

**VERIFICATION OF LICENSURE  
AND CERTIFICATION OF STATE BOARD WRITTEN EXAMINATION GRADES**

**INSTRUCTIONS:** Applicant who has ever applied for UNLIMITED licensure in any state must complete this form and send it directly to the State Board to be completed and returned to the OREGON MEDICAL BOARD. **Contact each state Board to determine required fee needed to be submitted with your request.**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_

**Other names you have been known by** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**License Number** \_\_\_\_\_

**Date Issued** \_\_\_\_\_

This is your authorization to release any information in your files, favorable or otherwise, to the OREGON MEDICAL BOARD.



\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date signed**

**STATE BOARD TO COMPLETE THIS SECTION AND RETURN TO THE OREGON MEDICAL BOARD**

**License Number** \_\_\_\_\_

**Date issued** \_\_\_\_\_

**Current Status** \_\_\_\_\_

**Date Expired** \_\_\_\_\_

**MD/DO/DPM**

- State Board Written Examination
- National Board Examination
- LMCC Examination
- USMLE Examination (Steps 1, 2 and 3)
- USMLE Examination (Combinations)
- Reciprocity with \_\_\_\_\_

**OTHER**  Dentist  Nurse  Physician Assistant  Acupuncturist  Other \_\_\_\_\_

**Is applicant currently the subject of a pending investigation by a licensing or disciplining authority in your state?**  
 Yes  No (if yes, please attach details).

**Has the applicant's license ever been denied, limited, surrendered, reprimanded, suspended or revoked?**  
 Yes  No (if yes, please attach certified copy of legal documents)

I certify that to the best of my knowledge, the information above is true according to the records of the Board.

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Name of Board** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**AFFIX BOARD SEAL LEGIBLY**