. Transfer of patient files and records must occur within one year of the death of the chiropractic physician.

(7) Except as provided for in paragraph (7)(e) of this rule, a chiropractic physician who is an independent contractor or who has an ownership interest in a chiropractic practice shall provide notice when leaving, selling, or retiring from the chiropractic office where the chiropractic physician has provided chiropractic services.

(a) Notification shall be sent to all patients who received services from the chiropractic physician during the two years immediately preceding the chiropractic physician's last date for seeing patients. This notification shall be sent no later than thirty days prior to the last date the chiropractic physician will see patients.

(b) The notice shall include all of the following:

(A) A statement that the chiropractic physician will no longer be providing chiropractic services at the practice;

(B) The date on which the chiropractic physician will cease to provide services; and

(C) Contact information that enables the patient to obtain the patient's records.

(c) The notice shall be sent in one of the following ways:

(A) A letter sent through the US Postal Service to the last known address of the patient with the date of the mailing of the letter documented, or

(B) A secure electronic message.

(d) In the event of an illness, unforeseen emergency, incarceration, or other unanticipated incident, a chiropractic physician is unable to provide a thirty day notice as required by paragraph (7)(a) of this rule, the chiropractic physician shall provide such notice within thirty days after it is determined that the physician will not be returning to practice.

(e) Paragraph (7) of this rule does not apply to the chiropractic physician who is departing as an employee of another Oregon licensed chiropractic physician. It is the employer's responsibility to maintain continuity of care, or to comply with this rule, if patient care will be terminated upon an employee's leaving employment or retiring.

(8) Disposal of records shall be completed by a process that results in permanent destruction of the records and shall be compliant with all state and federal law.

STATUTORY/OTHER AUTHORITY: ORS 684

STATUTES/OTHER IMPLEMENTED: ORS 684.115

Public Comment re: Fee Splitting and rulemaking (May 8, 2020)

**From:** Kathleen Galligan  
**Sent:** Friday, May 8, 2020 8:51 AM  
**To:** [kberringer@obce.org](mailto:kberringer@obce.org)  
**Subject:** fee splitting

**California Business & Professions Code 650** (“B&P 650”) looms over any discussion of arrangements that might be considered kickbacks or fee-splitting. B&P 650 provides:

(a) ... the offer, delivery, receipt, or acceptance by any person licensed under this division or the Chiropractic Initiative Act of any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person, irrespective of any membership, proprietary interest, or coownership in or with any person to whom these patients, clients, or customers are referred is unlawful.

(b) The payment or receipt of consideration for services other than the referral of patients which is based on a percentage of gross revenue or similar type of contractual arrangement shall not be unlawful if the consideration is commensurate with the value of the services furnished or with the fair rental value of any premises or equipment leased or provided by the recipient to the payer

Kathleen Galligan, DC  
Dean, College of Chiropractic  
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8000 NE Tillamook Street  
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503-206-3217  
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Join us for an open house to celebrate our new location on August 22, 2020. Check [www.uws.edu/facilities-planning](http://www.uws.edu/facilities-planning) for details.

811-010-0008

## Fees

All fees paid under these rules are non-refundable and are not prorated.

(1) The following fees apply to chiropractic physician applicants and licensees:

(a) Initial application and examination fee: \$100;

(b) Initial application and examination fee for reciprocity candidates: \$100;

(c) Initial license fee: \$150;

(d) Active annual registration fee: \$425;

(e) Senior active annual registration: \$315;

(f) Inactive annual registration: \$225; and

(g) Delinquent fee for late renewal during the 30 days immediately following the renewal date: \$125 per week, not to exceed \$500.

(2) The following fees apply to chiropractic assistant applicants and certificate holders:

(a) Initial application for certification fee: ~~\$50~~\$30;

~~(b) Examination: \$35;~~

(c) Initial certification: \$50;

(d) Annual renewal: \$75;

(e) Delinquent fee for late renewal during the 30 day grace period immediately following the renewal date: \$25; and

(f) Delinquent fee for late renewal after the 30 day grace period: \$50.

(3) The criminal background check fee applies to applicants, chiropractic physicians and assistants: \$41.25.

(4) The Oregon Health Authority's Healthcare Workforce Survey fee applies to both chiropractic physicians and chiropractic assistants: \$2.

(5) If issued, the following fees apply to civil penalty citations:

(a) Failing to maintain current email, business and mailing addresses with the Board: \$50;

(b) Failing to pay any fines or fees owed to the Board: \$50 per month of non-payment, not to exceed \$500 total;

(c) Failing to comply with continuing education requirements:

(A) Chiropractic physicians: \$250 plus \$50 per credit hour not completed, or proof provided;

(B) Chiropractic assistant: \$12.50 per credit not completed, not to exceed \$75;

(d) Failing to attend the Introduction to the Board meeting when required by the Board: \$250;

- (e) Failing to notify the Board within 10 days that licensee is convicted of a misdemeanor or felony, or arrested for a felony crime: \$125 per week, not to exceed \$500;
- (f) Failing to release patient records upon written request within 30 days: \$250;
- (g) Failing to provide notice when leaving, selling, or retiring from the chiropractic office where the chiropractic physician has provided chiropractic services no later than 30 days prior to the last date the chiropractic physician worked at that location: \$500.

STATUTORY/OTHER AUTHORITY: ORS 684

STATUTES/OTHER IMPLEMENTED: ORS 684.155



Applicant's Guide

- (1) Applicants shall be examined according to ORS 684.050 or 684.052.
- (2) The Board shall provide a Candidate's Guide, which contains all necessary examination information.
- (3) Fee and application requirements include the following:
  - (a) The application fee must be received by the Board prior to applicant receiving approval to sit for the examinations.
  - (b) Request for re-examination of the Ethics/Jurisprudence, Minor Surgery/Proctology and/or the Obstetrics/Gynecology examinations must be submitted directly to the national testing agency.
  - (c) A complete set of fingerprints or LiveScan Transmittal Verification form and the criminal background check results obtained from any state or local law enforcement agency, or from any other agency approved by the Board. Applicants shall use forms or methods prescribed by the Board.
  - (d) Applicant must pay to the Board the current actual cost of conducting the state and federal background check.
- (4) Documents to be submitted prior to approval to take the Oregon Specifics Examinations:
  - (a) A completed official application including a recent photograph and fingerprints or LiveScan Transmittal Verification form;
  - (b) Social Security Number Authorization form;
  - (c) Evidence of the applicant's good moral character on the letterhead stationary of, and signed by, a chiropractic physician;
  - (d) A signed affidavit attesting to successful completion of at least two years of liberal arts and sciences study in an accredited college or university. Original transcripts must be provided if requested by the Board;
  - (e) A transcript certified by the registrar, from an approved chiropractic college or university, including transcripts of coursework as required by OAR 811-020-0006. A transcript of grades is necessary from each chiropractic college or university attended; and
  - (f) An official transcript of passing grades from the National Board of Chiropractic Examiners on Part I, II, and III, and physiotherapy.
- (5) Documents and fee to be submitted prior to licensure include:
  - (a) The initial license fee;
  - (b) A diploma or other evidence of graduation certified by the registrar from an approved chiropractic college or university; and
  - (c) An official transcript of passing grades from the National Board of Chiropractic Examiners Part IV.
- (6) All applicants must take and pass the Oregon Specifics Examination consisting of written examination in ethics and jurisprudence, obstetrics and gynecology, minor surgery and proctology. Applicants who have previously taken and passed obstetrics and gynecology, and/or minor surgery and proctology within the last five years from the date of application as received by the Board are not

required to retake these tests. However, all applicants must take and pass the Ethics/Jurisprudence examination.

(7) Oregon Specifics Examination Grades: The Board shall determine the passing scores. All examinations are designed to test minimal competency to protect the public.

(8) An applicant failing to achieve a passing grade as determined by the Board for the Ethics/Jurisprudence, Minor Surgery/Proctology, and/or the Obstetrics/Gynecology examination(s), must contact the national testing agency for re-examination of the failed section(s).

(9) If the applicant fails to re-test on at least one failed section within 13 months of the last examination, the file shall become inactive and the applicant must re-apply and take the entire examination.

(10) An applicant attempting to give aid or accepting aid from another while examinations are in progress shall fail the examination and will not be allowed to take the examination for a period of five (5) years.

(11) Refunds:

(a) The application fee is non-refundable; and

(b) The criminal background check fee is non-refundable.

(12) The Board may reject applications for good cause, including evidence of unprofessional conduct.

(13) Applicants who have completed all requirements for licensure, including passage of all required examinations, must submit the initial license fee to obtain license within one year from the date they completed all the requirements. An applicant's initial license will be valid for a minimum of 180 days. However, if the applicant's next birth date is within the 180 days, the initial license will be valid for an additional 12 months beyond the applicant's birth date.

STATUTORY/OTHER AUTHORITY: ORS 684

STATUTES/OTHER IMPLEMENTED: ORS 684.050

STATUTES/OTHER IMPLEMENTED: ORS 684.052

## 811-015-0005

### Records

(1) Failure to keep complete, accurate, and minimally competent records on all patients shall be considered unprofessional conduct.

(a) Each patient shall have exclusive records which shall be clear, legible, complete, and accurate as to allow any other chiropractic physician to understand the nature of that patient's case and to be able to follow up with the care of that patient, if necessary.

(b) Every page of chart notes will identify the patient by name and one other unique identifier (date of birth, medical record number, etc.), and the clinic of origin by name and address. Each entry will be identified by day, month, year, provider of service, and author of the record.

(c) Clear, legible, complete, accurate, and minimally competent records shall contain the following:

(A) A description of the chief complaint or primary reason the patient sought treatment from the licensee.

(B) Documentation of any significant event that affects the chief complaint of the patient or the general history of the health of the patient.

(C) An accurate record of the diagnostic and therapeutic procedures that the licensee has employed in providing chiropractic services to the patient, including, but not limited to:

(i) Height, weight, blood pressure, and pulse at initial examination. If initial examination is via telemedicine, record patient's height and weight by patient's report. Record blood pressure and pulse if patient is able to obtain remotely. Height, weight, blood pressure and pulse is recorded on subsequent visits, as clinically indicated;

(ii) Examinations and the results of those examinations;

(iii) Diagnoses;

(iv) Treatment plan, any subsequent changes to the treatment plan, and the clinical reasoning for those changes;

(v) Dates on which the licensee provided clinical services to the patient, as well as the services performed, and clinical indications for those services;

(vi) Areas of the patient's body where the licensee has provided care;

(vii) Patient's response to treatment;

(viii) Therapeutic procedures must be clearly described including information such as providers involved, timing, setting, and tools used, as appropriate.

(D) Documentation that informed consent has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as PARQ (Procedures, Alternatives, Risks, and Questions) or SOAP (Subjective, Objective, Assessment, Plan). In order to obtain the informed consent of a patient, a chiropractic physician shall explain the following:

(i) In general terms, the procedure or treatment to be undertaken;

(ii) That there may be alternative procedures or methods of treatment, if any; and

(iii) That there are risks, if any, to the procedure or treatment and what they are.

(E) Other clinically relevant correspondence, including, but not limited to: telephonic or other patient communications, referrals to other practitioners, and expert reports.

(d) A chiropractic physician shall maintain billing records for services performed for which payment is received from or billed to the patient, an insurance company, or another person or entity who has assumed the financial responsibility for the payment of services performed to the patient. Such records will be maintained for the same amount of time as other patient records. At a minimum, a billing record will include the date of the patient encounter or financial entry, a notation of the services performed either by description or code, common codes such as the AMA Current Procedural Terminology (CPT) codes may be used without additional explanation or legend, and the fee charged for the services billed. If third party payors are billed, the billing instrument (CMS 1500 form or its successor) should be retrievable. Such information may be maintained on a handwritten or printed ledger, with the assistance of a computer or other device either by direct entry or with a particular program or application, or by an alternative method. To the extent billing records do not contain patient health care records not kept elsewhere, they are not considered part of the clinical record.

(e) Such information as described in section (d) must be readily available upon request of the patient, an agent of the patient, an insurance carrier or entity responsible for the payment of the services, or by the Board or other entity with a legal right to review such information.

(2) Practitioners with dual licenses shall indicate on each patient's records under which license the services were rendered.

(3) A patient's entire health care and billing records shall be kept by the chiropractic physician a minimum of seven years from the date of last treatment. However, if a patient is a minor, the records must be maintained at least seven years from the time they turn 18 years of age.

(a) If the treating chiropractic physician is an employee or associate, the duty to maintain entire records shall be with the chiropractic business entity or chiropractic physician that employs or contracts with the treating chiropractic physician.

(b) Chiropractic physicians providing file reviews, second opinion consultations, or independent medical examinations (IME) shall be responsible for keeping an available copy of all authored reports for seven years from the date authored.

(4) If a chiropractic physician releases original radiographic films to a patient or another party, upon the patient's written request, they should create an expectation that the films will be returned, and a notation shall be made in the patient's file or in an office log where the films are located (either permanently or temporarily). If a chiropractic physician has radiographic films stored outside their clinic, a notation shall be made in the patient's file or in an office log where the films are located and the chiropractic physician must ensure those films are available for release, if requested by the patient.

(5) The responsibility for maintaining entire patient records may be transferred to another chiropractic business entity or to another chiropractic physician as part of a business ownership transfer transaction.

(6)(a) A chiropractic physician shall establish a plan for custodianship of these records in the event they are incapacitated, become deceased, are or will become unable to maintain these records pursuant to paragraph (6)(b).

(b) In the event a chiropractic physician dies or becomes incapacitated and unable to practice, and there is no other chiropractic physician associated with the practice, the deceased, incapacitated, or unavailable chiropractic physician's personal representative, guardian, administrator, conservator, next of kin, or other legal representative shall notify the Board in writing of the management arrangement for the custody and transfer of patient files and records. This individual shall ensure the security of, and access to, patient files and records by the patient or other authorized party, and must report plans

or arrangements for permanent custody of patient files and records to the Board in writing within 180 days. Transfer of patient files and records must occur within one year of the death of the chiropractic physician.

(7) Except as provided for in paragraph (7)(e) of this rule, a chiropractic physician who is an independent contractor or who has an ownership interest in a chiropractic practice shall provide notice when leaving, selling, or retiring from the chiropractic office where the chiropractic physician has provided chiropractic services.

(a) Notification shall be sent to all patients who received services from the chiropractic physician during the two years immediately preceding the chiropractic physician's last date for seeing patients. This notification shall be sent no later than thirty days prior to the last date the chiropractic physician will see patients.

(b) The notice shall include all of the following:

(A) A statement that the chiropractic physician will no longer be providing chiropractic services at the practice;

(B) The date on which the chiropractic physician will cease to provide services; and

(C) Contact information that enables the patient to obtain the patient's records.

(c) The notice shall be sent in one of the following ways:

(A) A letter sent through the US Postal Service to the last known address of the patient with the date of the mailing of the letter documented, or

(B) A secure electronic message.

(d) In the event of an illness, unforeseen emergency, incarceration, or other unanticipated incident, a chiropractic physician is unable to provide a thirty day notice as required by paragraph (7)(a) of this rule, the chiropractic physician shall provide such notice within thirty days after it is determined that the physician will not be returning to practice.

(e) Paragraph (7) of this rule does not apply to the chiropractic physician who is departing as an employee of another Oregon licensed chiropractic physician. It is the employer's responsibility to maintain continuity of care, or to comply with this rule, if patient care will be terminated upon an employee's leaving employment or retiring.

(8) Disposal of records shall be completed by a process that results in permanent destruction of the records and shall be compliant with all state and federal law.

STATUTORY/OTHER AUTHORITY: ORS 684

STATUTES/OTHER IMPLEMENTED: ORS 684.115

## **PURNELL Mackenzie G \* BCE**

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**From:** J. Michael Burke <jmbchiro@gmail.com>  
**Sent:** Thursday, September 03, 2020 1:43 PM  
**To:** PURNELL Mackenzie G \* BCE  
**Subject:** Comment on proposed rule change

Dear Ms. Purnell,

Please submit the following comment to the OBCE members for consideration at the September 17, 2020 rule hearing.

Regarding the proposed changes to section (D) of OAR 811-015-0005, the changes clarify but do not significantly alter the current requirement for obtaining and documenting informed consent. Proposed subsections (i), (ii), and (iii) are essential parts of informed consent, but the only required documentation in both the current and proposed rule is the entry of four letters, PARQ, into the patient's chart record. (The portion of the proposed rule which states that "Documentation may be in the form of an acronym such as ... SOAP ..." makes no sense whatsoever.) Merely noting "PARQ" in the record is inadequate, and it potentially creates more problems than it is meant to solve. "PARQ" not only presumes the chiropractor has given sufficient and complete informed consent, whether or not that is the case, but in cases where undesired outcomes have occurred or are perceived, it allows the patient to claim he or she was not given informed consent. What is needed to ensure proper documentation and compliance is the required use of a standard form stating information outlined in subsections (i), (ii), and (iii), which may be amended in individual cases, and containing the doctor's name, other identifying office information, and the patient's signature and date. A copy should be given to the patient while the original resides in the patient's file in either paper or digital form.

I recently reviewed records of a case in which the issue of informed consent was a primary concern. The patient, who was receiving chiropractic care for injuries incurred in an auto accident, sustained a kidney laceration resulting from an adjustment. (She claimed a rib was fractured too, but there was no radiographic evidence to support her claim.) The file contained an informed consent form, but it had not been signed by the patient. The chiropractor's intake notes conformed to the current OAR regarding informed consent, i.e., it stated a PARQ had been performed. Based on this documentation and absent a history of prior and current conditions that might have predisposed the patient to such an injury, I concluded that the chiropractor had not been negligent and had dutifully provided informed consent according to OAR 811-015-0005. However, I doubted the patient had been informed of all possible risks to the treatment as doctors are not able to foresee all possible undesirable outcomes from a procedure (the board's proposed subsection (iii)). I was also concerned that the patient may not have been informed regarding proposed subsections (i) and (ii) because she had not signed the informed consent form.

In conclusion, the best way to ensure compliance with section (D) of OAR 811-015-0005 is to require chiropractors to obtain their patients' signatures on an informed consent form. As far as I know, this is done routinely in the offices of most if not all other healthcare professions.

Thank you for considering my comments.

Sincerely,

**J. Michael Burke, D.C.**  
*Clinical and Forensic Chiropractor*

*Board Certified Chiropractic Orthopedist*

[jmbchiro@gmail.com](mailto:jmbchiro@gmail.com)

*(503) 701-8649 (direct)*

*“The role of science is not to provide everlasting truth, but to provide a modest obstacle to everlasting and comprehensive error.”*

*- anon*

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## 811-035-0015

### Unprofessional Conduct in the Chiropractic Profession

Unprofessional conduct means any unethical, deceptive, or deleterious conduct or practice harmful to the public; any departure from, or failure to conform to, the minimal standards of acceptable chiropractic practice; or a willful or careless disregard for the health, welfare, or safety of patients, in any of which cases proof of actual injury need not be established. Unprofessional conduct shall include, but not be limited to, the following acts of a chiropractic physician:

- (1)(a) Engaging in any conduct or verbal behavior with or towards a patient that may reasonably be interpreted as sexual, seductive, sexually demeaning or romantic (also see ORS 684.100).
  - (b) A licensee shall not engage in sexual relations or have a romantic relationship with a current patient unless a consensual sexual relationship or a romantic relationship existed between them before the commencement of the doctor-patient relationship.
  - (c) "Sexual relations" means:
    - (A) Sexual intercourse; or
    - (B) Any touching of sexual or other intimate parts of a person or causing such person to touch the sexual or other intimate parts of the licensee for the purpose of arousing or gratifying the sexual desire of either licensee or patient.
  - (d) In determining whether a patient is a current patient, the Board may consider the length of time of the doctor-patient contact, evidence of termination of the doctor-patient relationship, the nature of the doctor-patient relationship, and any other relevant information.
  - (e) A patient's initiation of, or participation in, sexual behavior or involvement with a licensee does not change the nature of the conduct nor lift the prohibition.
- (2) Charging fees for unnecessary services;
  - (3) Failing to teach and/or directly supervise persons to whom chiropractic services have been delegated;
  - (4) Practicing outside the scope of the practice of chiropractic in Oregon;
  - (5) Charging a patient for services not rendered;
  - (6) Intentionally causing physical or emotional injury to a patient;
  - (7) Directly or indirectly engaging in threatening, dishonest, or misleading fee collection techniques;
  - (8) Soliciting or borrowing money from patients;
  - (9) Possessing, obtaining, attempting to obtain, furnishing, or prescribing controlled drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs; illegally using or dispensing controlled drugs;
  - (10) Aiding, abetting, or assisting an individual to violate any law, rule, or regulation intended to guide the conduct of chiropractic physicians or other health care providers;
  - (11) Violating the rights of privacy or confidentiality of the patient unless required by law to disclose such information;
  - (12) Perpetrating fraud upon patients or third party payors, relating to the practice of chiropractic;



- (13) Using any controlled or illegal substance or intoxicating liquor to the extent that such use impacts the ability to safely conduct the practice of chiropractic;
- (14) Practicing chiropractic without a current Oregon license;
- (15) Allowing another person to use one's chiropractic license for any purpose;
- (16) Resorting to fraud, misrepresentation, or deceit in applying for or taking the licensure exam or obtaining a license or renewal thereof;
- (17) Impersonating any applicant or acting as a proxy for the applicant in any chiropractic licensure examination;
- (18) Disclosing the contents of the licensure examination or soliciting, accepting, distributing, or compiling information regarding the contents of the examination before, during, or after its administration; Notwithstanding this section, the Ethics and Jurisprudence Examination is open book and there is no restriction on applicants discussing answers to individual questions between themselves or with others;
- (19) Failing to keep complete, accurate, and minimally competent records on all patients;
- (20) Failing to provide the Board with any documents requested by the Board;
- (21) Failing to fully cooperate with the Board during the course of an investigation, including but not limited to, waiver of confidentiality privileges, except attorney-client privilege;
- (22) Failing to answer truthfully and completely any question asked by the Board on an application for licensure or certification, or during the course of an investigation, or any other question asked by the Board;
- (23) Failing to comply with state and federal laws regarding child and elderly abuse, and communicable diseases;
- (24) Failing to provide and maintain a safe and sanitary treatment environment;
- (25) Claiming any academic degree or certification, not actually conferred or awarded;
- (26) Disobeying a final order of the Board;
- (27) **Non-compliance of any Executive Order signed by the Governor of the State of Oregon;**
- (27) Splitting fees or giving or receiving compensation in the referral of patients for services;
- (28) Making an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Board, to truthfully and fully answer any questions posed by an agent or representative of the Board regarding a board proceeding, or to participate as a witness in a Board proceeding;
- (29) It shall be considered unprofessional conduct for a licensee to own or operate a clinic or practice as a surrogate for, or be employed by, an individual or entity who could otherwise not own and/or operate a chiropractic clinic under OAR 811-010-0120; and
- (30) Chiropractic physicians holding an ownership interest as described in OAR 811-010-0120 may be held responsible, entirely or in part, for staff who provide patient services. This includes a responsibility to render adequate supervision, management, and training of staff or other persons including, but not limited to, chiropractic physicians, student interns, chiropractic assistants and/or others practicing under the licensee's supervision. Chiropractic physicians with staff may be held

responsible, entirely or in part, for undue influence on staff or a restriction of an associated chiropractic physician from using their own clinical judgment.

**Statutory/Other Authority:** ORS 684

**Statutes/Other Implemented:** ORS 684.155

**History:**

[BCE 1-2020, amend filed 01/22/2020, effective 01/22/2020](#)

[BCE 8-2019, amend filed 05/30/2019, effective 05/31/2019](#)

[BCE 14-2018, amend filed 11/21/2018, effective 11/22/2018](#)

BCE 7-2014, f. & cert. ef. 10-28-14

BCE 1-2014, f. & cert. ef. 1-29-14

BCE 2-2009, f. & cert. ef. 12-22-09

BCE 2-2003, f. & cert. ef. 12-11-03

BCE 2-2000, f. & cert. ef. 5-4-00

BCE 1-1999, f. & cert. ef. 4-7-99

CE 3-1996, f. & cert. ef. 9-26-96

CE 2-1996(Temp), f. & cert. ef. 5-31-96

CE 6-1995, f. & cert. ef. 12-19-95

Board member name \_\_\_\_\_

## Calendar Year 2019-2020 Best Practices Self-Assessment Guidance

Annually, board members are to self-evaluate their adherence to a set of best practices and report the percent of total best practices met by the board (percent of yes responses in the table below) in the *Annual Performance Progress Report* as specified in the agency Budget Instructions.

### Recommended Assessment Process

1. Select a neutral party to facilitate the self-evaluation (recommended, not required).
2. Individual board members complete the score card shown below.
3. Tabulate the results for all board members (can be done by neutral party in advance).
4. Discuss the results—particularly the results for those areas where there are disparate responses or where the group agrees that they are not adhering to a best practice.
5. Record the group’s joint response to each best practice on a new score card. If consensus is not achieved, the board or commission should record the response as “no.”

### Best Practices Assessment Score Card

<b>Best Practices Criteria</b>	<b>Yes</b>	<b>No</b>
1. Executive Director’s performance expectations are current.		
2. Executive Director’s receives annual performance feedback.		
3. The agency’s mission and high-level goals are current and applicable.		
4. The board reviews the <i>Annual Performance Progress Report</i> .		
5. The board is appropriately involved in review of agency’s key communications.		
6. The board is appropriately involved in policy-making activities.		
7. The agency’s policy option packages are aligned with their mission and goals.		
8. The board reviews all proposed budgets.		
9. The board periodically reviews key financial information and audit findings.		
10. The board is appropriately accounting for resources.		
11. The agency adheres to accounting rules and other relevant financial controls.		
12. Board members act in accordance with their roles as public representatives.		
13. The board coordinates with others where responsibilities and interests overlap.		
14. The board members identify and attend appropriate training sessions.		
15. The board reviews its management practices to ensure best practices are utilized.		
16. Others <i>[The board may add additional best practices; however, they are not to be counted when calculating the percentage adherence to best practices.]</i>		
<b>Total Number</b>		
<b>Percentage of Total</b>		

### Analyzing Assessment Results and Defining Next Steps

Once the above table has been completed, the board will want to prepare responses to the following questions. Responses should be integrated into the *Annual Performance Progress Report*, which is due from agencies on September 30<sup>th</sup> of each year.

- How are we doing?
- How do we compare to others and/or to our target? (Once this data is available.)
- What factors are affecting our results?
- What needs to be done to improve future performance?

**From:** Jason Young <[dryoung@yourbodyofhealth.com](mailto:dryoung@yourbodyofhealth.com)>  
**Sent:** Saturday, June 13, 2020 5:27 AM  
**To:** MCLEOD-SKINNER Cass \* BCE <[Cass.MCLEOD-SKINNER@oregon.gov](mailto:Cass.MCLEOD-SKINNER@oregon.gov)>  
**Subject:** Sale of PI Liens

Hi Cass & OBCE members,

I was recently speaking with a member of Nevada's licensing board and I asked what issues they are currently dealing with in her state. She said that currently, they are dealing with rules around the sale of Personal Injury Liens. There are companies that are purchasing the debt that a patient or insurance company may owe for a Personal Injury case (eg. Motor vehicle crash). These liens are valued into the tens of thousands of dollars in some cases. The way this industry works is that a buyer may purchase the lien for a percentage of its value and then attempt to collect the debt and profit the difference. For the doctors selling the lien they benefit by having these accounts settled sooner and reduced need for collections or charge-offs.

This practice poses several risks to the public and also the chiropractic profession. First, without patient consent this represents a significant breach of a patient's HIPAA rights. Also, several of these "lien brokers" have used aggressive collection tactics and also pressured patients to settle cases early which may not be in the patient's best interest. This practice may incentivize chiropractors to inflate treatment costs to make liens more marketable. This damages the reputation of the profession and exposes patients to overutilization and increased financial risk.

When I asked about what Nevada is talking about doing to solve this problem. She said that they are potentially looking to make the sale of a lien without patient consent against their state's rules. While this would address some of the problem listed above, it raises another concern which is that it would make it significantly more difficult to sell a chiropractic practice since. Essentially, a patient would then have the power to prevent the sale of a clinic and its assets, one of which is the lien, to another chiropractor by not giving consent for the sale of their lien. Could this also be extended to include accounts receivable as well?

Fortunately, Oregon as a PIP/No-fault state is a somewhat insulated this problem. This model makes these types of liens more of the exception than the rule. I don't believe that we have any specific rules regarding the sale of liens in the state of Oregon. As this industry of lien-broking scales however, I could see it potentially becoming an issue for some patients in the state of Oregon.

I don't know that there is an action to take at this time but my hope is to expose a potential blindspot.

Sincerely,

Jason Young, DC  
A regular old chiropractor

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## **2021 OBCE Meeting Schedule**

Historically, the Board has chosen its next year's meeting dates and locations at its September meeting. Due to COVID, here are the proposed dates only as remote meetings will likely be our meeting venue for the next year. The meeting schedule will be discussed during public session.

**January 28 – 29, 2021** – Thursday/Friday; board retreat and strategic planning

**March 17** - Wednesday

**May 20 – 21** – Thursday/Friday

**July 29** – Thursday

**September 23 – 24** – Thursday/Friday

**November 18** - Thursday

For consideration, FCLB, FARB, and NBCE meetings (whether in person or remote) are occurring on the following dates:

FARB Forum – January 23-24, 2021 – virtual

FCLB/NBCE Joint Annual Conference – April 28-May 2, 2021 – West Palm Beach, FL

FARB Regulatory Law Seminar – First weekend of October

FCLB District Regional Meeting – Second weekend of October

Since 2014, the Board has traveled to Florence, Corvallis, Sunriver, North Bend/Coos Bay, Baker City, Ashland, McMinnville, Eugene, Klamath Falls, and Albany. Given this, here are possibilities for 2021, if COVID restrictions ease:

Hood River, Pendleton, Bend, Brookings, Coos Bay, Florence, Newport, Portland E/W, Roseburg, Burns, Baker City, Joseph/Enterprise, Ontario, Astoria

**From:** [PURNELL Mackenzie G \\* BCE](#)  
**To:** [PURNELL Mackenzie G \\* BCE](#)  
**Subject:** RE: Question regarding teaching CA class  
**Date:** Tuesday, July 28, 2020 3:52:23 PM

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-----Original Message-----

From: Christina [<mailto:christinasunvalley@hotmail.com>]  
Sent: Tuesday, July 28, 2020 11:21 AM  
To: DOUGAN Donna \* BCE <Donna.DOUGAN@oregon.gov>  
Subject: Question regarding teaching CA class

Hi! Dr. Vermillion told me to ask you this question. I am a acupuncturist (my husband is Chad Lambert DC) and I applied for a manager job at Oregon school of massage. Although I did not qualify for that job the director of the school asked if I would be interested in teaching their chiropractic assistant course. I co taught the course in Arizona with my husband when I worked at massage school in Flagstaff, AZ years ago. My question is am I able to teach a chiropractic assistant course in Oregon and not be a chiropractor? I looked over the board website but could not find specific information on this. If I'm not able to my former co worker Megan Gomez, DC may be interested in teaching it or maybe co teaching with me. Thanks in advance for any information you may have.

Christina Lambert LAc  
Sent from my iPhone

## PURNELL Mackenzie G \* BCE

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**From:** PURNELL Mackenzie G \* BCE  
**Sent:** Tuesday, September 15, 2020 10:35 AM  
**To:** PURNELL Mackenzie G \* BCE  
**Subject:** CA application follow up

**Importance:** High

**From:** grace buxman [<mailto:graceameliabuxman@gmail.com>]  
**Sent:** Saturday, August 08, 2020 11:15 AM  
**To:** PURNELL Mackenzie G \* BCE <[Mackenzie.G.PURNELL@oregon.gov](mailto:Mackenzie.G.PURNELL@oregon.gov)>  
**Subject:** Re: CA application follow up

Mackenzie,

Thank you for reaching out. I hadn't filled out the 'Verification of Supervision' section because it says to complete if employed. However I am not employed, rather am still looking for employment in a clinic. Many clinics are wanting people who already have their license. Will we still be holding off on the application process until I am employed?

Thanks,

Grace Buxman

On Thu, Jul 30, 2020 at 8:13 AM PURNELL Mackenzie G \* BCE <[Mackenzie.G.PURNELL@oregon.gov](mailto:Mackenzie.G.PURNELL@oregon.gov)> wrote:

Hello Grace,

Thank you for your CA application to the OBCE. I have attached the first page from your application because the 'Verification of Supervision' section was not filled out and signed by the Chiropractor where you will be working.

I will hold off processing your application further until I hear from you.

Thank you,

Mackenzie G. Purnell

Administrative Specialist 2

Oregon Board of Chiropractic Examiners

530 Center St NE, Suite 620

Salem, OR 97301

O: 503-373-1573

C: 971-304-4925

E: [mackenzie.g.purnell@oregon.gov](mailto:mackenzie.g.purnell@oregon.gov)

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





## PURNELL Mackenzie G \* BCE

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**From:** PURNELL Mackenzie G \* BCE  
**Sent:** Thursday, August 27, 2020 9:56 AM  
**To:** PURNELL Mackenzie G \* BCE  
**Subject:** Delay of part IV of the examination

**From:** Magaro, Tara (GC) <[tmagaro@pa.gov](mailto:tmagaro@pa.gov)>  
**Sent:** Wednesday, August 26, 2020 11:49 AM  
**To:** OBCE Oregon \* BCE <[Oregon.OBCE@oregon.gov](mailto:Oregon.OBCE@oregon.gov)>  
**Subject:** \_\|/\_ Potentially Risky URL in Email - Click Carefully \_\|/\_ Delay of part IV of the examination

To Whom It May Concern:

The State Board of Chiropractic in Pennsylvania has learned that some other states are making accommodations regarding this delay and are allowing for conditional licensure pending National Board Part IV completion for new graduates. Our Act requires applicants to pass a test approved by the board and requires passing scores on all parts of the National Exam, so NCBE I, II, III, and IV, in order to be granted licensure.

Currently, the NBCE does not have a plan for when new graduates will be able to sit for the exam, thus delaying their ability to become licensed. We would like to know if there have been any discussions within your State Board of Chiropractic for preliminary licensing that other states have implemented. Several states are granting these preliminary licenses for new chiropractors to practice prior to taking their NBCE board examinations, since these exams have continuously been delayed due to the Covid pandemic.

We appreciate your insight in advanced.

**Tara Magaro** | *Paralegal*  
Department of State | Counsel Division Legal Office  
2601 North Third Street, P.O. Box 69523  
Harrisburg, PA 17106-9523  
Phone: 717.705.6625 | Fax: 717.787-0251  
[www.dos.pa.gov](http://www.dos.pa.gov)

### PRIVILEGED AND CONFIDENTIAL COMMUNICATION

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Please consider the environment before printing this message.

**OREGON BOARD OF CHIROPRACTIC EXAMINERS**  
**Chiropractic Assistant Renewal Notice**

RENEWAL DATE: July 31, \_\_\_\_\_ RENEWAL PAYMENT: \$75.00 \*  
 NAME: \_\_\_\_\_ LIC #: \_\_\_\_\_ CE DUE: 6 hours (unless exempt)

**Healthcare Workforce Questionnaire & Continuing Education Affidavit**

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**Healthcare Workforce Questionnaire.** Per ORS 676.410 ALL Oregon licensees must complete the Workforce Questionnaire. Find the link to the Questionnaire from [http://www.oregon.gov/OBCE/Pages/CA\\_Renewal.aspx](http://www.oregon.gov/OBCE/Pages/CA_Renewal.aspx). The law prohibits issuing a renewed certificate without completion.

**Continuing Education. Check One Box Only**

- \_\_\_\_\_ I have completed my annual six (6) CE hours.  
 \_\_\_\_\_ Based on my initial certification date this year (between March 1 and May 31), I am exempt from CE this renewal.  
 \_\_\_\_\_ I have left the CA profession, and I am NOT renewing my CA certificate, or practicing after my expiration date.

**Background History**

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**Answer Questions.** YES answers require a written explanation, and documentation (e.g. court documentation, and/or police report/s). If you answer YES, you must provide a full, written explanation and supporting documentation, as applicable.

- Since your recent initial license date or, OR last renewal:
  - Have you been arrested, charged, arrested or convicted of any misdemeanor or felony - regardless of a dismissal or diversion?..... a. Yes \_\_\_ or No \_\_\_
  - Have you been, are are you in the process of being, investigated by any other regulatory body?
    - Yes \_\_\_ or No \_\_\_
    - Have you been, or are you in the process of being, disciplined by any other regulatory body?..... cb. Yes \_\_\_ or No \_\_\_
- Do you now, or have you had, any physical condition, mental health condition, or chemical dependency condition (alcohol or other substance) that affects or is reasonably likely to affect your current ability to complete the duties of a certified chiropractic assistant, with or without reasonable accommodation, in a competent, ethical, and professional manner? Have you ever, in Oregon or elsewhere, been treated for abuse of alcohol, a controlled or \_\_\_\_\_ Yes \_\_\_ or No \_\_\_  
 If yes, provide a full, written explanation with documentation, mind-altering substance, or prescription medication? If "Yes," provide a full explanation and documentation. If you already reported this abuse to the OBCE, check "Yes," but reported." Yes, but reported \_\_\_

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**Address Change/Update Information**

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Otherwise, check "No."  
**Update Addresses.** Indicate changes by checking the box/es. If you are ARE employed, the chiropractor's name, address, and telephone number are required (clinic name, if available).

**EMPLOYMENT** Check if NOT Employed Check here \_\_\_ if this/these are employment changes.

DC's Name: (Required):	DC's Name: (Required):
Clinic:	Clinic:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:

**HOME ADDRESS**

Check here  if this is a home change

Address:	
City, State, Zip:	
Telephone:	Email (Required):
(Required) Email:-	

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**Healthcare Workforce Questionnaire.** Per ORS 676.410 ALL Oregon licensees must complete the Workforce Questionnaire. Find the link to the Questionnaire from [http://www.oregon.gov/OBCE/Pages/CA\\_Renewal.aspx](http://www.oregon.gov/OBCE/Pages/CA_Renewal.aspx). The law prohibits issuing a renewed certificate without completion.

**Continuing Education. Check One Box Only**

- I have completed my annual six (6) CE hours.
- Based on my initial certification date this year (between March 1 and May 31), I am exempt from CE this renewal.
- I have left the CA profession, and I am NOT renewing my CA certificate, or practicing after my expiration date.

**\* Failure to complete this form, CE, the Questionnaire, or to pay by the Renewal Date above, incurs a late renewal fee.**

**Signature (Required)**

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I have read the Renewal form and answered all questions. I have finished the Healthcare Workforce Survey, met my CE requirements, and updated my contact information. By my signature, I affirm and attest that all information hereon is true and correct.

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

If submitting renewal/payment by mail send to: OBCE, 3218 Pringle Rd SE, Suite 150, Salem, OR 97302530 Center St. NE, Suite 620, Salem, OR 97301-3772  
If you have questions, call the OBCE (503)373-1573 or email [mackenzie.g.purnell@oregon.gov](mailto:mackenzie.g.purnell@oregon.gov)

Oregon Doctor of Chiropractic  
**LICENSE RENEWAL NOTICE and CE AFFIDAVIT**  
*This is a legal document*

PAGE 1 / 2

**LICENSE STATUS & FEE**

License #: \_\_\_\_\_

Name: \_\_\_\_\_

Renewal Date: (Birth Month) \_\_\_\_\_

Active \$425

Senior Active \$315

Inactive \$225 (To change status from inactive to active, contact the OBCE)

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**Healthcare Workforce Questionnaire & Continuing Education Affidavit**

**Healthcare Workforce Questionnaire:** Oregon DCs must complete the questionnaire.

Use this link: <https://oregondas.allegiantech.com/cgi-bin/qwebcorporate.dll?idx=DVHRG2>

For this renewal, I have completed the Healthcare Workforce Questionnaire (per ORS 676.410) Initial Here: \_\_\_\_\_

**CE Requirements based on License Renewal**

- Licensees renewing for their first and second times have specific CE requirements. Visit the OBCE's Continuing Education webpage [www.oregon.gov/obce](http://www.oregon.gov/obce) and click on Continuing Education.
- Senior Active DCs must have completed 6 TOTAL hours CE; and Regular Active DCs need 20 CE hours
- An Inactive licensee is not required to report CE

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**Check ONE of the boxes below**

- I affirm that I have completed all of my required continuing education credit hours (shown above) by my license renewal date (last day of birth month) per ORS 684.092 and OAR 811-010-0086(2). (If you did NOT complete your CE by the Renewal Date above, please provide a separate written explanation with your license fee AND pay the late renewal penalty fee [assessed \$125 per week after renewal date].)
- I wish to maintain an INACTIVE license for this renewal period; no continuing education hours are required.
- I do not wish to renew my Oregon Chiropractic License (for this option ONLY,) Initial Here: \_\_\_\_\_

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**Background History**

**Check YES or NO in answer to these questions. Answer Questions.** If you answer YES, you must provide a full, written explanation and supporting documentation, as applicable.

1. Since your last renewal date:...

a. have you been arrested, charged, arrested or convicted for any misdemeanor or felony (regardless of dismissal or diversion)?

\_\_\_\_\_ a.  Yes

No

b. have you been or are you in the process of being investigated by any other regulatory body?

\_\_\_\_\_ b.  Yes  No

c. have you been or are you in the process of being disciplined by any other regulatory body?

\_\_\_\_\_ c.  Yes  No

d. have you been required to register as a sex offender in any jurisdiction?  Yes  No

2. Do you have any pending malpractice claims filed against you?  Yes  No  
If yes, provide the name of your malpractice insurance carrier here: \_\_\_\_\_

3. Do you now, or have you had, any physical condition, mental health condition, or chemical dependency condition (alcohol or other substance) that affects or is reasonably likely to affect your current ability to practice, with or without reasonable accommodation, in a competent, ethical, and professional manner? Have you ever, in Oregon or elsewhere, been treated for abuse of alcohol, a controlled or mind-altering substance, or prescription medication? If "Yes," provide a full, written explanation \_\_\_\_\_ with documentation. If you already reported this abuse to the OBCE, check "Yes," but reported."  Yes, but reported  No. Otherwise, check "No."

**Signature (required)**  
I have read the Renewal form and answered all questions. I have finished the Healthcare Workforce survey, met my CE requirements and updated my contact information. By my signature below, I affirm that all information hereon is true and correct.

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

You must provide your preferred email address: \_\_\_\_\_

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**LICENSE RENEWAL NOTICE and CE AFFIDAVIT**

*This is a legal document*

**License:-**

**Name:-**

**Address Change/Update Information**

According to Oregon Revised Statute (ORS) 684.054(2) "Every chiropractic physician shall promptly notify the Board of any change in the professional address of the chiropractic physician." Oregon Administrative Rule (OAR) 811-010-0015 states, "Each person holding a license to practice Chiropractic in the State of Oregon under the laws administered by this Board shall file their proper and current business address, or their mailing address if they are not currently in practice, with the Board at its office. Each individual shall immediately notify this Board, in writing, at its office address of any change in mailing or business address, giving both the old and the new address." ORS 684.100(1)(g) provides that "Failing to notify the board of a change in location of practice as provided in ORS 684.054" is Unprofessional Conduct and is subject to board action.

**Use the spaces below to correct your practice, home, and mailing address; include phone numbers.**  
Please strike out the old information; be sure to check one of the boxes for Official Mailing.

Physical Clinic or Practice Address (Required)	OTHER Circle One → PO Box - Home - 2nd Office
Clinic Name:	
Address:	
City/State/Zip	
Phone:	
Use <del>this</del> <b>THIS</b> address as my OFFICIAL MAILING <input type="checkbox"/>	Use <b>THIS</b> <del>this</del> address as my OFFICIAL MAILING <input type="checkbox"/>
<b>OR</b>	

"OFFICIAL MAILING" as used above refers to the address you designate to receive all OBCE-related communications - for you and your CCA(s). If you do not designate a specific address, mailings will be delivered to the Clinic address. We do not recommend using your home address for your official mailing address as it is public information and posted on the agency website.

**Mailing**

~~Send this completed form to the OBCE with your license fee (and late fee, if applicable). Mail to the OBCE's administrative office in Salem:~~

~~OBCE  
530 Center St. NE, Ste 620  
Salem OR 97301-3772~~

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If you have questions, call the OBCE (503) 373-1579, or email [donna.dougan@oregon.gov](mailto:donna.dougan@oregon.gov).  
**Signature (Required)**

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I have read the Renewal form and answered all questions. I have finished the Healthcare Workforce survey, met my CE requirements, and updated my contact information. By my signature below, I affirm and attest that all information herein is true and correct.

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

You must provide your preferred email address:  
\_\_\_\_\_

### **Return this Form**

Commented [MC\*B1]: Can licensees email this renewal in and pay online?

Send this completed and signed form to the OBCE with your license fee (and late fee, if applicable).  
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