



Verification of Practice, Employment, Staff Membership MD/DO/DPM/PA Licensure

Revised 2/2024

INSTRUCTIONS TO APPLICANT: Complete UPPER portion of form and send directly to any hospital, clinic, emergency room, etc. where employed or where hospital staff membership has been requested. Source is to complete LOWER portion of the form, complete second page, and return **DIRECTLY** to the OREGON MEDICAL BOARD.

Last Name _____ First Name _____ Middle Name _____

Other Names you have been known by _____ DOB (mm/dd/yy) _____ Last 4 SSN _____

Hospital name at the time of association _____ Dates of Association: From (mm/dd/yy) _____ To (mm/dd/yy) _____

Association Type: Employee Staff Member Locum Tenens Emergency Room
 Other _____

I authorize the release of all pertinent information, favorable or otherwise, to the Oregon Medical Board. By signing this document, I release the Hospital/Clinic/Facility and its representatives of liability for providing information to the Board.

Signature _____ Date _____

INSTRUCTIONS TO HOSPITAL/CLINIC/FACILITY: Please complete this form, sign and return it to the Board, at the address below, in an institution envelope. **Faxed responses will NOT be accepted.**

Association Type: Employee Staff Member Locum Tenens Emergency Room
 Other _____

Hospital name at the time of association _____ Dates of Association: From (mm/dd/yy) _____ To (mm/dd/yy) _____

Is/was the applicant in good standing? YES No

Signature _____
Print Name _____ Date _____
Title _____
Facility Name _____
Mailing Street _____
City _____ State _____ Zip _____
Phone _____
E-mail _____

Please continue to page 2



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Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's association with your facility. Please check the appropriate response. **If you answer "Yes," to questions 1 – 4 or if the applicant was not in good standing, please provide an explanation and attach copies of any documentation.**

I understand I am not required to provide the following information, and I ask that the following responses be kept confidential. If requested here, the Board will grant confidentiality for the below information.

1. Were any limitations imposed on the privileges approved for the applicant? YES NO

2. Was the applicant ever revoked, suspended, restricted, limited, reprimanded, placed on probation, or otherwise disciplined? YES NO

3. Was the applicant requested to voluntarily resign? YES NO

4. Were there any concerns regarding the applicant's judgment, medical knowledge, performance or emotional stability? YES NO

5. If applicant is/was not in good standing, please provide an explanation: