STATE OF HAWAII
Department of Commerce and Consumer Affairs
335 Merchant Street, 3rd Floor, Honolulu, Hawaii 96813
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Phone: (808) 586-2704
BOARD OF NATUROPATHIC MEDICINE
hawaii.gov/dcca/pvl

NON-SCHOOL COURSE PROVIDER AGREEMENT - REQUEST FOR APPROVAL OF QUALIFYING COURSE ON PARENTERAL THERAPY

FOR OFFICE USE ONLY

Hours:
Requested _____
Approved _____

Index number _____
Date approved _____

_____
Course Provider Name

_____
Type of Organization

_____
Business Address

Contact Person: _____ Phone No.: _____

Name of Course: _____

Location of Course: _____ Date(s) of Course: _____

We are requesting approval for _____ hours on parenteral administration through injection of applicable naturopathic formulary substances. The subject topics listed below must correspond to the course schedule and comply with Hawaii Administrative Rules, chapter 88, entitled *"Naturopaths"*.

DAY	TIME	# MINUTES/HOURS	REQUIRED TOPICS
			Current and historical research on parenteral therapy
			Indications and contraindications of parenteral therapy
			Parenteral therapy side effects and toxicity, nutrient/drug interactions
			Parenteral therapy and practical application, vein selection, and insertion techniques
			Intravenous solutions, equipment, supplies, catheters and pic lines
			Initial evaluation and treatment monitoring requirements
			Frequency of parenteral treatments
			Charting requirements, standards of care, office procedures, consent to treat, nutrition and lifestyle recommendations during treatment, errors and adverse reactions
			Practicum on mixing and administering parenteral solutions, including observation of intravenous set up and administration (the licensee shall have observed at least ten of these); and successful completion of intravenous set up (the licensee shall have completed at least ten of these)

TOTAL NO. OF HOURS: _____

(CONTINUED ON PAGE 2)

Course Provider Fee..... 428..... $25
Service Charge..... BCF..... $25

List the names of the course instructors, their license numbers (if any) and the state that issued the license(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does each course instructor have at least one year experience teaching parenteral therapy at a school, university or college accredited by a regional or national accrediting body recognized by the United States Department of Education? . . . . . ☐ Yes ☐ No

Does each course instructor have at least five years' experience and training combined in parenteral therapy? . . . . . ☐ Yes ☐ No

Have any of the course instructor(s) or administrator(s) of the Non-School Course Provider had any disciplinary action taken against any of their licenses in any jurisdiction? . . . . . ☐ Yes ☐ No

If response is "YES", please explain on a separate sheet and attach a certified copy from originating board or registry of Findings of Fact; Conclusions of Law; Recommended Order/Settlement Agreement; Final Order and letter stating whether license/registration/certification has been reinstated and all conditions and stipulations of the board or registry have been met.

Have any of the course instructor(s) or administrator(s) of the Non-School Course Provider ever been convicted of any crime (including felonies and misdemeanors) in which the conviction has not been annulled or expunged? . . . . . ☐ Yes ☐ No

If response is "YES", explain on a separate sheet and attach court documentation on the date, place and type of conviction.

Is this a distance education course (distance education includes but is not limited to correspondence courses, internet courses or video or remote television offerings)? . . . . . ☐ Yes ☐ No

The Non-School Course Provider agrees to:

1) Submit the following information:
   a) Course instructor(s) qualifications to teach the course.
   b) If there are multiple instructors for a course, identify the part of the course that will be covered by each instructor;
   c) Course description and outline;
   d) Detailed course schedule (include number of minutes spent on each topic); and
   e) Course material.

2) Issue completion certificates only to attendees that:
   a) Physically attended the course;
   b) Successfully completed practicum on mixing and administering parenteral solutions, including observation of intravenous set up and administration (the licensee shall have observed at least ten of these);
   c) Successfully completed intravenous set up (the licensee shall have completed at least ten of these); and
   d) Completed the written course examination consisting of at least fifty (50) questions with a score of at least seventy-five percent.

3) Provide completion certificates to attendees within 60 days of completion of the course/examination. Completion certificates shall include information regarding the number of classroom hours, and whether there was successful passage of the course examination;

4) Keep attendance records for a minimum of seven years;

5) Provide that attendees may take no more than one make-up examination as long as the examination is taken within ninety days of the ending date of the course; and

6) Read and comply with the provisions of Hawaii Revised Statutes ("HRS") chapter 455 and Hawaii Administrative Rules ("HAR") chapter 16-88.

(CONTINUED ON PAGE 3)

APPLICATION FEE: **ATTACH** a check of $25 made payable to: COMMERCE AND CONSUMER AFFAIRS. Application fee is NOT refundable. (NOTE: A $25 service charge shall be assessed for payments dishonored for any reason. Should payment be dishonored, the approval is voided and a new approval date is issued upon payment for the new fees.)

I hereby certify that the statements, answers and representations made in this Non-School Course Provider Agreement and in all submitted documents are true and correct. I hereby certify that the statements, answers and representations made in this Application and in all submitted documents are true and correct. I understand that any misrepresentation in this Agreement and submitted documents shall be subject to disciplinary action under HRS chapter 455 and HAR chapter 16-88. I further certify that we have read and agree to comply with the requirements in HRS chapter 455 and HAR chapter 16-88.

Signature of CEO or individual responsible for administration of educational offerings	Title	Date

Print/Type Name

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.