

**CERTIFICATION OF PARENTERAL THERAPY QUALIFYING COURSE -
NATUROPATHIC PHYSICIAN**

Board of Naturopathic Medicine
P.O. Box 3469
Honolulu, HI 96801

Access this form via website at: hawaii.gov/dcca/pvl

Instructions to the Applicant: Complete Section 1, **have the Dean of your accredited school complete Section 2 to verify your course work in parenteral therapy**, then attach the completed form to your application before submitting it to the Board of Naturopathic Medicine.

Section 1: APPLICANT	Name (First, Middle)	(Last)	Social Security Number
	Address (Include Apt. No., City, State, and Zip Code)		Date of Birth
			Phone No.
SIGN HERE: _____			Date: _____

Section 2: COLLEGE/UNIVERSITY DEAN ONLY	<p>INSTRUCTIONS TO THE DEAN: <i>The person named above is applying for authorization to administer parenteral therapy in Hawaii. Please complete Section 2 to verify the applicant completed a minimum of thirty (30) classroom hours on parenteral administration through injection of applicable naturopathic formulary substances. Return the completed form to the applicant.</i></p> <p>Hawaii Administrative Rules ("HAR") section 16-88-57 requires completion of at least thirty (30) classroom hours on parenteral administration through injection of applicable naturopathic formulary substances. Credit shall <u>not</u> be granted for distance education, including but not limited to correspondence courses, internet courses, or video or remote television offerings. At minimum the course(s) shall have covered all of the following topics:</p> <ol style="list-style-type: none"> 1. Current and historical research on parenteral therapy 2. Indications and contraindications of parenteral therapy 3. Parenteral therapy side effects and toxicity, nutrient/drug interactions 4. Parenteral therapy and practical application, vein selection, and insertion techniques 5. Intravenous solutions, equipment, supplies, catheters and pic lines 6. Initial evaluation and treatment monitoring requirements 7. Frequency of parenteral treatments 8. Charting requirements, standards of care, office procedures, consent to treat, nutrition and lifestyle recommendations during treatment, errors and adverse reactions 9. 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) <p>Please check all that apply:</p> <p><input type="checkbox"/> The individual named above completed a minimum of thirty classroom hours covering all of the topics 1 through 9 listed above.</p> <p><input type="checkbox"/> The individual named above successfully completed a written examination consisting of at least fifty (50) questions that are relevant to the topics required by HAR section 16-88-57. Successful completion of the written examination shall be a passing score of at least seventy-five percent (75%) or its equivalent.</p> <p><input type="checkbox"/> The individual named above observed at least ten practicum on mixing and administering parenteral solutions, including observation of intravenous set up and administration.</p> <p><input type="checkbox"/> The individual named above successfully completed at least ten intravenous set up.</p> <p>I hereby certify that the statements, answers and representations made in this Certification and in all submitted documents are true and correct.</p>
	<p style="text-align: right;">_____ Signature of Dean</p> <p style="text-align: right;">_____ Date</p> <p>Print Name of Dean: _____</p> <p>College/University: _____</p> <p>Address: _____</p> <p>Phone No.: _____</p> <p style="text-align: center;">SEAL</p>