Internationally Trained Physician Provisional License
Frequently Asked Questions

Responses are based on SB 476 (2025), codified at ORS 677.146, and OMB ITP rules. Submit additional questions to elizabeth.ross@omb.oregon.gov.

This FAQ answers common questions with general information about Oregon's Internationally Trained Physician (ITP) provisional license. It is not legal advice and is not a determination of eligibility. The Oregon Medical Board makes eligibility decisions only through the application process, after reviewing a complete application and primary-source documents. ITP rules ***take effect January 1, 2027.***

Overview

1. What is the ITP provisional license?

It allows a qualified internationally trained physician to practice medicine in Oregon under the supervision of an Oregon-licensed physician, at an eligible Oregon clinical facility. After four years of full-time equivalent supervised practice, a provisional licensee may be eligible to apply for full Oregon licensure.

2. Why is the Oregon Medical Board providing an ITP provisional license?

The Oregon Legislature passed SB 476 (2025), which created the ITP provisional license and authorized the Board to adopt rules to carry it out. The Board developed the rules with an ITP workgroup that included physicians, employers, members of the public, and internationally trained physicians, and took public comment before adopting them. The program fits the Board's mission: to protect the health, safety, and wellbeing of Oregonians by regulating the practice of medicine in a manner that promotes access to quality care.

3. What are the benefits of the ITP pathway for Oregon?

The pathway recognizes the training and experience of internationally trained physicians, while protecting patients through structured oversight.

- For Oregon communities: more qualified physicians able to care for patients.
- For internationally trained physicians: a way to practice medicine in Oregon without repeating their training through a U.S. residency program, and a path to full licensure after four years of supervised practice.

- For employers: another way to recruit experienced physicians. Provisional licensees are considered fully licensed for credentialing and insurance billing.
- For patient safety: every provisional licensee practices under a qualified Oregon supervising physician, at an eligible facility, with ongoing competency assessment and annual Board review.

4. When does the program start?
The rules take effect January 1, 2027. The Board will begin accepting applications on January 4, 2027.

ITP Qualifications & Eligibility

5. What are the requirements for a provisional license?
Under OAR 847-022-0110, the applicant must:

1. Have graduated from an international school of medicine with a degree substantially similar to an MD or DO degree that meets OAR 847-020-0130(1).
2. Have completed an international training program substantially similar to an approved U.S. training program.
3. Hold ECFMG certification, which requires passing USMLE Step 1 and Step 2 Clinical Knowledge.
4. Have practiced medicine in another country or jurisdiction for at least three years, to the satisfaction of the Board.
5. Have a written offer of employment from an eligible Oregon clinical facility that will provide supervision and assessment.
6. Pass the Oregon Medical Practice Act exam.
7. Show good moral character and be in good standing in each country or jurisdiction where the applicant practiced medicine and received medical education and training.

6. Can the Board tell me whether I am eligible before I apply?
No. The Board cannot determine eligibility before an application is submitted. Each application is reviewed individually once it is complete, with all required documentation. The only pre-determination process is for prior criminal history.

7. How does the Board decide if my medical school meets the requirement?
The rule requires meeting OAR 847-020-0130(1), the standard for all international medical graduates, which includes ECFMG certification.

8. Which exams are required?
ITPs must hold ECFMG certification, including passing USMLE Step 1 and Step 2 Clinical Knowledge, before applying. Official Step 1 and Step 2 scores must come directly from the Federation of State Medical Boards (FSMB). USMLE Step 3 is not required for the provisional license. It is required later, if you apply for full licensure. ITPs must also pass the open book Medical Practice Act exam. An applicant who fails three times must attend an informal meeting with Board staff or a Board member before a fourth and final attempt.

9. What does "substantially similar" training program mean?
Your international postgraduate training must be substantially similar to an accredited U.S. training program. In deciding this, the Board may consider:

- Accreditation by ACGME-International (ACGME-I),
- Recognition by another state medical board as substantially similar,
- Recognition of the program's accreditation by the World Federation for Medical Education (WFME),
- The program's curriculum, oversight, case requirements, evaluation, supervision, and completion standards, including faculty, site characteristics, and educational components,
- Whether the curriculum covers the six core competencies: professionalism; patient care and procedural skills; medical knowledge; practice-based learning and improvement; interpersonal and communication skills; and systems-based practice.

This list is not exclusive. OAR 847-022-0110(2) says the Board "may" consider these factors, so other factors may also be considered.

10. Is training reviewed by program, or for each applicant?
For each applicant. No country, program, or specialty is approved or excluded ahead of time. Because this review is complex, the Board does not currently have the resources to predetermine which international programs are substantially similar, and it does not publish a list of recognized programs.

11. I completed training many years ago. Is there a time limit?
No. The Board reviews every applicant on their qualifications and competency. However, the time since training and any lapse in practice may affect the level of supervision.

12. Does training completed as part of my medical degree count?
The Board evaluates whether training is comparable to postgraduate residency training. Training completed as a requirement for earning a medical degree, such as an internship, may be evaluated differently from postgraduate training completed after graduation.

13. Who must verify my training?
The director, chair, or other official of the training program must send verification directly to the Board. It must include an evaluation of overall performance, specialty, and specific start and end dates. Surgical specialties must include procedure or case logs, or equivalent clinical activity reports. The program should also send documentation supporting that it is substantially similar.

14. Can three years of practice experience substitute for formal training?
No. ORS 677.146 requires completion of a substantially similar training program. The statute does not allow practice experience, such as an apprenticeship model, to substitute for the training program requirement.

15. What counts toward the three years of practice?
You must have practiced medicine in another country or jurisdiction for at least three years to the satisfaction of the Board (OAR 847-022-0110(4)). The Board reviews the nature, scope, and extent of the practice documented in your application. Practice must be verified by a currently dated letter sent directly from the hospital or clinic's director, professional supervisor, or other official. The letter must include a statement of good standing, your level of independent practice, and specific start and end dates (OAR 847-022-0155(4)).

16. What does "good standing" mean? What if my foreign license or certificate has expired?
Good standing includes no active disciplinary proceedings, no encumbered licenses, and no unresolved orders or conditions in each country or jurisdiction where you practiced or

trained. ITPs do not need to currently hold an active license in every jurisdiction. An expired license does not by itself prevent you from meeting the good standing requirement. The Board will obtain verification from every health licensing board or regulatory authority where you have ever been licensed, regardless of current status.

17. Must the prior practice be paid or full time?
The rules do not specifically require that the prior practice be paid or full-time. Volunteer or part-time practice will be reviewed based on the documentation provided when the Board decides whether the requirement is met.

18. I have a gap in practice. Do the three years need to be recent?
The rules do not set a time limit on when the three years of practice occurred. The Board considers the circumstances surrounding any lapse in practice, and a lapse may affect the level of supervision your supervising physician(s) set. Your practice history, including any gap, is reviewed as part of your application.

19. What could prevent an ITP from receiving a provisional license?
Under OAR 847-022-0170, an application may be denied, it the applicant:

- Did not obtain ECFMG certification or meet or other ITP qualifications,
- Had a license revoked or suspended that has not been restored to good standing,
- Was refused a license elsewhere on grounds other than failing a licensing exam,
- Engaged in conduct covered by ORS 677.190, including false or misleading statements on an application, or
- Cheated or attempted to subvert a licensing exam.

ITP Facility Requirements

20. Which facilities can employ a provisional licensee?
Under OAR 847-022-0120, a provisional licensee must practice at either:

1. An Oregon facility with an approved training program, or affiliated with one; or
2. A Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or other state-licensed clinical facility with experience in graduate medical education and assessment for supervisory responsibility.

Applicants should confirm with a prospective employer that its facility and supervision structure meet these requirements.

21. What is an "approved training program" in this context?
ORS 677.010(3) defines it as a residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), or the Royal College of Physicians and Surgeons of Canada, or their successor organizations, and approved by the Board.

22. What if an FQHC or clinic has no residency program, can they still qualify?
Possibly. If an FQHC, RHC, or other state-licensed facility does not have, and is not affiliated with, an ACGME or AOA residency program, it must have experience in graduate medical education and assessment for supervisory responsibility. It is the facility that needs this experience. It could be shown, for example, by the facility hosting residents for clinical rotations.

23. Why are private practices and other facilities not included? Will this change?
ORS 677.146(3) allows practice at a facility with an approved training program, at an FQHC, or at another clinical location that meets requirements set by Board rule. The ITP workgroup recommended, and the Board affirmed, that facilities have experience in graduate medical education and assessment for supervisory responsibility. This safeguard is meant to support ITPs as they enter practice in Oregon. As the program develops, the Board may review and expand facility criteria through future rulemaking.

24. Does the OMB keep a list of ITPs, employers, or facilities?
The Board's role is licensing and regulation. It does not run recruitment or outreach programs. As the program is just starting, the Board does not have a list of ITP supervising physicians, employers, or facilities. In the future, the Board will collect data and report as required under ORS 677.149.

25. What must the offer of employment include?
The written offer from the Oregon clinical facility must:

- Name the supervising physician(s),
- Describe the supervision and assessment plan, including which assessment framework the facility will use, OAR 847-022-0130(5), and
- Explain how the facility meets the eligibility requirements in OAR 847-022-0120.

The facility must send the offer directly to the Board as provided in OAR 847-022-0155(7).

ITP Supervising Physicians, Supervision & Assessment

26. Who can be a supervising physician?

Under OAR 847-022-0130(2), each supervising physician must:

- Hold an active, unrestricted Oregon license under ORS 677.100 and be in good standing with the Board,
- Participate in recertification or maintenance of certification with the American Board of Medical Specialties (ABMS) or the AOA Bureau of Osteopathic Specialists (AOA-BOS),
- Practice in the same specialty as the provisional licensee, and
- Direct and regularly review the provisional licensee's medical services through routine in-person assessment, which may be supplemented with synchronous and asynchronous technology when necessary.

A temporary supervising physician may be designated when the supervising physician(s) is unavailable. The temporary supervising physician must meet the same qualifications.

27. Who decides the level of supervision? What is the employer's role?

The supervising physician(s) decide(s), in appropriate consultation with the employer, the ITP's level of supervision as provided in OAR 847-022-0130(3). The same applies to designating a temporary supervising physician. The level of supervision is based on the provisional licensee's education, training, experience, and any lapse in practice. It may be reassessed and adjusted throughout the provisional licensure period.

28. How often must supervision occur? Is there a required supervisor-to-ITP ratio?

The rules require routine in-person assessment but do not set a specific frequency, such as quarterly. This gives supervising physicians flexibility to match oversight to each licensee's needs; quarterly review may not be frequent enough for some. The rules do not set a supervisor-to-ITP ratio.

29. What assessment framework must the facility use?

The facility must incorporate and implement one of these frameworks (OAR 847-022-0130(5)):

- The March 2025 Curriculum Framework for Onboarding and Orienting International Medical Graduates, published by the Accreditation Council for Continuing Medical Education (ACCME), or

- The program framework adapted from the ACGME six Core Competencies.

The provisional licensee must also have a competency assessment during each provisional license period, which may include an In-Training Exam or equivalent. Assessment and evaluation records must be kept and made available to the Board on request.

ITP Application Process

30. How long will application review take?

Please plan on an ITP application review taking at least four months once an application is complete. Applications that require additional review may take longer.

31. What must be sent directly to the Board?

Under OAR 847-022-0155, official verifications must come directly from:

Source	What it verifies
International school of medicine	Degree, dates of attendance, any leaves or repeated years, transfers, and transcripts
ECFMG	ECFMG certification
Training program director, chair, or official	Performance, specialty, training dates, case logs (surgical), and substantial similarity
Employers (hospital or clinic official)	Good standing, level of independent practice, and practice dates
Every licensing board or authority where you held a license	License number, issue date, and good standing. If the license is not active, good standing when license was last active.
FSMB	USMLE Step 1 and Step 2 scores
Oregon clinical facility	Written offer of employment naming the supervising physician(s), describing the supervision and assessment plan, and how the facility meets the eligibility requirements.

ITPs must also submit the application, fees, identity documents, a copy of diploma, a recent photograph (within 90 days), fingerprints, and the Medical Practice Act exam (OAR 847-022-0150). Documents in another language require official translations.

32. What are the fees for an ITP Application and Registration?
ITPs pay the same fees as other physicians. The initial application and criminal background check fee is $423. If the application is approved, a registration fee of $374 will be required. For each renewal, the ITP will need to pay $378 for the annual renewal registration fee.

33. Can I use my FCVS profile or ECFMG verification instead of contacting my medical school?
As for any physician applicant, if needed the Board may accept a Federation Credentials Verification Service (FCVS) profile, administered by FSMB, as a primary source. The Board is still reviewing acceptance of EPIC verification, administered by ECFMG.

34. What if I cannot get documents because of war, conflict, or institutional closure?
Contact Board staff at licensing@omb.oregon.gov. Staff will work with applicants experiencing hardship in obtaining required documents to find a reasonable solution where possible.

35. How long do I have to complete my application?
An application expires if it is not complete and submitted for Board review within six consecutive months. If the application expires, a new application, documents, and fee are required. This time limit does not apply if the application has been completed and submitted and is pending review by the Committee or Board, see OAR 847-022-0140(3) and 847-022-0180(3)-(5). If you expect delays from overseas institutions, contact Board staff early.

36. What if I have questions about the application or how to submit documents?
Contact Board staff at licensing@omb.oregon.gov.

37. Can I withdraw my application?
Yes, with conditions as provided in OAR 847-022-0160:

- Before review by the Investigative Committee: you may withdraw, it is not reported to FSMB, and you may reapply at any time.
- After Investigative Committee review: withdrawal is only through a Stipulated Order, if the Board grants the request. The order is reported to FSMB and the National Practitioner Data Bank, and you may not reapply for at least two years.

- Up to 30 days after a Board vote to deny for ineligibility (other than good moral character): you may withdraw, it is not reported to FSMB, and you may reapply at any time.

38. What can I do now, before applications open on January 4, 2027?

- Begin or complete ECFMG certification, which requires passing USMLE Step 1 & 2.
- Identify an Oregon employer that meets the facility and supervision requirements.
- Start to line up primary-source verification of your diploma and transcripts.
- Start to line up documentation of your medical training and confirm who at each institution can send verification directly to the Board.
- Arrange the required license and employment verifications.
- Review the personal history questions for licensure that will be asked on the online application.
- Review the Oregon Medical Practice Act exam.

The Board cannot accept any documents prior to January 4, 2027. Please allow at least four months for review once your application is complete.

Provisional Licensure

39. How long does a provisional license last?

One year. It may be renewed for three additional one-year periods, for a maximum of four consecutive years. The Board may grant additional time for extenuating circumstances that do not indicate an inability to practice medicine safely as noted in OAR 847-022-0180(7).

40. How do ITPs renew the provisional license?

Submit a renewal application and fee at least 90 days before the registration period ends. Renewal requirements, as outlined in OAR 847-022-0180(8)-(9):

- A summary of the ITP's practice over the past year,
- Evaluation forms from the ITP's employer, supervising physician, and one other health care provider, including a statement on eligibility for rehire,
- Other documents or information as required by the Board.

ITPs may also be asked to attend an informal meeting with Board staff or a Board member to discuss this information.

41. Can ITPs practice part time?

The statute requires four years of full-time equivalent practice before applying for full licensure. Part-time practice will be given consideration under the extenuating-circumstances provision in OAR 847-022-0180(7), which allows the Board to grant additional time beyond four consecutive years.

42. What if an ITP changes employers or supervising physicians?

If an ITP voluntarily changes employment or supervising physicians, they must notify the Board immediately and stop practicing until the required employment and supervision are reestablished. The Board must receive a new qualifying offer of employment within six months for the ITP to return to active status, see OAR 847-022-0190(3). If this does not happen within six months, the provisional license expires and the ITP would need to reapply.

43. What happens if an ITP's employment ends, for example because a clinic closes or a contract ends?

The ITP must notify the Board immediately, and the provisional license expires. The provisional license is tied to the supervised employment arrangement. When employment ends, the license condition is no longer met, and the provisional license is no longer valid. Please note:

- Expiration for this reason is not a disciplinary or reportable action.
- The ITP will need to reapply once a new qualifying offer of employment has been obtained. The ITP would not need to resubmit all materials; the Board may rely on documents submitted with their original application.
- The Board may consider this circumstance when deciding whether to allow additional time beyond four consecutive years under OAR 847-022-0180(7).

Failing to notify the Board of a change or termination may be grounds for discipline as noted in OAR 847-022-0190(5).

44. What are examples of extenuating circumstances?

Examples the Board may consider include part-time practice, or loss of a qualifying position through no fault of the licensee, such as a clinic closure or a facility ending its contract with the licensee's employer. Each situation is reviewed individually.

45. How do I move from a provisional license to a full license?

A provisional licensee may apply for full licensure under ORS 677.100 after:

1. Completing four years of full-time equivalent supervised practice,
2. Successfully completing a clinical assessment evaluation, and
3. Meeting the standard requirements for full licensure under ORS 677.100, which include passing USMLE Step 3.

Full licensure is not granted automatically after four years. As the program develops, the Board plans to further define these requirements through rulemaking, including the required clinical assessment evaluation.

46. Must ITPs practice in their specialty?

Yes. A provisional licensee must practice in the same specialty area as their education, training, and experience as described in OAR 847-022-0190(2).

47. Is a provisional licensee a fully licensed physician for credentialing and billing?

Yes. Under ORS 677.146(4)(a) and OAR 847-022-0190(1)(a), a provisional licensee is considered a fully licensed physician in Oregon for all purposes, including but not limited to credentialing and insurance billing.

48. Can the Board help with a credentialing denial?

The Board does not have a role in reviewing credentialing decisions. It does provide verification of licensure on request, and systems may use the Board's licensee search for that information.

49. What rules and standards apply to a provisional licensee?

A provisional licensee is subject to ORS chapters 676 and 677 and all Board rules. They have the same duties and responsibilities, including the duty of care in ORS 677.095, and are subject to the same penalties and sanctions as any other Oregon physician.

50. Will the OMB track how the program is working?

Yes. The Board will collect data and report as required under ORS 677.149. As the program develops, the Board may revisit topics such as facility eligibility and training review through future rulemaking.