









# REQUIRED DOCUMENTATION CHECKLIST



## Physician Assistant 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**

<b>THE FOLLOWING ITEMS ARE TO BE <u>SENT FROM YOU, THE APPLICANT</u>, TO THE OREGON MEDICAL BOARD.</b>		
	<b>PROVIDE TO OMB</b>	<b>INFORMATION YOU NEED TO KNOW</b>
<input type="checkbox"/>	 Copy of Birth Certificate	<b>Copy accepted</b> MUST SHOW ON COPY either the word <b>HEALTH DIVISION</b> or <b>VITAL STATISTICS</b>
<input type="checkbox"/>	 A photocopy of your PA program diploma	
<input type="checkbox"/>	 Photograph	Taken within the last 3 months, color
<input type="checkbox"/>	 Medical Practice Act open book examination on laws.	Must be signed and dated
<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"/>	 Translations of documents	If original document is in a foreign language
<input type="checkbox"/>	 NPDB Self-Query	Completed in last 3 months Self-Query result report will be sent to you; forward original to Board

**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>
<input type="checkbox"/>	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
<input type="checkbox"/>	Verification of Education form	From PA Training Program
<input type="checkbox"/>	Employment verification(s)	All health-related employment past 5 years
<input type="checkbox"/>	State/Province License verification(s)	If licensed in any state/province for health-related professions
<input type="checkbox"/>	NCCPA verification of exam score(s)	From NCCPA; use Verification of NCCPA Certification form
<input type="checkbox"/>	Personal History documentation	For affirmative answers as requested by the Board

**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>