

APPLICATION FOR A LIMITED LICENSE (MD/DO/DPM)

APPLICATION INSTRUCTIONS AND INFORMATION

A Limited License, Postgraduate, Fellow, Medical Faculty, or Visiting Professor may be granted to you once you have completed the limited license form, submitted it to the Board with the limited license fee, the Board has received the required documentation as listed below and has satisfactorily processed the application. Submit your application and supporting documentation *at least one month prior to the date you intend to begin practice*. You should plan on allowing even more processing time during the spring and summer months as this is the busiest time of the year.

FEE

The fee for the limited license is **\$185.00**. Make your check payable to “Oregon Medical Board,” or pay by credit card by completing the credit card form on Page 6 of the limited license application. **The limited license fee cannot be refunded, credited, transferred or prorated.**

DESCRIPTION OF THE LIMITED LICENSES

Please check (✓) the limited license for which you are applying. Review the following information concerning the limitations of the various types of limited licenses issued by the Board.

Following the title of each limited license is a reference to the administrative rule where this limited license can be found. All the Board’s administrative rules can be found on the Board’s web site at www.oregon.gov/OMB. Find Rules and Statutes on the left side of the opening Board web page, and then click on The Oregon Administrative Rules. The Board’s administrative rules are OAR 847, and within OAR 847, Division 010 contains descriptions of the limited licenses. Division 020 also contains descriptions of the Limited License, Visiting Professor and Limited License, Medical Faculty.

Limited License, Postgraduate (LLPG) (OAR 847-010-0051)

The LLPG limits the physician’s practice to an accredited training program. The physician may NOT work outside the accredited training program. Moonlighting is NOT allowed under this limited license. This license is granted for one year and can be renewed for all subsequent years of an accredited training program.

Limited License, Fellow (LLF) (OAR 847-010-0056)

The LLF limits the physician’s practice to a supervised fellowship program of an approved school of medicine or affiliated teaching institution. The physician may NOT work outside a training program. Moonlighting is NOT allowed under this limited license. This limited license can be issued annually for a total of two years only.

Limited License, Medical Faculty (LLMF) (OAR 847-010-0063, OAR 847-020-0140)

The LLMF is issued to a physician who receives a full time faculty position in an accredited medical school in the state. The limited license allows practice only as a necessary part of the duties of the faculty position as approved by the Board. Moonlighting is NOT allowed under this limited license. The LLMF can be issued annually for a total of four years only.

Limited License, Visiting Professor (LLVP) (OAR 847-010-0052, OAR 847-020-0140)

The LLVP is issued for a physician who has received a teaching position in an approved medical school or affiliated teaching institution in the state. The limited license allows practice only as a necessary part of the duties of the teaching position as approved by the Board. Moonlighting is NOT allowed under this limited license. The LLVP can be issued annually for a total of two years only.

DOCUMENTATION REQUIRED TO PROCESS THE LIMITED LICENSE APPLICATION

Limited License, Postgraduate: Request a letter from the Oregon medical school (OHSU) or teaching hospital providing dates of training if during the year, or your name is on the list from OHSU or teaching hospital if you are appointed at summer start time.

Limited License, Postgraduate for an out-of-state resident doing an elective rotation in Oregon: Request a letter from the Oregon location and a letter from the current out-of-state postgraduate program providing dates of training and confirming that the training in Oregon is part of the current training program.

Limited License, Fellow: Request an appointment letter from the Oregon Health and Science University (OHSU) or one of the affiliated teaching hospitals if you are appointed during the year, or your name is on the list from OHSU or teaching hospital if you are appointed at summer start time.

Limited License, Medical Faculty:

- Provide documentation that you are a United States citizen or are legally admitted to the United States.
- Request the Dean of the medical school (OHSU) to certify to the Board that you have been appointed to a full-time faculty position, that a position is available, and that because you have unique expertise in a specific field of medicine the medical school considers you to be a valuable member of the faculty.
- Document that
 - You have been licensed to practice and have practiced medicine and surgery for not less than four years in another state or country whose requirements are satisfactory to the Board; **or**
 - You have engaged in the practice of medicine in the United States for at least four years in approved hospitals; **or**
 - You have completed a combination of such licensed practice and training.
- You may be required to take and pass an examination by the Board.

You will be under the direction of the head of the department and may practice medicine only as a necessary part of the duties as approved by the Board.

Limited License Visiting Professor:

- Provide documentation of graduation from a school of medicine.
- Provide curriculum vitae.
- Request the head of the Oregon medical school or teaching institution's department in which you are to be appointed to certify in writing to the Board that you have been offered a teaching position under the direction of the department.

You will be under the direction of the head of the department and may practice medicine only as a necessary part of the duties as approved by the Board.

RENEWAL OF YOUR LIMITED LICENSE

- All limited licenses must be renewed annually. A new application form must be completed and a fee must be paid each time the limited license is renewed.
- A Limited License, Postgraduate may be renewed for all years of training.
- A Limited License, Fellow may be renewed for one additional year only (2 years total).
- A Limited License, Visiting Professor may be renewed for one additional year only (2 years total).
- A Limited License, Medical Faculty may be renewed for three additional years only (4 years total).

PLEASE NOTE

- Your LIMITED license number does not become your permanent license number when you are granted an UNLIMITED license to practice in Oregon.
- It is the responsibility of the licensee to renew the limited license, if needed, before the date of expiration printed on the Certification of Registration.

COMPLETING THE FORM

Please complete ALL sections of the limited license application form. Incomplete or incorrectly completed forms will be returned, which will delay consideration of your limited license.

PAGE 1

Please provide all data/information requested on Page 1. As part of your application for license or renewal of your license you are required to provide your Social Security Number to the Oregon Medical Board. This is mandatory. The authority for this requirement is Oregon Laws 1997, chapter 746, section 117 (ORS 25.785), ORS 305.385, and 42 USC § 66 (a)(13). Failure to provide your Social Security Number will be a basis to refuse to issue or renew the license, certification or registration you seek. Your Social Security Number will remain on file with the Board, and will be used for child support enforcement by Child Services Division, for tax enforcement by the Department of Revenue, by the Board for identification and investigative purposes only, and provided to entities for the collection of delinquent fines assessed by the Board, unless you authorize other uses of the number.

Do you want your practice address posted on the Board's Web site? For future planning, the Board is asking whether you would allow the Board to post your practice address on the OMB web site.

PAGE 2

CHRONOLOGY OF ACTIVITIES

List all activities from date of graduation from medical/osteopathic/podiatric school up to the present date. Include all training, practice, non-medical activities as well as any vacations of one month or longer between activities. **DO NOT SUBMIT A CURRICULUM VITA IN LIEU OF COMPLETING THIS PAGE.**

PAGES 3-4

PERSONAL HISTORY QUESTIONS

A “yes” response to a personal history question will require a review of your application. For this reason the application and fee should be submitted as soon as possible. Specific information is needed, both from you and the source, if any of the personal history questions are answered in the affirmative. Review the questions and your responses carefully. Incomplete information will delay the processing of your application.

CATEGORY I

Question 1

Applicant Provide full details to include date of licensure, license number, type of license, and current status of the license.

Licensing Board Provide verification of licensure to include license number, date issued, current status.

Question 2

Applicant Provide full details to include state/province, type of examination failed, and dates and grades (if known) for each failure.

Question 3

Applicant Provide full details to include state/province, reasons/circumstances and any disciplinary action.

Licensing Board Provide full details and include copies of any legal documents.

Questions 4 and 5

Applicant Provide states, dates and reasons/circumstances.

Licensing Board Provide full details and include copies of any legal documents.

Question 6

Applicant Provide full details including dates and reasons/circumstances, and provide a copy of documents, reports and correspondence.

State Narcotic Office/Drug Enforcement Administration (DEA) Provide full details and include copies of any legal documents.

Question 7

Applicant Provide full details of the arrest, the dates, places, and disposition of the case.

Police Department/ Court Provide a Certified Copy (with court seal affixed) of the original charge, the judgment, the sentence and/or the dismissal order or other such documents which reflect the disposition of the matter.

Question 8

Applicant Provide full details to include the agency conducting the investigation as well as the reasons for the criminal, civil, or licensing investigation. Provide a copy of documents, reports and correspondence.

Investigating Agency Provide full details concerning reasons for the investigation.

Question 9

Applicant Provide full details to include details of the case, where/when incident occurred, disposition of the case, judgment, etc. Please indicate if the case is still pending. Provide a copy of the documents, reports and correspondence.

Court Provide full details concerning reasons for the investigation.

Question 10

Applicant Provide full details to include the agency/party with which the settlement was entered as well as the reasons for and conditions of the settlement. Provide a copy of the documents, reports and correspondence.

Agency/Party In some cases information is needed in addition to the applicant's explanation (see below).

Question 11
<i>Applicant</i> Provide full details to include name of patient, where/when incident occurred, disposition of the case, judgment, etc. Please indicate if the case is still pending. Provide a copy of the documents, reports and correspondence.
<i>Malpractice Carrier/Court</i> In some cases information is needed in addition to the applicant's explanation. (see above)
Question 12
<i>Applicant</i> Provide the length of time you did not practice medicine or ceased the practice of your specialty and the reason why, as well as your activities, (medical or non-medical) for that period of time.
<i>Hospital/School/Training Program</i> In most cases, the applicant's explanation is all that is needed concerning an affirmative response to question 12. However, in some cases the applicant will be asked to request information be sent directly from other sources to the Board.
Question 13
<i>Applicant</i> Provide name of the medical/osteopathic/podiatric school, training program, dates and reasons/circumstances.
<i>School/Training Program</i> Provide full details concerning the circumstances, results, and copies of any legal documents.
Question 14
<i>Applicant</i> Provide full details to include the name of the hospital, clinic, surgical center, dates, and reasons/circumstances.
<i>Hospital/Employment</i> Provide full details, including dates, circumstances, results, and copies of any legal documents.

CATEGORY II

Questions 1 and 2
<i>Applicant</i> Provide full details and dates regarding treatment received for the condition. If any medications were prescribed, furnish the names, dosages and the dates the medications were taken. Include the names and addresses of the treating psychiatrist, psychologist, social worker, clinical therapist, or counselor and dates of treatment, or therapy. Request the person providing treatment send directly to the Board complete details of treatment or counseling including dates, diagnosis (if any), treatment and prognosis.
<i>Source</i> Treatment provider to furnish complete details of treatment or counseling including dates, diagnosis (if any), treatment and prognosis. Request the Appropriate official at the hospital send directly to the Board a full report to include Individual Assessment and Evaluation; Discharge Summary and Discharge Plan for Continued Care or the equivalent. Letters/reports need to be sent directly to this Board.
Questions 3, 4 and 5
<i>Applicant</i> Provide full details and dates regarding this treatment and/or hospitalization. Include the names and addresses of the treating psychiatrist, psychologist, social worker, clinical therapist, or counselor and dates of treatment or therapy. Request the person providing treatment send directly to the Board complete details of treatment or counseling including dates, diagnosis (if any), treatment and prognosis. If you have been arrested for a DUII or DWI, request for the arresting officer's report and court documents to be sent directly to this Board.
<i>Source</i> Treatment provider to furnish complete details of treatment or counseling Including dates, diagnosis (if any), treatment, and prognosis. Request the appropriate official at the hospital send directly to the Board a full report to include Individual Assessment and Evaluation; Discharge Summary and Discharge Plan for Continued Care or the Equivalent. Letters/reports to be sent directly to this Board. Police Department/Court to provide a Certified Copy (with court seal affixed) of the original charge, the judgment, the sentence and/or the dismissal order or other such documents which reflect the disposition of the matter. Letters/reports to be sent directly to this Board.
Question 6
<i>Applicant</i> Provide full details and dates to include the name and location of the diversion program, regulatory board, healthcare program or facility, and/or court, and reasons for and results of entering the program.
<i>Source</i> Furnish treatment records and any court/legal documents directly to the Board.

PAGE 5 PERSONAL IDENTIFICATION

- Attach close-up passport quality photograph, taken within the past 90 days, signed in ink on the front, showing date taken.
- Enter your description showing gender, height, weight, hair color, eye color and date and place of birth.
- Sign the application in the presence of a Notary Public.

LIMITED LICENSE APPLICATION FOR POSTGRADUATE TRAINING IN THE STATE OF OREGON

IMPORTANT NOTICE -- READ CAREFULLY

A LIMITED LICENSE, POSTGRADUATE (LLPG) IS **OFFERED** FOR TRAINING
AT THE POSTGRADUATE 1 LEVEL,

A LLPG IS **REQUIRED** FOR TRAINING
AT THE POSTGRADUATE 2 LEVEL AND ABOVE

It is the responsibility of every trainee serving in a training program in the State of Oregon to:

- Read the following information carefully
- Complete the limited license application form
- Submit it with the required fee, and
- Obtain a LLPG. (PG 1s are not required to obtain a LLPG unless they wish to prescribe in their training program.)

A physician serving in a training program in the State of Oregon at a Postgraduate Level 1 **may** apply for and obtain a LLPG prior to beginning training or during training. A LLPG is not required for PG 1 training.

A physician serving in a training program at the Postgraduate Level 2 and above, is **required** to apply for and obtain a LLPG prior to beginning training or continuing training in Oregon.

Physicians who wish to start or continue their postgraduate training program at the end of June or beginning of July must complete the Limited License form and return it to this office along with the required **fee of \$185.00 no later than MAY 1, 2010.**

Obtaining a LLPG will allow a PG 1 and above to use a **Drug Enforcement Administration number:**

- through the training hospital. This DEA number allows the PG 1 and above to write prescriptions for hospital patients that can be filled at the hospital pharmacy.

The PG 1 and above may also apply for an **individual DEA registration** to write prescriptions for patients that will be:

- filled at a pharmacy separate from the hospital training program.

CAUTION: Under a LLPG, you may NOT prescribe for yourself, family or friends. Prescribing is reserved for patients seen in your training program.

THE LIMITED LICENSE, POSTGRADUATE DOES NOT ALLOW “MOONLIGHTING” DURING TRAINING

However, if you are a PG 2 or above and wish to “**moonlight**,” you must apply for and be granted an **unlimited** license. Please use the application form on the Board’s web site at <http://egov.oregon.gov/OMB/phyapphomepg.shtml> . The application form and fee must be filed by **May, 2010** to allow sufficient time for entry/processing and for the applicant to complete their file (i.e., submits and/or obtains all required documents). July is the busiest month for the Board with the largest number of applicants, so processing of applications takes a little longer.

As soon as your file is complete you will be mailed the initial registration form to complete and return with the initial registration fee. The Board’s Executive Director grants licensure weekly to those applicants whose file is complete and have returned the initial registration form and fee to Board staff. You should be granted licensure by the expiration date of your Limited License Postgraduate (in most cases this will be **June 30**, but check with your program or the Board if you’re not sure) for unlimited license approval. Once you have been granted an unlimited license, you will be able to “moonlight” during your postgraduate training.

NOTE: If a physician answers “yes” to any of the personal history questions on the application for limited or unlimited licensure, (with the exception of Category 1, Questions 1 and 2 and possibly Question 11) such information may need to be reviewed by both the Administrative Affairs Committee of the Board and the full Board.

Applicants who have answered “yes” to any personal history questions should submit the application and fee for a LLPG no later than **APRIL 1** to allow extra processing time.

The issuance of a license will be delayed while the review is being completed.