

OREGON MEDICAL BOARD

1500 SW 1st Ave, Suite 620 • Portland, OR 97201
(971) 673-2700 or (877) 254-6263 (toll free in Oregon)

KEY 127 CODE 1270 FEE \$245.00

Web: www.oregon.gov/OMB

APPLICATION FOR LICENSURE AS A PHYSICIAN ASSISTANT IN THE STATE OF OREGON

1. Applications are valid for one year from the date filed. Submit this application with the \$245 filing fee (fee for applying only; additional fees for licensure will be due upon approval of your application). **FEES ARE NON-REFUNDABLE.** Make check payable to the "Oregon Medical Board" or complete the credit card information on page 7.
2. Upon completion of your application file and if you are eligible, you will receive written notification of your file's complete status with license registration paperwork. You may not register for licensure until you have completed the application process.
3. Read the attached instructions and application carefully. Answer ALL questions completely. Attach a separate typed sheet marked as an "Addendum to Application" and sign it, if needed.
4. If your application requires special review and final Board approval prior to licensure (please see [Licensure Overview](#)), the following deadlines will apply to you:
 - o Application Filing Deadline: **July 30, 2009**
 - o File Completion Deadline: **August 14, 2009**
 - o Next Physician Assistant Advisory Committee Meeting: **September 10, 2009**
 - o Next Oregon Medical Board Meeting: **October 9, 2009**

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, 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.

1. FULL LEGAL NAME <i>(last, first, middle)</i>		
2. OTHER NAMES YOU HAVE BEEN KNOWN BY		7. SOCIAL SECURITY NUMBER
3. HOME ADDRESS <i>(Mailing Address)</i>		8. HOME TELEPHONE
4. CITY, STATE, ZIP		
5. PRACTICE ADDRESS <i>(if currently practicing as a licensed PA)</i>		9. BUSINESS TELEPHONE
6. CITY, STATE, ZIP		
10. E-MAIL ADDRESS	11. INTENDED PRACTICE FACILITY:	12. INTENDED PRACTICE CITY:

13. NAME OF PHYSICIAN ASSISTANT TRAINING PROGRAM		14. DIPLOMA DATE (MM/DD/YY)	
15. ADDRESS, CITY, STATE			
16. LOCATION OF TRAINING PROGRAM, CITY AND STATE		17. NCCPA CERT DATE OR FUTURE EXAM DATE	18. NCCPA NUMBER

LIST ALL HEALTH RELATED LICENSES/CERTIFICATES YOU HAVE APPLIED FOR, HAD, OR STILL HAVE:

TYPE OF LICENSE	STATE OR COUNTY	LICENSE NUMBER	Date Issued MM/DD/YY	DENIED (EXPLAIN)	Current	
					Yes	No

EDUCATION, EMPLOYMENT, AND OTHER ACTIVITIES FOR THE PAST TEN YEARS

List all activities for the past ten years (employment, school, vacation, unemployment, moving, etc.). **DO NOT leave a gap of more than one month** or you will be asked to provide written clarification. **Dates must be complete (month date and year) or the application will be returned.** Employment verification is required for all health-related employment for the past five (5) years. Resumes are not accepted. Faxed verifications are not accepted.

NAME OF MAILING ADDRESS OF EMPLOYER and/or Description of Activity (e.g., student, vacation, unemployed, traveling)	YOUR TITLE	FROM MM/DD/YY	TO MM/DD/YY

PERSONAL HISTORY QUESTIONS

Review the Physician Assistant Application Instructions when completing this section.

The answers to some of these questions may be exempt from public disclosure under ORS 192.505(2), the Oregon Public Records Law, unless a party seeking disclosure, by clear and convincing evidence, shows that disclosure would not be an unreasonable invasion of privacy and that the public interest requires disclosure in the particular instance. The answers to these questions may be considered by the Board and may be disclosed in any contested case hearing or appeal of a licensing decision based upon them.

Answer all questions. If you answer "yes" to any of the questions, you must provide a complete explanation of the event(s) or condition(s), including dates, names, addresses, circumstances, and results. Attach a written explanation or enter a written explanation in the "Comments" section on page 5.

NOTE: Fraud or misrepresentation in applying for or procuring a license, registration or reactivation in Oregon are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organizations.

CATEGORY I

YES NO

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever engaged in the unlicensed practice of any health care profession when you were required by law to have a license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever failed a state or national examination or any portion of an examination to qualify for a state license to practice a health care profession? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever been asked to and/or permitted to withdraw an application for licensure, for credentialing, or for certification with any board, agency or institution? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Has any state licensing board refused to issue, refused to renew, or denied you a license to practice? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever had any disciplinary or adverse action imposed against any professional license or certification, or were you ever denied a professional license or certification, or have you entered into any consent agreement, stipulated order or settlement with any regulatory Board or certification agency; or have you ever been notified of any complaints or investigations related to any license or certification? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever been denied approval to prescribe controlled substances, or been charged with a violation of federal or state narcotic laws, or been asked to surrender your DEA number? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever been arrested, convicted of, or pled guilty or "nolo contendere" to ANY offense in any state in the United States or any foreign country, other than minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever been contacted by or asked to make a response to any governmental agency in any jurisdiction regarding any criminal or civil investigation of which you are the subject, whether or not a charge, claim or filing with a court actually occurred? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Are you aware of any current, proposed, impending or threatened civil or criminal action against you? <i>This includes whether or not a claim, charge or filing was actually made with a court.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you ever entered into any formal, informal, out-of-court or confidential settlement to deter, prevent, or settle a claim, lawsuit, letter of intent to sue, and/or criminal action? <i>This includes whether or not a claim, charge or filing was actually made with a court.</i> |

- 11. Has any award, settlement or payment of any kind ever been made by you or on your behalf to resolve a malpractice claim, even if it was not required to be reported to the National Practitioner Data Bank (NPDB); or have you ever been notified in any manner that any such claim is proposed, pending or threatened, whether or not a claim, charge or filing was actually made with a court?
- 12. Have you interrupted the practice of your health care profession for one year or more, or ceased the practice of your specialty?
- 13. Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during a medically related training program?
- 14. Have you ever had privileges denied, reduced, restricted, suspended, revoked, terminated or have you been placed on probation, been subject to staff disciplinary action or non-renewal of an employment contract, or been requested to voluntarily resign or suspend your privileges while under investigation from a hospital, clinic, surgical center, or other medically related employment; or have you ever been notified that such action or request is pending or proposed?

Category II

“Illegal drug use” means the use of an illegally obtained controlled substance or dangerous drug; the term “illegal drug use” also means the use of a legally obtained controlled substance or dangerous drug, which is not taken in accordance with the directions of the licensed health care professional, who prescribed the controlled substance or dangerous drug.

YES NO

- 1. Do you currently, or have you had within the past 5 years, any physical, mental, or emotional condition, which impaired, or does impair your ability to practice your health care profession safely and competently? Has there been any type of inquiry into your physical, mental, or emotional health within the past 5 years?
- 2. Within the past 5 years, have you been admitted to any hospital or other in-patient care facility for any physical, mental, or emotional condition?
- 3. Do you currently have, or have you had within the past 5 years, a dependency on the use of alcohol or drugs which impaired, or does impair, your ability to practice your health care profession safely and competently?
- 4. Within the past 5 years, have you engaged in the excessive or habitual use of alcohol or illegal drugs, or received any in-patient therapy/treatment or been hospitalized for alcoholism, or illegal drug use, or been arrested for a DUII (Driving Under the Influence of Intoxicants) or DWI (Driving While Intoxicated)? *“Excessive” as used in this question means the use of alcohol or drugs that leads to disturbances, fights, arrest, injury, accident, illness, loss of consciousness, or other adverse consequences.*
- 5. Within the past 5 years, have you been the subject of any chemical substance screening test which resulted in an indication of the presence in your body of any controlled substance, any dangerous drug, or alcohol level above .08% BAC? Have you refused to submit to any such test? *This does not include those drugs taken by you as a result of a legitimate health care diagnosis, and prescribed for you in good faith by another licensed health care professional, unless the test was conducted as part of a criminal investigation, such as DUII.*
- 6. Within the past five years, have you entered into a diversion program for evaluation, treatment or monitoring for substance abuse or dependency, or for correction of communication or boundary issues, in lieu of or as a condition of resolving a matter before a health care program or facility, regulatory or licensing Board, or criminal or civil court; or have you been notified that such action is pending or proposed?

Comments: (Attach separate sheet(s) of paper as needed)

