



# Verification of Licensure and Certification of State Board Written Examination Grades MD/DO/DPM Licensure

Revised 02/2015

**INSTRUCTIONS TO APPLICANT:** Complete UPPER portion of form and send directly to each State Board to which you have applied for an UNLIMITED License. State Board is to complete LOWER portion of the form and return **DIRECTLY** to the OREGON MEDICAL BOARD. **Contact each state Board to determine required fee to be submitted with your request.**

Last Name	First Name	Middle Name	
Other Names you have been known by	Date of Birth (mm/dd/yy)	Last 4 Digits of Social Security Number	Date Issued (mm/dd/yy)
Street Address			
City, State, Zip Code			

I authorize the release of all pertinent information, favorable or otherwise, to the Oregon Medical Board.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS TO STATE BOARD:** Please complete this form, sign and return it to the Board at the address below. Please legibly affix the seal of the State Board. **Faxed responses will NOT be accepted.**

License Number	Date Issued (mm/dd/yy)	Current Status	Date Expired (mm/dd/yy)
<b>MD/DO/DPM</b>	<input type="checkbox"/> State Board Written Examination		
	<input type="checkbox"/> National Board Written Examination		
<b>OTHER</b>	<input type="checkbox"/> Dentist		
	<input type="checkbox"/> Nurse		
	<input type="checkbox"/> Physician Assistant		
	<input type="checkbox"/> Acupuncturist		
	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> LMCC Examination			
<input type="checkbox"/> USMLE Examination (Steps 1, 2, and 3)			
<input type="checkbox"/> USMLE Examination (Combinations)			
<input type="checkbox"/> Reciprocity with: _____			

1. Is applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state?  YES  NO  
**If yes, please attach details.**
2. Has the applicant's license ever been denied, limited, surrendered, reprimanded, suspended, or revoked?  YES  NO  
**If yes, please attach details.**

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

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

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

Mailing Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Affix Board Seal Here