

SB 476 Internationally Trained Physicians (ITP) Workgroup

May 13, 2026

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Review & Discussion of Draft ITP Rules

(5:05-6:40PM)

Workgroup Members

Rule 000: Internationally Trained Physicians



(1) ORS 677.146 establishes a provisional license allowing qualified internationally trained physicians to practice medicine in Oregon under supervision of licensed physicians, with a pathway to full licensure after four years of successful practice. This approach recognizes the valuable experience and training internationally trained physicians bring while ensuring patient safety through structured oversight.

(2) An internationally trained physician granted a provisional license:

(a) Is **subject to all the provisions** of the Medical Practice Act (ORS Chapter 677), and to all the administrative rules of the Oregon Medical Board.

(b) Has the **same duties and responsibilities** and is subject to the same penalties and sanctions as any other physician licensed under ORS Chapter 677.

(3) An internationally trained physician with a provisional license may **only practice medicine under supervision and at an approved clinical facility**, in compliance with OAR 847-022-0120 and OAR 847-022-0130.

Rule 100: Definitions



(1) **“Approved school of medicine”** has the meaning given in ORS 677.010.

(2) **“Approved training program”** has the meaning given in ORS 677.010.

(3) **“Internationally trained physician”** has the meaning given in ORS 677.010.

Rule 110: Qualifications for Provisional Licensure



The Board may issue a provisional license to an internationally trained physician provided the applicant satisfactorily meets all the requirements in ORS 677.146(1):

- (1) **Graduated from an international school of medicine** with a degree **substantially similar** to a degree of Doctor of Medicine or Doctor of Osteopathic Medicine that meets the requirements in OAR 847-020-0130(1).
- (2) **Completed an international training program** that is **substantially similar** to an approved training program. To determine if a training program is substantially similar, the Board may consider:
 - (a) Accreditation of the program by the Accreditation Council for Graduate Medical Education International (ACGME-I);
 - (b) Recognition of the program by another state medical board as substantially similar to an approved training program;
 - (c) Recognition of the program's accreditation by the World Federation for Medical Education (WFME);
 - (d) The program's curriculum, oversight, case requirements, evaluation process, supervision, and completion standards, including faculty member credentials and participation, site characteristics, and educational components;
 - (e) Inclusion of the following competencies in the program's curriculum: (A) Professionalism, (B) Patient care and procedural skills, (C) Medical knowledge, (D) Practice-based learning and improvement, (E) Interpersonal and communication skills, and (F) Systems-based practice.

Rule 110: Qualifications for Provisional Licensure



(3) **Obtained certification from the Educational Council for Foreign Medical Graduates**, requiring a passing score on both Step 1 and Step 2 Clinical Knowledge of the United States Medical Licensing Examination (USMLE).

(4) **Practiced medicine in another country or jurisdiction for at least three years** to the satisfaction of the Board.

(5) **Obtained an offer of employment** at a clinical facility located in Oregon that will provide supervision and assessment of the applicant in accordance with OAR 847-022-0120 and OAR 847-022-0130.

(6) Complied with all board rules that apply to Oregon licensed physicians, including passing the Medical Practice Act exam.

(7) Provided evidence the applicant is of **good moral character** consistent with the requirements of ORS 677.100.

(8) Provided evidence the applicant is in **good standing in each country or jurisdiction** in which the applicant practiced medicine and received education and training. For purposes of this rule “good standing” means the applicant has no active disciplinary proceedings, no encumbered licenses, and no unresolved orders or conditions in each country or jurisdiction in which the applicant practiced and received education and training.

Rule 120: Clinical Facilities



(1) An internationally trained physician must practice in one of the following types of facilities:

(a) In a facility in Oregon with an **approved training program or affiliated with an approved training program.**

(b) A Federally Qualified Health Center, Rural Health Clinic, or other state-licensed clinical facility that has the **with medical education and assessment for supervisory responsibility.**

(2) A provisional licensee may not operate a solo practice or be employed in an independent clinic. The provisional licensee must practice within a clinical facility as outlined in section (1) of this rule.



Rule 130: Supervision and Assessment

(1) A provisional licensee's practice must be supervised by a physician(s).

(2) The supervising physician(s) must be:

- (a) Licensed under ORS 677.100, registered at Active status without restrictions, and in good standing with the Board;
- (b) Participating in a **program of recertification or maintenance of certification** with the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOA-BOS);
- (c) Practicing in the **same specialty** as the provisional licensee; and
- (d) Directing and regularly reviewing the medical services provided by a provisional licensee through routine in person and synchronous and asynchronous technology.

(3) The employer and supervising physician(s) determine the appropriate level of supervision based on the provisional licensee's education, training, experience, and any lapse in practice. The level of supervision may be reassessed and adjusted as needed throughout the provisional licensure period.

Rule 130: Supervision and Assessment



(4) The provisional licensee's employer and supervising physician(s) may designate a temporary supervising physician during periods when the supervising physician(s) are unavailable. A temporary supervising physician must meet the qualifications in section (2) of this rule.

(5) To assess, develop, and evaluate the provisional licensee, the clinical facility must **incorporate and implement one of the following frameworks:**

- (a) The March 2025 Curriculum Framework for Onboarding and Orienting International Medical Graduates, published by the Accreditation Council for Continuing Medical Education (ACCME), or
- (b) Program Framework adapted from the Accreditation Council for Graduate Medical Education's (ACGME) six Core Competencies.

(6) A provisional licensee must have a competency assessment during each provisional license period, such as an In-Training Exam or equivalent.

(7) The provisional licensee's assessment and evaluation records must be retained and accessible for inspection by the Board upon request.

Rule 140: Application for Provisional Licensure



- (1) An internationally trained physician who does not meet the requirements for licensure in OAR chapter 847 division 20, may apply for an Oregon provisional license to practice medicine in Oregon.
- (2) When applying for provisional licensure, the applicant must submit to the Board the **completed application, fees, documents, letters**, and any civil penalties or hearing costs that may be due.
- (3) A person applying for licensure under these rules who has not **completed the licensure process within a 6 month** consecutive period must file a new application, documents, letters, and pay a full filing fee as if filing for the first time.
- (4) The applicant may be required to appear before the Board for a **personal interview regarding information received** during the processing of the application. Unless excused in advance, failure to appear before the Board for a personal interview violates ORS 677.190(17) and may subject the applicant to disciplinary action.

Rule 150: Documents and Forms to be Submitted



The documents submitted must be legible and no larger than 8 1/2" x 11". All documents and photographs will be retained by the Board as a permanent part of the application file. If original documents are larger than 8 1/2" x 11", the copies must be reduced to the correct size with all wording and signatures clearly shown. Official translations are required for documents issued in a foreign language. The following documents are required:

- (1) **Application:** Completed application provided by the Board. Required dates must include month, day, and year.
- (2) **Birth Certificate:** A copy of birth certificate or other identity documentation as approved by the Board.
- (3) **Medical School Diploma:** A copy of a diploma showing graduation from an international school of medicine.
- (4) **Photograph:** A close-up, color, passport quality photograph, front view, head and shoulders (not profile), with features distinct, taken within 90 days preceding the filing of the application.
- (5) **Legible fingerprints** as described in OAR 847-008-0068 for the purpose of a criminal records background check.
- (6) An **open-book examination** on the Medical Practice Act (ORS chapter 677) and Oregon Administrative Rules chapter 847. If an applicant fails the examination three times, the applicant must attend an informal meeting with a Board member, the Executive Director, a Board investigator, or the Medical Director to discuss the applicant's failure of the examination, before being given a fourth and final attempt to pass the examination. If the applicant does not pass the examination on the fourth attempt, the applicant may be denied licensure.
- (7) Any **other documentation** or explanatory statements as required by the Board.

Rule 155: Letters and Official Verifications



The applicant must ensure that official documents are sent to the Oregon Medical Board directly from:

- (1) The international school of medicine: **Verification of Medical Education** which must include degree issued, date of degree, dates of attendance for each year, dates and reason for any leaves of absence or repeated years, and dates, name and location of school of medicine if a transfer student and attach a copy of the transcripts.
- (2) The Educational Commission for Foreign Medical Graduates: **Verification of certification.**
- (3) The Director, Chairman, or other official of the substantially similar training program: An **evaluation of overall performance**, specialty, and specific beginning and ending dates of training, including procedure/case logs or equivalent clinical activity reports for surgical specialties. The program should also include documentation supporting the program is substantially similar to an approved training program as outlined in OAR 847-022-0110(2).

Rule 155: Letters and Official Verifications



(4) The Director, professional supervisor, or other official for practice and employment in hospitals, clinics, etc.: A currently dated **original letter**, sent directly from the hospital or clinic, must include a **statement of good standing**, level of independent practice, and specific beginning and ending dates of practice and employment, for past three years.

(5) All health licensing boards or regulatory authorities in any jurisdiction where the applicant has ever been licensed, regardless of status: **Verification**, sent directly from the boards or authorities, must show license number, date issued, examination grades if applicable, and statement of good standing

(6) Official Examination Certifications: An **official examination certification showing Step 1 and Step 2 examination scores** directly from the National Board of Medical Examiners.

(7) Offer of Employment: An **offer in writing from a clinical facility** located in Oregon that will provide supervision and assessment of the applicant, including name(s) of the supervising physician(s), in accordance with OAR 847-022-0120 and OAR 847-022-0130.

(8) Any **other documentation as required by the Board**, including but not limited to medical records and criminal or civil records.

Rule 160: Application Withdrawals



- (1) An applicant may withdraw an application for provisional licensure **prior to review by the Board's Investigative Committee**. The Board will not report the withdrawal to the Federation of State Medical Boards. The applicant may submit a new application for licensure at any time.
- (2) An applicant may withdraw an application for provisional licensure up to 30 days after the Board has **voted to deny the application on the basis that the applicant is not eligible for licensure** for reason(s) other than the applicant's failure to demonstrate good moral character. The Board will not report the withdrawal to the Federation of State Medical Boards. The applicant may submit a new application for licensure at any time.
- (3) An applicant may request to withdraw an application for provisional licensure **after review by the Board's Investigative Committee**. If the Board grants the request, the applicant may withdraw their application only through issuance of a Stipulated Order of suspended judgment of provisional license denial. The suspension of judgment is based on the applicant's withdrawal of their application and agreement not to reapply for provisional licensure for at least two years after issuance of the Stipulated Order. The order will be reported to the Federation of State Medical Boards and the National Practitioner Databank.

Rule 170: Denial of Provisional Licensure



(1) An applicant may not be entitled to a provisional license who:

(a) Failed to obtain certification from the Educational Council for Foreign Medical Graduates;

(b) Has had a license revoked or suspended in this or any other state or country unless the said license has been restored or reinstated and the applicant's license is in good standing in the state or country which had revoked the same;

(c) Has been refused a license or certificate in any other state or country on any grounds other than failure of a medical licensure examination;

(d) Has been guilty of conduct similar to that which would be prohibited by or to which ORS 677.190 would apply, including omissions or false, misleading or deceptive statements or information on any Board application, affidavit or registration; or

(e) Has been guilty of cheating or attempting to subvert the medical licensing examination process. Evidence of cheating or subverting includes, but is not limited to:

(A) Copying answers from another examinee or permitting one's answers to be copied by another examinee during the examination;

(B) Having in one's possession during the examination any books, notes, written or printed materials or data of any kind, other than examination materials distributed by examination staff, which could facilitate the applicant in completing the examination;

(C) Communicating with any other examinee during the administration of the examination;

(D) Removing from the examining room any examination materials;

(E) Photographing or otherwise reproducing examination materials.

(2) An applicant whose application has been denied may submit a new application for provisional licensure as stated in the Board's Order, but no sooner than two years after the date of denial.

Rule 180: Registration



- (1) An applicant for provisional licensure whose application file is complete, must submit to the Board the initial registration form and fee prior to being granted a provisional license by the Board.
- (2) An applicant for provisional licensure must ensure the license application is complete and accurate throughout the application process. A person applying for licensure must update the Board within 10 business days regarding any changes in information previously provided or any new information that becomes available during the application process.
- (3) An application expires if not completed within a 6-month consecutive period.
- (4) Once an application expires and per OAR 847-022-0110(3), a person applying for provisional licensure must file a new application, documents, letters and pay a full filing fee as if filing for the first time.
- (5) The application is not subject to section (3) once the application is reviewed by the Board or a Committee of the Board.
- (6) The Board will provide to all provisional licensees who have complied with this section a certificate of registration, which must be displayed in a prominent place in the provisional licensee's primary practice location through the end of the last business day of the registration period.

Rule 180: Registration



(7) The provisional license is valid for a period of one year, and upon written request may be renewed for three additional one-year periods. The total period may not exceed four consecutive years. The Board may consider extenuating circumstances that do not indicate an inability to safely practice medicine to grant additional time.

(8) The provisional license is valid for a period of one year, and upon written request may be renewed for three additional one-year periods. The total period may not exceed four consecutive years. The Board may consider extenuating circumstances that do not indicate an inability to safely practice medicine to grant additional time.

(9) To **renew a provisional license**, a provisional licensee must:

(a) **Complete a renewal application** provided by the Board, which includes summary of practice over that last year, and

(b) Have their employer, supervising physician, and one other health care provider complete the **Board's evaluation form, including a statement regarding eligibility for rehire.**

(10) The provisional licensee also **may be required to attend an informal meeting** with a Board member, the Executive Director, a Board investigator, or the Medical Director to discuss the information provided in (9) of this rule.

Rule 190: Practice Standards and Regulations



- (1) An internationally trained physician who obtains a provisional license:
 - (a) Is considered a **fully licensed physician in Oregon** for all purposes, including but not limited to credentialing and insurance billing;
 - (b) Is **subject to all the provisions** of Oregon Revised Statutes chapters 676 and 677 and to all rules of the Board; and
 - (c) Has the **same duties and responsibilities**, including the duty of care in ORS 677.095, and is subject to the same penalties and sanctions, as any other physician licensed by the Board.
- (2) A provisional licensee must practice in the **same specialty as the area of medicine the as their education, training, and experience.**

Rule 190: Practice Standards and Regulations



(3) A provisional licensee must maintain employment and supervision as described in OAR 847-022-0110(5). If a provisional licensee **voluntarily changes employment or supervising physicians**, the provisional licensee must notify the Board immediately and may not practice until the conditions in OAR 847-022-0110(5) are reestablished. For the provisional licensee to return to active status, the Board must receive documentation as described in OAR 847-022-0155(7) within six months.

(4) If the provisional licensee's **employment is terminated prior to the expiration** of the provisional license for any reason, the provisional licensee must notify the Board immediately and the provisional license expires. The provisional licensee will need to reapply for a provisional license.

(5) Failure to notify the Board as described in sections (3) and (4) of the rule may be grounds for disciplinary action under ORS 677.190(17), ORS 677.190(18), ORS 677.415, and OAR 847-010-0073.

Rule 190: Practice Standards and Regulations



- (6) A provisional licensee may apply for licensure under ORS 677.100 after:
- (a) **Completion of four years of full-time equivalent** practice under ORS 677.146(3),
 - (b) Successful **completion of a clinical assessment evaluation**, and
 - (a) Satisfying of the **requirements for licensure** under ORS 677.100.



Public Comment

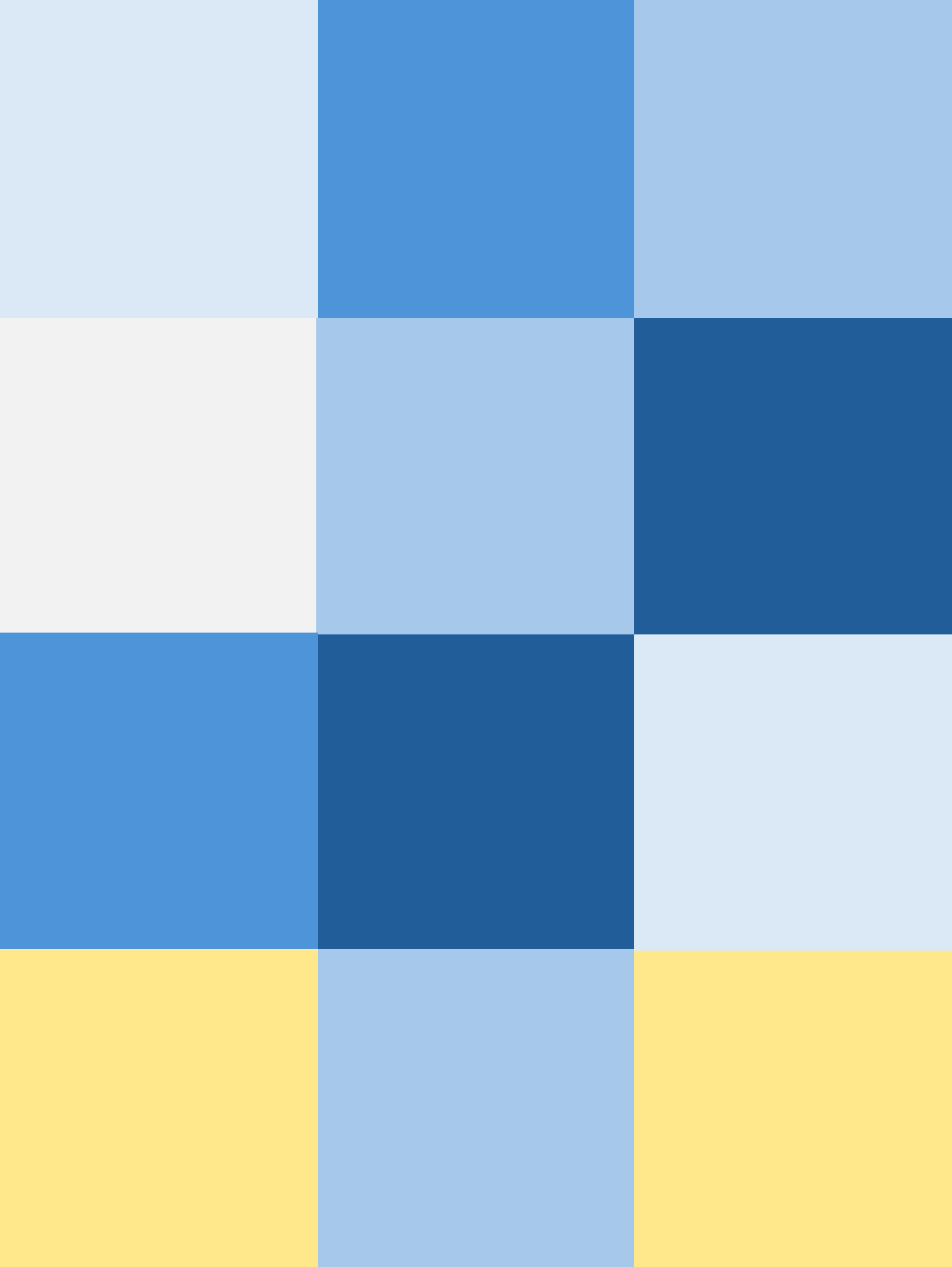
(6:40-6:50PM)

Public attendees may comment by raising their hand, and OMB staff will call on you.

Please state your name and organization (if applicable) and limit your comments to less than 3 minutes each.

Additional written comments may be emailed to **elizabeth.ross@omb.oregon.gov**.





Closing Discussion

(6:50-7:00PM)



Information available at:
omb.oregon.gov/ITP

Tentative Timeline

Dates and times subject to change.

July 31, 2025	SB 476 signed by Governor Tina Kotek
January 14, 5-7PM	ITP Workgroup Meeting, Informational Session
January 28, 5-7PM	ITP Workgroup Meeting
February 25, 5-7PM	ITP Workgroup Meeting
March 11, 5PM	OMB Administrative Affairs Committee reviews the Workgroup's recommendations, makes recommendations to the Board
April 2	Oregon Medical Board reviews all recommendations
April 15, 5-7PM	ITP Workgroup Meeting
May 13, 5-7PM	ITP Workgroup Meeting
June 10, 5PM	OMB Administrative Affairs Committee reviews the Workgroup's recommendations, makes recommendations to the Board
July 2	Oregon Medical Board reviews all recommendations, initiates rulemaking
After July 9	OMB files notice of proposed rules; formal public comment period opens
August 25	Public hearing for members of the public to provide oral testimony
September 9	Final review by the Administrative Affairs Committee
October 1	Final review and possible adoption by the Oregon Medical Board
October-December	OMB staff develop program systems (IT, website, forms, etc.)
January 1, 2027	SB 476 sections 4-9 and OMB rules become effective.
January 4, 2027	OMB starts accepting ITP applications

Resources



Public Meetings Law



- Workgroup meetings will follow Oregon Public Meeting Law:
 - Post public notice
 - Ensure public access
 - Maintain meeting minutes
 - Prohibit private deliberations among Workgroup members
- All Workgroup review and consensus-building must occur during scheduled meetings.
- OMB will post online at **omb.oregon.gov/ITP**:
 - Meeting recordings
 - Meeting materials
 - Meeting minutes
 - Written public comments



OMB Rulemaking Process

