



# REQUIRED DOCUMENTATION CHECKLIST











## MD/DO/DPM Application

The Oregon Medical Board has adopted rules to allow licensure by expedited endorsement for physicians. Your application will be reviewed by Board staff to determine if you qualify. For more information, see the [Endorsement](#) information page. If you qualify for licensure by endorsement, some of the following items may not be required and Board staff may obtain or verify some of the required items for you. Your Online Status Report, available from our Online Services Page, will reflect your outstanding items.



**May be submitted via email**

THE FOLLOWING ITEMS ARE TO BE SENT FROM YOU, THE APPLICANT, TO THE OREGON MEDICAL BOARD.

	PROVIDE TO OMB	INFORMATION YOU NEED TO KNOW
<input type="checkbox"/>	 Copy of Birth Certificate	<b>Copy accepted</b> MUST SHOW ON COPY either the word <b>HEALTH DIVISION</b> or <b>VITAL STATISTICS</b>
<input type="checkbox"/>	 Medical/Osteopathic/Podiatric Diploma	
<input type="checkbox"/>	 Photograph	Taken w/in last 3 months
<input type="checkbox"/>	 Medical Practice Act and DEA open book examinations on laws.	Must be signed and dated
<input type="checkbox"/>	 Name change documents due to marriage, divorce, legal name change, etc.	If name is different from Birth Certificate If naturalized citizen, Naturalization Affidavit must be notarized original and cannot be emailed or faxed
<input type="checkbox"/>	 American Specialty Board certificates – initial certification and recertification	For any member boards under ABMS, AOA-BOS, ABPS, or ABPOPPM
<input type="checkbox"/>	 Personal History explanations	For affirmative answers where sufficient explanation was not provided online
<input type="checkbox"/>	 Request for SPEX waiver	If SPEX is required by Board and applicant is requesting a waiver Applicant provides written request to Board
<input type="checkbox"/>	 Translations of documents	If original document is in a foreign language
<input type="checkbox"/>	 NPDB and HIPDB Self-Query	Completed within last 3 months Self-Query result report will be sent to you; forward original to Board

<input type="checkbox"/>	Finger Print card <u>with</u> identification verification form	Read instructions to provide clear fingerprints
<p><b>THE FOLLOWING ITEMS ARE TO BE SENT <u>DIRECTLY FROM PRIMARY SOURCE</u> TO THE OREGON MEDICAL BOARD. The Applicant must request that the source send directly to the Board. See the <a href="#">Forms</a> page.</b></p>		
	<b>PROVIDE TO OMB</b>	<b>INFORMATION YOU NEED TO KNOW</b>
<input type="checkbox"/>	Verification of Medical Education	From Medical/Osteopathic/Podiatric school
<input type="checkbox"/>	Dean's letter to be sent with Verification of Medical Education	From Medical/Osteopathic/Podiatric school
<input type="checkbox"/>	Federation Disciplinary Inquiry	MD/DO – From Federation of State Medical Boards DPM – From Federation of Podiatric Medical Boards
<input type="checkbox"/>	Intern/Resident /Fellow verification(s)	From training program(s)
<input type="checkbox"/>	Clerkship Verification(s)	For <b>foreign graduates</b> ONLY
<input type="checkbox"/>	ECFMG certification verification	For <b>foreign graduates</b> ONLY
<input type="checkbox"/>	Fifth Pathway program verification	If applicable for <b>foreign graduates</b> ONLY
<input type="checkbox"/>	Employment verification(s)	All health-related employment past 5 years
<input type="checkbox"/>	Staff Privileges verification(s)	All hospital staff privileges held past 5 years
<input type="checkbox"/>	Locum Tenens verification(s)	All Locum Tenens served past 5 years
<input type="checkbox"/>	State/Province License verification(s)	If licensed in any state/province
<input type="checkbox"/>	Official Exam grade transcript(s)	If USMLE, National Board, FLEX, LMCC, SPEX
<input type="checkbox"/>	Personal History documentation	For affirmative answers as requested by the Board

**Send Information to:**

Oregon Medical Board  
1500 SW 1<sup>st</sup> Ave Suite 620  
Portland, Oregon 97201

Email Address: [omb.appdocuments@state.or.us](mailto:omb.appdocuments@state.or.us)

**If emailing required documentation, please include in subject line:**

Last Name, First Name, Application No. and the text "Required Documentation"