



Practicing Under A Locum Tenens License

Revised 7/2014

As a licensee with Locum Tenens status, you are eligible to practice medicine in Oregon. Using this form, you must provide the Board with timely notification of the location and duration of each Oregon practice prior to beginning the practice (OAR 847-008-0020).

- You can report assignments to a single location, during one calendar month, on one Locum Tenens form.
- Use specific dates for beginning and ending dates. Terms like 'on-going' or 'current' are not acceptable.
- Please include the location where you will be practicing medicine, rather than the business or billing office.
- The licensee must sign this form before submitting by fax or mail. The Board cannot accept an unsigned form.
- **In the Number of Practice Days box, please only indicate the number of days you will actually work within the beginning and ending dates you indicated. Do not include your days off in this number.**

Licensees who live outside of Oregon and do intermittent Locum Tenens work in Oregon are not eligible for Active status.

A licensee with Locum Tenens status may practice in Oregon for 240 days within the biennial period. A licensee with Locum Tenens status who wishes to practice in Oregon for longer than 240 days, in the biennium, will need to reactivate the license to Active status. Contact Board staff immediately, to begin the reactivation process, if you believe you are nearing the 240 day limit.

If you hold Locum Tenens status as a Volunteer Camp Physician, you can practice in Oregon for up to 14 days per year at a pre-approved camp operated by a nonprofit organization.

A license with Locum Tenens status must be renewed biennially. If you do not practice in Oregon during each biennium, you are no longer eligible for Locum Tenens status. Your license will return to Inactive status at the time of registration renewal.

Licensee Name: Last		First	Middle Initial	OR License Number
OR Practice Begin Date	OR Practice End Date		Number of Practice Days	
OR Practice Name (Clinic, Hospital, etc.)				
OR Locum Tenens Practice Location (Street Address)				
City			State	Zip
OR Locum Tenens Practice Phone Number				

I hereby certify that I am the above named practitioner. The information submitted above is a true and accurate account of my plans to practice in Oregon under Locum Tenens Status as of this date.

Licensee Signature

Date