

OREGON MEDICAL BOARD

1500 SW First Avenue, #620

Portland, OR 97201-5847

(971) 673-2700

INSTRUCTIONS TO COMPLETE AFFIDAVIT FOR REACTIVATION OF OREGON MEDICAL LICENSE

If you wish to return to Oregon to practice or wish to practice under a status where you can receive remuneration for your services, you are required to reactivate your Inactive, Locum Tenens, Active – Military/Public Health, Active – Teleradiology, Active – Telemonitoring, Emeritus, or Emeritus Inactive status to an Active, Locum Tenens, or Emeritus Active status. Enclosed are the instructions, the affidavit and other forms needed to complete the reactivation process.

Please read the following instructions carefully as omissions or incorrect information will delay the processing of the affidavit which will delay the beginning date of your practice in Oregon.

WHY IS IT NECESSARY TO COMPLETE AN AFFIDAVIT TO REACTIVATE MY LICENSE?

Since the Board is charged with the responsibility of protecting the public, prior to allowing a licensee to begin practice (if never worked in Oregon after licensure) or to resume practice in the state, this Board must be assured that there is no information of a derogatory or questionable nature in the licensee's background prior to granting reactivation.

HOW LONG DOES IT TAKE TO REACTIVATE MY LICENSE?

You are advised to submit your affidavit a minimum of two months prior to the date you wish to change your status. This will allow time for Board staff to complete processing as well as to receive the required items to be submitted from other sources. Barring need for review by the **Administrative Affairs Committee** of the Board, your license will be reactivated when your file is complete.

If you have answered "Yes" to any of the Personal History Questions on the affidavit (with the exception of Category 1 Questions 1, 2 and perhaps 11), **or** if the Board receives derogatory information or information that is of concern to the Board, it may be necessary that your affidavit be presented to the Administrative Affairs Committee (AAC). This committee meets each March, June, September and December.

In order to present information to the Administrative Affairs Committee, your affidavit must be totally complete at least one month prior to that meeting. Incomplete files will not be presented to the Committee and if not complete for one Committee meeting will be rescheduled for the next quarterly Committee meeting. Review of your affidavit by the AAC will delay the reactivation process and would mean that you would need to delay your practice plans in the state of Oregon.

Once the AAC has reviewed your file, the Committee will make a recommendation to the full Board. The full Board meets each **JANUARY, APRIL, JULY and OCTOBER**. You will be advised of the Board's decision after the meeting.

FEES TO REACTIVATE

All licensees who wish to reactivate their license are required to pay certain fees to complete this process. The Affidavit of Reactivation application fee is \$50.00. If you have renewed your license every biennium, you probably will not owe any back license renewal fees nor a late fee. However, if a licensee's license is currently on **Lapsed** status due to failure to pay license renewal fees for previous years, these fees must be paid plus a late fee of \$150.00 as a part of the reactivation process.

- ❖ You may contact Board staff (dee.hudnall@state.or.us) or (971) 673-2700 to determine whether you owe any additional license renewal fees and to have staff look up the date you last had Active status. This is needed for you to complete the chronology, employment verification, and licenses practiced under, applied for or granted sections of the Affidavit.

OR

- ❖ You may submit the completed form and \$50.00 affidavit fee to the Board and staff will determine if any additional license renewal fees are owed. You will be informed if any additional fees are owed prior to the Board processing your Affidavit of Reactivation. If you have renewed your license every biennium, you probably will not owe any back license renewal fees nor a late fee.

Please complete the Application for Registration: Reactivating MD/DO/DPM form and submit with any license renewal fees that you may owe. This form and Instructions to filling out this form are at the end of the Affidavit of Reactivation packet. Even if you do not owe any past license renewal fees, you must complete this form with your Oregon practice/residence address and practice status in Oregon (Active, Inactive, Locum Tenens, Emeritus, etc.)

Fees may be paid by personal check, or credit card (VISA, MASTERCARD, DISCOVER card only).

HOW TO FILL OUT THE AFFIDAVIT

The affidavit must be complete and all information requested must be provided. On the affidavit you are asked to provide information for a specific period of time, identified as Date Last ACTIVE or 5 years ago (whichever is most recent).

Social Security Number

As part of your application for license or renewal of your registration you are required to provide your Social Security Number to the Oregon Medical Board. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC § 666(a)(13), 42 USC § 405 (c)(2)(i) and 45 CFR § 61.7 (3)(b). 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 administration and required reports to the National Practitioner Databank and the Healthcare Integrity and Protection Databank (NPDB-HIPDB). The Board may also use your Social Security Number for identification and investigative purposes and for the collection of delinquent fines assessed by the Board.

Personal History Questions

If you answered "YES" to any of the Personal History questions, you must provide full details to include names, addresses, dates, circumstances, results, etc., and request that the appropriate official or source entity send a letter of explanation directly to the Board. This letter or documentation should be accompanied by legal documents, hospital admitting information, discharge summary, or psychiatric report where appropriate. Failure to provide all details will delay the processing of your file.

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.
Examination Agency	The report of examination grades will verify any failed attempts.
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	
Applicant	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.
Malpractice Carrier/Court	In some cases information is needed in addition to the applicant's explanation. (see above)
Question 12	
Applicant	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.
Hospital/School/ Training Program	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	
Applicant	Provide name of the medical/osteopathic/podiatric school, training program, dates and reasons/circumstances.
School/ Training Program	Provide full details concerning the circumstances, results, and copies of any legal documents.
Question 14	
Applicant	Provide full details to include the name of the hospital, clinic, surgical center, dates, and reasons/circumstances.
Hospital/Employment	Provide full details, including dates, circumstances, results, and copies of any legal documents.

CATEGORY II

Question 1	
Applicant	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.
Source	Provide a full report to include Family History/Physical; Individual Assessment and Evaluation; Psychiatric Evaluation; Psychosocial Assessment; Discharge Summary and Discharge Plan for Continued Care or the equivalent. Letters/reports to be sent directly to this Board.
Question 2	
Applicant	Provide full details and dates regarding this treatment. 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.
Source	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 Family History/Physical; Individual Assessment and Evaluation; Psychiatric Evaluation; Psychosocial Assessment; Discharge Summary and Discharge Plan for Continued Care or the equivalent. Letters/reports need to be sent directly to this Board.
Question 3	
Applicant	If you received treatment for this dependency, provide full details and dates regarding this treatment. 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.
Source	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 Family History/Physical; Individual Assessment and Evaluation; Psychiatric Evaluation; Psychosocial Assessment; Discharge Summary and Discharge Plan for Continued Care or the Equivalent. Letters/reports to be sent directly to this Board.
Question 4	
Applicant	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 DUUI or DWI, request for the arresting officer's report and court documents to be sent directly to this Board.
Source	Provide a full report to include Family History/Physical; Individual Assessment and Evaluation; Psychiatric Evaluation; Psychosocial Assessment; Discharge Summary and Discharge Plan for Continued Care or the equivalent. 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 5	
Applicant	If you received treatment related to this chemical substance screening test, provide full details and dates regarding treatment. Include 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.
Source	Furnish complete details of treatment or counseling including dates, Diagnosis (if any), treatment and prognosis. Hospital report is also needed to include Family History, Physical, Individual Assessment and

	Evaluation, Psychiatric Evaluation, Psychosocial Assessment, Discharge Summary and Discharge Plan for Continued Care or the equivalent. Letters/reports to be sent directly to this Board.
Question 6	
Applicant	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.
Source	Furnish treatment records and any court/legal documents directly to the Board.

Photograph: Attach photograph in this space by stapling it to the application. Photograph should be an original of passport quality, a close-up front view of head and shoulders (not a profile). Photograph must be taken within 90 days prior to submitting your affidavit, signed in ink on the front, showing date taken. Photograph may not be computer generated or scanned.

Oregon Location for Practice

Indicate your anticipated Oregon location (clinic, hospital, group, etc. and city), date to begin practice or hospital where training is to be completed on the affidavit where indicated.

Release/Affidavit of Applicant: You must complete this affidavit in the presence of a Notary Public. The Notary Public must sign, date, and affix seal to the affidavit. The notarization must be placed directly on the application.

DOCUMENTS TO BE SUBMITTED BY THE LICENSEE

Fingerprint Card

Pursuant to ORS 677.265 (9), applicants for licensure by the Oregon Medical Board and licensees requesting to reactivate their license must provide fingerprints as set forth in the above mentioned statute in order for the Board to conduct a state and federal criminal history record check. All fingerprints are processed through the Oregon State Police (OSP) and the FBI. Fingerprints must be submitted on form FD-258, which will be mailed to applicants upon receipt of the affidavit, or can be obtained from local law enforcement offices.

Fingerprint cards must be completed properly, ([example](#)) with all of the identification information filled out according to the [instructions](#). The applicant or licensee must sign the card in the presence of the official taking the prints, who will also sign the card. **In addition**, the official taking the prints must complete an [Identification Verification form](#) verifying the identity of the applicant at the time of printing.

Fingerprint cards returned to the board without this form will be rejected and applicants will be required to submit new prints – this will delay licensure. Applicants-licensees will be required to show picture identification (i.e., driver’s license, state issued identification card, military identification card, passport) at the time of fingerprinting.

Completed fingerprint cards are to be returned to the Oregon Medical Board along with the Identification Verification form. **Do not send the fingerprint cards directly to the FBI or OSP.**

The prints themselves must be of a quality meeting FBI standards, which are printed on the back of each fingerprint card. If the instructions are not followed, or the fingerprints do not meet FBI standards, the cards may be rejected by the Oregon Medical Board, OSP, or FBI. Rejected cards are sent back to the applicant with new cards for resubmission. This will delay the application process. **All applicants are therefore urged to complete this step of the application-reactivation process early so as not to delay licensure or reactivation.**

Fingerprinting services are available from local law enforcement agencies and can be found under fingerprinting services in the yellow pages. Fees for fingerprinting services may vary.

Questions regarding this procedure can be submitted by email to the Licensing Department at omb.fingerprints@state.or.us

Specialty Board Certificate or Recertification Certificate

If you were certified or recertified by a specialty board recognized by the American Board of Medical Specialties, the American Osteopathic Association’s Bureau of Medical Specialists, the American Board of Podiatric Orthopedics & Primary Medicine, or the American Board of Podiatric Surgery since the time you last had Active status in Oregon or during the past 5 years, whichever is the most recent, please provide a copy of the certificate issued by the American Specialty Board in your specialty. If the certificate is not available, submit a copy of the result letter notifying you of your Diplomat or recertification status.

Letter Requesting Waiver of the Special Purpose Examination (SPEX) or Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX)

Physician applicants (MD/DO) may be required to take the SPEX or COMVEX examination if completion of postgraduate training, Board certification or recertification was obtained 10 or more years prior to filing an application for Oregon licensure, or the applicant ceased practice for 12 or more consecutive months. These exams are given on an ongoing basis. **If an examination is required, Oregon practice would be delayed until the examination has been passed.**

If you wish to request a waiver of the SPEX or COMVEX examination, you must submit a request in writing and provide documentation of continuing medical education for the past 1-3 years, or have a letter sent directly to the Board stating you have been granted an appointment as a professor or associate professor at the Oregon Health and Science University.

Your request will be reviewed by the Board's Executive Director who may grant a waiver of the examination depending on how long you have been out of practice, or your request may be referred to the Administrative Affairs Committee (AAC) of the Board for review at their next meeting. This will require that ALL processing of your reactivation file be complete by at least one month prior to the AAC meeting. The AAC meets quarterly, each March, June, September and December. The dates of the AAC meetings can be found at <http://egov.oregon.gov/OMB/phyappdeadlinedates.shtml>.

Further details for requesting a waiver of the SPEX can be seen at [Notice to Oregon SPEX Applicants and Request for SPEX Waiver \(http://egov.oregon.gov/OMB/MD-DO_Application/Spex-Exam-memo.pdf\)](http://egov.oregon.gov/OMB/MD-DO_Application/Spex-Exam-memo.pdf).

Please be advised that if you request a waiver of the SPEX or COMVEX examination, you will not be eligible to reactivate your license until you are either granted approval of the waiver or take and pass the examination.

DPM: ORAL EXAMINATION

If a podiatric physician has ceased the active practice of podiatry for 12 or more consecutive months, an oral examination in podiatry may be required to test general podiatric knowledge. **If this examination is required, Oregon practice would be delayed until the examination could be scheduled and passed.**

DOCUMENTS REQUESTED FROM OTHER SOURCES

Each licensee who wishes to reactivate their Oregon license must request that certain information be submitted to the Board directly from the source to complete the reactivation process.

MD/DO: Disciplinary Search by the Federation of State Medical Boards (FSMB)

MD/DO licensees must either send the FSMB the Disciplinary Inquiries form that is a part of the affidavit packet or go directly to the Federation web site http://www.fsmb.org/pdf/fpdc_databank_inquiry_form.pdf and download the Board Action Data Bank Inquiry Request form, fill it out and submit it to the Federation, so that a disciplinary search can be conducted, and the results mailed to the Board. This is required of all MD/DO applicants for licensure reactivation.

DPM: Disciplinary Search by the Federation of Podiatric Medical Boards (FPMB)

DPM licensees must either send the FPMB the form that is a part of the affidavit packet, or go directly to the FPMB web site at <https://www.fpm.org/orderreports> and fill in the form for a disciplinary report, pay the \$50.00 fee by credit card or send the FPMB the form with a check. The results of the disciplinary inquiry are mailed to the Board. This is required of all DPM applicants for licensure reactivation.

National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank

All MD/DO/DPM licensees are required to request a Self-Query from the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank and send the results to the Board. The results of the Self-Query will be mailed to you and you must forward them to the Board exactly as you received them.

Please access the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank website: <http://www.npdb-hipdb.hrsa.gov>. Complete the on-line application for the individual Self-Query request (<http://www.npdb-hipdb.hrsa.gov/welcomesg.html>) which you will submit electronically to the Data Banks. The completed form must also be printed, signed, notarized and mailed to the Data Banks with your credit card information for payment of the \$16.00 fee (\$8.00 per Data Bank) for the Self-Query. The Data Banks accepts credit card payment only (VISA, Mastercard, Discover card, and American Express). This is the only verification that will be accepted from the licensee, rather than directly from the source.

When you receive the Self-Query report forward both originals (NPDB and HIPDB) to the Oregon Board. The report should be current and have been completed within the past three months. If you have questions you may contact the NPDB-HIPDB at 1-800-767-6732.

State Board Letters From States Where Licensed

Each licensee must request a verification of licensure for every medical license the licensee practiced under, was granted, or applied for, directly from each medical board in the United States or Canada, since the time you last had Active status in Oregon or during the past 5 years, whichever is most recent. This letter must show the license number, date issued and current standing with the Board.

Training Verifications From Internship, Residency, Fellowship Hospitals

Each licensee must request a verification of training directly from any training program where training has been completed since the time you last had Active status in Oregon or during the past 5 years, whichever is most recent. This letter must show the type of training completed, the dates of the training as well as answers to questions regarding performance during the training program.

Employment, Staff Membership Verification

Each licensee must request a verification of employment directly from any hospital or clinic where the licensee has practiced since the time you last had Active status in Oregon or during the past 5 years, whichever is most recent. This letter must show the beginning and ending dates of employment or staff membership as well as answers to questions regarding performance during the period of employment or staff membership.

Additional Information May Be Needed to Complete Reactivation

After the affidavit has been received and reviewed, the Board may request further information, documents or letters to complete the affidavit process.

DOCTOR'S TITLE LAW

Each licensee is required to comply with the Doctor's Title Law. A copy is enclosed for your reference. Since the law relates to how you indicate your healing art; physician, surgeon, podiatrist, etc., it is suggested that you review this law prior to ordering stationery, billing forms, etc., for your Oregon practice.

ANSWERS TO FREQUENTLY ASKED QUESTIONS CONCERNING REACTIVATION

Drug Enforcement Administration (DEA)

The Oregon Board does not issue DEA registration. To obtain your **Federal DEA number**, it is suggested that you contact the DEA Field office at 400 2nd Avenue, West, Seattle, Washington 98119, (888) 219-4261, to advise that you are applying for an Oregon license. If this is your first DEA registration, request Form #224; otherwise, request a Change of Address Form. Their application becomes invalid after 40 days so do not submit your application to the DEA until 40 days prior to the date you wish to practice in the State of Oregon.

State Narcotic Registration

There is no separate state narcotic number required for the State of Oregon.

Oregon License Number

Your Oregon license number received at the time of initial licensure in the State of Oregon will remain the same after the reactivation of your license. Your license registration status will change.

Certificate of Registration

When the reactivation process has been completed, you will receive a new Certificate of Registration, which will show your new license registration status.