

Oregon Medical Board

1500 SW 1st Ave, Suite 620 • Portland, OR 97201
(971) 673-2700 or 877-254-6263 (toll free in Oregon)
Web: www.oregon.gov/OMB

PHYSICIAN ASSISTANT APPLICATION INSTRUCTIONS

Applications are valid for one year from the date filed. Submit the filing fee with application form. The Board must receive all required current documentation in order to be considered for licensure. Documentation required from other sources may arrive before the application form and filing fee. Documents older than six months that reflect an on-going/current status will require resubmission in order for an application file to be granted a complete status. **Please be sure to notify the Board of any change in your address or phone number as soon as possible.**

COMPLETING THE APPLICATION FORM:

Type or print in black ink only. Answer all questions to avoid delay in processing the application. Resumes are not acceptable. If additional space is required, attach a signed and dated addendum. Estimate dates if necessary, but complete all dates in full, showing month and year, confirming employment and education dates with employers and educational institutions. The Oregon Medical Board (Board) will return the application for completion if any questions are unanswered or dates are incomplete. Read and follow all instructions thoroughly.

PAGE 1

Name: Show your full, **legal** name. If your name includes Jr., II, III, initial only, or no middle name, please indicate this on the application. Your complete legal name must be shown on your certificate of registration and engrossed license and all licensees must practice their profession under the that appears on their license. You will be required to verify your **legal** name with documentation by submitting an official birth certificate and name change documentation, if you have changed your name as listed on the birth certificate. You must be licensed only under a legally documented name.

Other Names: List all other names (first, middle, and last) that you have used since birth. A copy of any **legal** name change documentation is required. You must be licensed only under a legally documented name.

National Commission on Certification of Physician Assistants (NCCPA) Certification Date or Future Exam

Date: Enter the date of NCCPA Certification. If you have not yet taken the certification examination, but plan to take it in the future, enter the date on which you will take the examination, or the word "pending" if not yet scheduled. Complete and send the NCCPA Certification Verification and Exam History form to the NCCPA. This form directs the NCCPA to release to the Board your exam history, scores (passed or failed), and your certification number.

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.

Home & Practice Address/Phone: Provide your COMPLETE home address and practice address (if applicable) and indicate which address you would like the Board to use as your mailing address. Also, include your home and daytime telephone numbers so that Board staff can call you if necessary.

E-mail address: Provide your e-mail address if you wish to receive e-mail communications on the status of your application as it progresses through the application process. Please be aware that e-mail is not a secure medium of communication and that e-mail may contain confidential (personal) information.

Physician Assistant (PA) Training Program/Diploma Date: Provide the name, city, and state of the PA training program from which you graduated. Also, provide the graduation date as shown on your diploma.

Military Service: If you have served in the Armed Forces of the United States, list the branch of the military you served in and the dates of service.

PAGE 2 & 3

Health Related Licenses: List all health related licenses and/or certificates that you have applied for (granted or denied), still possess, or have had in the past. Regulatory agencies and/or boards must send verification **directly** to the Board; a faxed verification is not acceptable. In order to expedite verification to the Board contact the agencies and/or boards to determine if a fee is required prior to requesting verification of licensure.

Education, Employment, & Other Activities: List your activities for the past ten years. If you were unemployed, traveling, or moving during a particular period, list this as an activity with your location at the time. Due to the variety of activities an applicant may perform at one time, overlapping dates for activities are expected. Do not leave any gaps longer than one month. Fill in the month and year as closely as you can recall, confirming dates with employers and educational institutions. **Dates must be complete or the application will be returned.**

PAGE 4 & 5

PERSONAL HISTORY QUESTIONS: If you answer any of the questions “yes,” furnish **thorough** (*who, what, when, where, why, and how*) details on page 5. Attach an addendum if necessary, signed and dated. Failure to provide **all** details will delay the processing of your file. Third parties must send documentation **directly** to the Board.

CATEGORY I

Question 1

Applicant to provide full details to include state/province, reasons/circumstances, and possible disciplinary action.

Licensing Board to provide full details, and include copies of any legal documents.

Question 2

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

Question 3, 4, and 5

Applicant to provide states, dates, and reasons/circumstances.

Licensing Board to provide full details including reasons and include copies of any legal documents.

Question 6

Applicant to provide full details including dates and reasons.

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

Question 7

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

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.

Question 8

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

Investigating Agency to provide full details concerning to reasons for the investigation.

Question 9

Applicant to 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 to provide full details concerning reasons for the investigation.

Question 10

Applicant to 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 to provide full details concerning the circumstances, results, and copies of any legal documents.

Question 11

Applicant to 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 documents, reports and correspondence. In most cases, the applicant's written explanation of the situation is all that is required. However, in some cases the Board will request that the applicant request information directly from the source.

Malpractice Carrier/Court may be requested to provide documentation of the claim, case, judgment, etc.

Question 12

Applicant to provide the length of time you did not practice health care profession and the reason why, as well as your activities, **(medical, or non-medical)** for that period of time.

Question 13

Applicant to provide name of the training program, dates and reasons/circumstances.

Hospital/School/Training Program to provide full details concerning the circumstances, results, and copies of any legal documents.

Question 14

Applicant to provide full details to include the name of the hospital, clinic, surgical center, dates, and reasons/circumstances.

Hospital/Employment to provide full details including dates, circumstances, results, and copies of any legal documents.

CATEGORY II

Question 1

Applicant to provide full details and dates regarding this treatment. If any medications were prescribed, furnish the names, dosages and the dates the medications taken. Include the names and addresses of the treating psychiatrist, psychologist, social worker, clinical therapist, or counselor and dates of treatment or therapy.

Treatment Provider to 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, and send letters and/or reports directly to this Board.

Question 2

Applicant to provide full diagnosis, 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.

Treatment Provider to provide complete details of treatment or counseling, including dates, diagnosis, treatment and prognosis. Request the appropriate official at the hospital to 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, and send all letters and/or reports directly to this Board.

Question 3

Applicant to 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.

Treatment Provider to provide complete details of treatment or counseling, including dates diagnosis, treatment, and prognosis. Request the appropriate official at the hospital to 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, and send all letters and/or reports directly to this Board.

Question 4

Applicant to 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.

Treatment Provider to 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, and send all letters and/or reports 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 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.

Source to provide complete details of treatment or counseling including dates, diagnosis, treatment and prognosis; all letters and/or reports to be sent directly to this Board. Hospital report must include Family History, Physical, Individual Assessment, and Evaluation, Psychiatric Evaluation, Psychosocial Assessment, Discharge Summary and Discharge Plan for Continued Care or the equivalent.

Question 6

Applicant to 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 to provide treatment records and any court/legal documents directly to the Board.

PAGE 6

Identification Information: Fill in the identification information on the top left side of the page. Please read, print and sign your name in the section Release/Affidavit of Applicant and have it notarized.

Photograph: Staple a color 2" x 2" passport photograph taken, signed, and dated with date taken (within 90 days of application submission) in the space indicated. Instant Polaroid snapshots with thick backing and computer-scanned photos are NOT acceptable. The signature and date on the photograph must be on the **front of the photograph and must not cover your face.**

DOCUMENTS SUBMITTED BY THE APPLICANT - FAXED DOCUMENTS ARE NOT ACCEPTED:

As a permanent part of your application file, the Board will retain all documents and photographs. DO NOT send original documents - photocopies are acceptable unless otherwise stated. Copies must be legible. All documents must be no larger than 8 ½ x 11 inches. If your originals are too large, you must have the copies reduced to the correct size.

- **Physician Assistant Diploma:**
Submit a **photocopy** of your diploma from an accredited PA training program.

- **Birth Certificate:**

Provide a **photocopy** of your official birth certificate issued by the state or country in which you were born. A hospital birth certificate is not acceptable. If your birth certificate is in a language other than English, provide a word-for-word notarized English translation. The following are acceptable translators:

- An employee of a professional translating company
- A member of the American Translators Association
- A faculty member of the modern languages or linguistic department of a United States college or university

The translation must be on official letterhead, and bear the translator's certification seal. **NOTE: The Board will not return translations to the applicant.** All information appearing on the document must also appear on the translation each time it appears on the original document. This includes pre-printed information, such as the letterhead of a university, titles, etc. The translation must be attached to the copy of the document being translated.

- **Naturalization Affidavit Form:**

Required if applicant is born in country other than the United States, is a naturalized citizen and does not have a birth certificate. Since it is a violation of law to copy a naturalization document, the Board will mail you a Naturalization Affidavit form after the submission of your application. Please follow the instructions on the Affidavit thoroughly. Again, please do not submit a copy of your naturalization document(s).

- **Name Change Documentation:** If you have been legally known by names other than that exactly listed on your birth certificate, a copy of name change documentation is required (marriage certificate, divorce decree with marriage certificate, naturalization affidavit, or court order). Copies of driver's license, social security card, passport, etc., will not be accepted as documentation of a legal name change. **IF IN A LANGUAGE OTHER THAN ENGLISH, THE BOARD REQUIRES AN OFFICIAL, WORD-FOR-WORD TRANSLATION.**

- **Naturalization Affidavit Form:**

Required if applicant is born in country other than the United States and has had a name change through naturalization. Since it is a violation of law to copy a naturalization document, the Board will mail you a Naturalization Affidavit form after the submission of your application. Please follow the instructions on the Affidavit thoroughly. Again, please do not submit a copy of your naturalization document(s).

- **Fingerprint Identification Verification: Fingerprint Cards**

Pursuant to ORS 677.265 (9), applicants for licensure by the Oregon Medical Board 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 application, 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 must sign the card in the presence of the official taking the prints, who will also signed 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 will be required to show picture identification (i.e., driver's license, state issued identification care, military identification care, 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 process early so as not to delay licensure.

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 e-mail to the Licensing Department at omb.fingerprints@state.or.us

- **NCCPA Certification Verification and Exam History form:**
Complete the top section with your name, social security number and date of birth. Mail the form directly to the NCCPA at the address listed on the form. The NCCPA will then provide the Board with written confirmation of your exam history, scores (passed or failed), certificate number and current certification status with the NCCPA. If you have not yet taken the NCCPA examination and you have completed all other requirements of the PA application, you are eligible for a Limited License, Postgraduate (see document entitled [PA Licensure Overview](#) on our website). Please note that you must take the NCCPA examination within one year from the issuance of the Limited License, Postgraduate.
- **Medical Practice Act and Administrative Rules Examination:**
This open book examination pertains to the Oregon laws and administrative rules regarding physician assistants. Board staff will notify you if you answer five or more questions incorrectly; in that case, you will have to resubmit the questionnaire. Applicant must pass the questionnaire in no more than three attempts.
- **National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank self-query reports (originals):**
If you have practiced as a physician assistant in another state, you are required to submit **original** self-query reports **in their entirety** to the Board. Access the National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) website at <http://www.npdb-hipdb.hrsa.gov/welcomesq.html> and complete the on-line application for the individual self-query request, which you will submit to the Data Banks. When you receive the NPDB and HIPDB reports in response to your self-query request, send all the pages (the NPDB and HIPDB reports look very similar) directly to the Oregon Medical Board. Do not photocopy the reports and mail the photocopies to the Board. Do not keep one report thinking that it is a duplicate of the other; they are actually two reports.
- **Practice Description (original):**
The Practice Description defines your scope of practice under the supervision of an actively Oregon licensed physician. You and your physician must sign and have the document notarized. This form is available from the Board's web site at <http://www.oregon.gov/OMB/PAAApplicationPacket/PracticeDescripFillin.pdf>.

DOCUMENTS MAILED DIRECTLY TO THE BOARD FROM THE SOURCE - FAXED DOCUMENTS ARE NOT ACCEPTED FROM THE SOURCE – COPIES ARE NOT ACCEPTED:

NOTE: If it appears that documentation was mailed by the applicant, the Board will not accept it. The following documents must be mailed directly to the Board from the reporting source. It is prudent NOT to provide a self-addressed envelope to the entity of whom you are requesting the information.

Documents from the source may be submitted to the Board prior to the application and fee, but their receipt will not be acknowledged until application and fee are submitted.

- **Verification of Education:**
A Verification of Education Form must be filled out by the dean, administrator, or program director of your PA program showing the beginning and ending dates of your attendance, date of graduation (month, day, and year), and a statement about your educational performance. The Board will return all incomplete forms to the PA program that are not completely filled out. The Board will not accept verification of education if it is received prior to your graduation. If it appears that a verification form came from you or that you have written in the bottom portion of the form, the Board will not accept the form. Use the Verification of Education Form found on the following web page: <http://www.oregon.gov/OMB/PDFforms/VerifyEducation.pdf> to request this information from your educational institution.
- **Licensure Verification:**
Send a Verification of Health Related License Form to each state licensing Board or agency where you are or were licensed or registered (active or inactive) as a Physician Assistant or **any other health related profession**. Other regulatory agencies do not have to use this Board's form. Verification can also be in the form of a letter (on formal letterhead or computer generated), but it must show your license number, date issued, disciplinary action (currently pending issues or previous action), and current license status with the Board. A form designed for this purpose can be found at the following link: <http://www.oregon.gov/OMB/PAAApplicationPacket/HealthRelatedVerFillin.pdf>.
- **Employment Verification:**
Send the Verification of Health Related Employment Form to each place of employment where you practiced as a PA or any other health related profession (including non-clinical work) during the last five (5) years. Submit (fax or mail) the form to your employers with the top portion filled out by you. The Director of Personnel, administrator, other

employment official, or supervising physician will complete the bottom portion of the form. The form must include complete beginning and ending dates of employment (month, day, and year), and include an evaluation of overall performance. The employer must mail the completed form directly to the Oregon Medical Board. If it appears that a verification form came from you or that you have written in the bottom portion of the form, the Board will not accept the form. If military service included health related duties (PA, Corpsman, nurse, etc.) verification of employment is required. The Board does not accept the DD214 in lieu of verification of employment. Verifications of employment/practice from where you are currently employed or practicing that are dated more than six months prior to the receipt of your application by the Board must be re-submitted with a current verification. A form designed for this purpose can be found at the following link: <http://www.oregon.gov/OMB/PDFforms/EmploymentVerFillin.pdf>.

- **Federation of State Medical Boards disciplinary search – required if licensed as a PA in another state:** Send the Request for Disciplinary Inquires form to the Federation of State Medical Boards. The Federation will conduct a disciplinary search and submit the results directly to the Oregon Medical Board. This report is required for all MD, DO, and PA applicants. A form designed for this purpose can be found at the following link: <http://www.oregon.gov/OMB/PAAApplicationPacket/FedDispReqFillin.pdf>.