

Oregon Board of Medical Examiners

PHYSICIAN LICENSURE CHECKLIST

This list will help you to determine what items you will be required to submit for licensure. As you send in the items, you can mark them off. Once you file your application, you will be notified of how you can access your application status on the Board website to inform you of items still needed to complete your file. ***To avoid delay in the processing of your application, please read the enclosed application instructions carefully. Please note, not ALL items are applicable to ALL applicants.***

THE FOLLOWING ITEMS ARE TO BE SUBMITTED BY THE APPLICANT:

- | | | |
|----------------------------|---|---|
| <input type="checkbox"/> | Application Form | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> | Processing Fee (\$375 MD/DO – \$340 DPM) | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> | Birth Certificate | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> | Medical/Osteopathic/Podiatric Diploma | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> | Photograph for Application | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> | MPA/DEA Open Book examinations on laws | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> | Completed Fingerprint Card with Identification Verification Form | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> | Personal History Explanation(s) | For <i>affirmative</i> responses to questions |
| <input type="checkbox"/> | Name Change Documentation | If name is different than birth certificate |
| <input type="checkbox"/> | Naturalization Affidavit | If name changed by naturalization |
| <input type="checkbox"/> | Marriage Certificate | If name changed by marriage |
| <input type="checkbox"/> | Fifth Pathway Certificate | For foreign/Fifth Pathway applicants ONLY |
| <input type="checkbox"/> | American Specialty Board Certificate(s) | If examination taken |
| <input type="checkbox"/> | American Specialty Board Recertification Certificate(s) | If examination taken |
| <input type="checkbox"/> | Translations of Documents/Letters | If in a foreign language |
| <input type="checkbox"/> | SPEX Fee and Registration Forms (SENT DIRECTLY TO EXAM CENTER IF SPEX EXAM IS REQUIRED) | |
| * <input type="checkbox"/> | Request for SPEX Waiver | If requesting a SPEX waiver |
| <input type="checkbox"/> | National Practitioner Data Bank/Health Integrity Protection Data Bank | REQUIRED OF ALL APPLICANTS |

NOTE: TWO RESPONSES WILL BE SENT TO THE APPLICANT BY THE NPDB/HIPDB AND ALL PAGES MUST THEN BE FORWARDED TO THE OREGON BOARD FOR YOUR FILE

* Will be sent to the applicant after the MD/DO/DPM application form is received and processed

THE FOLLOWING ITEMS ARE TO BE SENT DIRECTLY FROM THE SOURCE TO THE OREGON BOARD OF MEDICAL EXAMINERS:

- | | | |
|--------------------------|--|---|
| <input type="checkbox"/> | Verification of Medical Education | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> | Letter from the Dean of MD/DO/DPM School
(sent with Verification of Medical Education form) | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> | Federation Disciplinary Inquiry | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> | Intern/Resident/Fellow Verification(s) | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> | Personal History Verification(s) | For <i>affirmative</i> responses to questions |
| <input type="checkbox"/> | Clerkship Verification(s) | For foreign graduates ONLY |
| <input type="checkbox"/> | ECFMG/Fifth Pathway Verification | For foreign graduates ONLY |
| <input type="checkbox"/> | Fifth Pathway Program Verification | For foreign graduates ONLY |
| <input type="checkbox"/> | Employment Verification(s) | If employed |
| <input type="checkbox"/> | Staff Membership Verification(s) | If staff membership held |
| <input type="checkbox"/> | Locum Tenens Verification(s) | If locum tenens served |
| <input type="checkbox"/> | State/Province License Verification(s) | If licensed in any state/province |
| <input type="checkbox"/> | Official Grade Transcript(s) | If USMLE, National Board, LMCC, FLEX, SPEX |