

REQUIRED DOCUMENTATION CHECKLIST

Revised 06/2024










Physician Associate 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"/>	 Copy of Birth Certificate	Copy accepted Must show on copy either Health Division or Vital Statistics
<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

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 Education form	From PA Training Program
<input type="checkbox"/>	Employment verification(s)	All health-related employment past 5 years

	NCCPA verification of exam score(s)	From NCCPA; use Verification of NCCPA Certification form
	Personal History documentation	For affirmative answers as requested by the Board

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>