

# REQUIRED DOCUMENTATION CHECKLIST

Revised 06/2024










## Physician Associate Reactivation 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.






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	Application is to be completed and submitted online at <a href="http://omb.oregon.gov/login">http://omb.oregon.gov/login</a>
<input type="checkbox"/>	 Processing & Criminal Background Search Fee	Payment submitted with application; application cannot be processed without it.
<input type="checkbox"/>	 Registration Back Fees, if previous license status was Lapsed. Prescription Monitoring (PM) Fee, if previous status didn't require PM fee.	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	Taken within the last three months, color
<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>	Download name change/affidavit form, provide back-up and supportive documentation, if different from licensed name.

**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>
	State and Nationwide Criminal Records Check	See <a href="http://www.oregon.gov/omb/licensing/Pages/Fingerprint-Requirements.aspx">www.oregon.gov/omb/licensing/Pages/Fingerprint-Requirements.aspx</a> for more information and to schedule your appointment
	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>