

# REQUIRED DOCUMENTATION CHECKLIST

Revised 06/2024











## Acupuncturist

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





May be submitted online

THE FOLLOWING ITEMS ARE TO BE SENT FROM YOU, THE APPLICANT, TO THE OREGON MEDICAL BOARD.

	PROVIDE TO OMB	INFORMATION YOU NEED TO KNOW
<input type="checkbox"/>	 Application Form	Make sure form is signed and notarized.
<input type="checkbox"/>	 Processing & Criminal Background Search Fee (\$98.00)	Payment submitted with application; application cannot be processed without it.
<input type="checkbox"/>	 Registration Back Fees, if previous license status was Lapsed	Applicant/Licensee will receive full amount due notice upon initial processing of licensure. However, may contact Licensing Department with any questions
<input type="checkbox"/>	 Photograph Attached to Application	Taken <b>not more than 90 days ago</b> ; signed and dated on the top, bottom, or back
<input type="checkbox"/>	 Please visit: <a href="http://www.oregon.gov/omb/licensing/Pages/Fingerprint-Requirements.aspx">http://www.oregon.gov/omb/licensing/Pages/Fingerprint-Requirements.aspx</a> for Fingerprint Requirements	Read website for more information regarding fingerprint requirements.
<input type="checkbox"/>	 Answer all Personal History Questions in Category I and II truthfully.	Applicant/Licensee explanation for affirmative answers must be provided with all applicable back up documentation from external authorities. Additional information may be required.
<input type="checkbox"/>	 Name change, due to Naturalization, Marriage, Court Change, etc. if applicable.	Download name change/affidavit form, provide back-up and supportive documentation, if different from licensed name.
<input type="checkbox"/>	 Proposed Re-entry Plan if out of practice for more than 24 months. Pre-review: <a href="http://www.oregon.gov/omb/licensing/Pages/Re-Entry-to-Practice.aspx">http://www.oregon.gov/omb/licensing/Pages/Re-Entry-to-Practice.aspx</a>	Applicant/Licensee will receive additional information upon initial processing of licensure. However, may contact Licensing Department with any questions.

**THE FOLLOWING ITEMS ARE TO BE SENT DIRECTLY FROM PRIMARY SOURCE TO THE OREGON MEDICAL BOARD. The Applicant must request that the source send directly to the Board. See the [Forms](#) page.**

	<b>PROVIDE TO OMB</b>	<b>INFORMATION YOU NEED TO KNOW</b>
	Personal History Documentation such as court documentation, third party documentation, etc.	Primary source information may be required for affirmative answers to certain personal history questions.
	Employment/Staff Privileges/Health Related Affiliation (volunteer or employment)	Verification must come directly from source; cannot be emailed or faxed at this time.

**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 <https://omb.oregon.gov/upload>