## **REQUIRED DOCUMENTATION CHECKLIST**



### **MD/DO/DPM** Application

Your application will be assessed by Board staff, who will determine requirements specific to your application. Check your Online Status Report at <a href="https://omb.oregon.gov/login">https://omb.oregon.gov/login</a> to track your outstanding items.

The Oregon Medical Board has adopted rules to allow licensure by expedited endorsement for physicians. *Your application will be reviewed by Board staff to determine if you qualify*. For more information, see the **Expedited Endorsement** information page. If you qualify for licensure by endorsement, some of the following items may not be required and Board staff may obtain or verify some of the required items for you.



May be submitted online

# THE FOLLOWING ITEMS ARE TO BE <u>SENT FROM YOU, THE APPLICANT</u>, TO THE OREGON MEDICAL BOARD.

PROVIDE TO OMB		INFORMATION YOU NEED TO KNOW
€	Copy of Birth Certificate	Copy accepted MUST SHOW ON COPY either the word HEALTH DIVISION or VITAL STATISTICS
	Medical/Osteopathic/Podiatric Diploma	
	Photograph	Taken within the last 3 months, color
	Medical Practice Act open book examination on laws.	
•	Name change documents due to marriage, divorce, legal name change, etc.	If name is different from Birth Certificate. If naturalized citizen, Naturalization Affidavit must be notarized original and cannot be emailed or faxed.
	Personal History explanations	For affirmative answers where sufficient explanation was not provided online
	Request for SPEX waiver	If SPEX is required by Board and applicant is requesting a waiver Applicant provides written request to Board
	Translations of documents	If original document is in a foreign language
	NPDB Self-Query	Completed within last 3 months Self-Query result report will be sent to you; forward original to Board
•	<b>DPM's Only:</b> American Specialty Board certificates – initial certification and recertification	For certification under ABFAS or ABPM

# THE FOLLOWING ITEMS ARE TO BE SENT <u>DIRECTLY FROM PRIMARY SOURCE</u> TO THE OREGON MEDICAL BOARD. The Applicant must request that the source send directly to the Board. See the <u>Forms</u> page.

PROVIDE TO OMB	INFORMATION YOU NEED TO KNOW
State and Nationwide Criminal Records Check	See <u>www.oregon.gov/omb/licensing/Pages/Fingerprint-</u> <u>Requirements.aspx</u> for more information and to schedule your appointment
Verification of Medical Education	From Medical/Osteopathic/Podiatric school
Dean's letter to be sent with Verification of Medical Education	From Medical/Osteopathic/Podiatric school
Intern/Resident /Fellow verification(s)	From training program(s)
ECFMG certification verification	For international medical graduates ONLY
Fifth Pathway program verification	If applicable for international medical graduates ONLY
Employment verification(s)	All health-related employment past 5 years
Staff Privileges verification(s)	All hospital staff privileges held past 5 years
Locum Tenens verification(s)	All Locum Tenens served past 5 years
State/Province License verification(s)	If licensed in any state/province
Official Exam grade transcript(s)	If USMLE, National Board, FLEX, LMCC, SPEX
Personal History documentation	For affirmative answers as requested by the Board
<b>DPM's Only:</b> Federation of Podiatric Medical Boards Disciplinary Report	Requirement for DPM's Only

#### Send Information to:

Oregon Medical Board 1500 SW 1<sup>st</sup> Ave Suite 620 Portland, Oregon 97201

You may also send your documents to the Board using our Secure Upload Portal at <u>https://omb.oregon.gov/upload</u>