

REQUIRED DOCUMENTATION CHECKLIST

Revised 06/2024



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 <https://omb.oregon.gov/login> 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 SENT FROM YOU, THE APPLICANT, TO THE OREGON MEDICAL BOARD.

	PROVIDE TO OMB	INFORMATION YOU NEED TO KNOW
<input type="checkbox"/>	 Copy of Birth Certificate	Copy accepted Must show on copy either Health Division or Vital Statistics
<input type="checkbox"/>	 Medical/Osteopathic/Podiatric Diploma	
<input type="checkbox"/>	 Photograph	Taken within the last 3 months, color
<input type="checkbox"/>	 Medical Practice Act open book examination on laws.	
<input type="checkbox"/>	 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.
<input type="checkbox"/>	 Personal History explanations	For affirmative answers where sufficient explanation was not provided online
<input type="checkbox"/>	 Request for SPEX waiver	If SPEX is required by Board and applicant is requesting a waiver Applicant provides written request to Board
<input type="checkbox"/>	 Translations of documents	If original document is in a foreign language
<input type="checkbox"/>	 DPM's Only: American Specialty Board certificates – initial certification and recertification	For certification under ABFAS or ABPM

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.

****Applicants who qualify for Expedited Endorsement are not required to have all items sent from the source.***

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

Send Information to:

Oregon Medical Board
1500 SW 1st 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>