



SB 476 – International Trained Physicians (ITP) Workgroup

May 13, 2026, 5-7PM

Videoconference

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Meeting ID: 160 788 0792

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Meeting Materials: <https://omb.oregon.gov/ITP>

By Phone: 669-254-5252

Meeting ID: 160 788 0792

Passcode: 3413230377

The public is invited to attend all portions of this meeting and may participate by providing comment during the public comment period (item #3). Members of the public will be muted for all other portions of the meeting.

1. Call to Order and Roll Call, Jill Shaw, DO, Workgroup Chair (5:00-5:05PM)

Workgroup Members:

Jill Shaw, DO – Oregon Medical Board Representative, Workgroup Chair

Thomas Cooney, MD, MACP, FRCP – American College of Physicians Representative

Marianne Parshley, MD, MACP – Oregon Medical Association Representative

Michelle Bowers, MS, CWDP – Oregon Primary Care Association Representative

Ann Klinger, OHSU Health Medical Affairs – Facility Representative

Erich Koch CMPE, FHFMA, Klamath Health Partnership – Facility Representative

Marianne Calnan, MD, DrPH – Internationally Trained Physician

Win Mar Lar Kyin, MB, BS, MPH, MBA – Internationally Trained Physician

Theresa San Agustin, MD (retired) – Community Member

Paula Heimberg, MD – ITP Physician Mentor

Vipul Mahajan, MBBS, FACP, FHM, CPE – ITP Physician Mentor

Lina deMorais, District Director, Senator Kayse Jama – Sponsoring Legislator (ex officio)

Meeting overview:

- This workgroup will gather input from affected parties and experts to help develop rules for Senate Bill 473 (2025).
- The workgroup is advisory only—OMB makes final decisions and consensus is not required.
- Open, honest, and respectful communication is expected at all times.
- This is a public meeting and will be recorded.
- The public may attend and comment during designated times but will be muted otherwise.

Review of April 15, 2026, Workgroup meeting minutes

3. Review & Discussion of Draft ITP Rules, Jill Shaw, DO, Workgroup Chair (5:05-6:40PM)

The draft rules are not final. Instead, they are intended to assist the Workgroup's discussion and follow the statutory framework established in SB 476.

In this portion of the meeting, Workgroup members will carefully examine and engage in meaningful dialogue about the draft rules. Input received during this phase will inform subsequent revisions and help ensure the final rules effectively serve the program's intended purposes while maintaining compliance and operational efficiency.

- Rule 000 Internationally Trained Physicians
- Rule 100 Definitions
- Rule 110 Qualifications for Provisional Licensure
- Rule 120 Clinical Facilities
- Rule 130 Supervision and Assessment
- Rule 140 Application for Provisional Licensure
- Rule 150 Documents and Forms to be Submitted for Provisional Licensure
- Rule 155 Letters and Official Verifications to be Submitted for Provisional Licensure
- Rule 160 Provisional License Application Withdrawals
- Rule 170 Denial of Provisional Licensure
- Rule 180 Registration
- Rule 190 Regulations

3. Public Comment (6:40-6:50PM)

We welcome public feedback throughout the development of this program. Public attendees may comment by raising their hand, and OMB staff will call on you.

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

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

4. Closing Discussion, Jill Shaw, DO, Workgroup Chair (6:50-7:00PM)

Workgroup members will provide closing thoughts, and the Workgroup Chair will summarize the meeting discussion and next steps.

- Updates will be posted on the [SB 476 webpage](#).
- Written comments to Elizabeth Ross, elizabeth.ross@omb.oregon.gov.

Agenda Subject to Change: To ensure that the Workgroup makes the best use of meeting time, agenda items may be reviewed out of order. The agenda is subject to change without additional notification. Posted times are provided as an estimate.

For questions regarding SB 476/ITP implementation, email Elizabeth Ross, Legislative & Policy Analyst, elizabeth.ross@omb.oregon.gov.

For information on attending meetings or to request accommodations, contact Gretchen Kingham, Executive Assistant, gretchen.kingham@omb.oregon.gov or (971) 673-2700.

Senate Bill 476 (2025) Excerpts

SECTION 6.

(1) The Oregon Medical Board may issue a provisional license to a qualified internationally trained physician. To be considered for a provisional license under this section, an internationally trained physician must have:

- (a) Graduated from a school of medicine with a degree substantially similar to a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, as determined by the board;
- (b) Completed a training program that is substantially similar to an approved training program, as determined by the board;
- (c) Obtained certification from the Educational Council for Foreign Medical Graduates, or its successor organization, as approved by the board;
- (d) Practiced medicine in another country or jurisdiction for at least three years;
- (e) An offer of employment at a clinical facility located in this state that will provide supervision and assessment of the applicant in accordance with standards established by the board by rule;
- (f) Complied with all board rules that apply to similar applicants for a license to practice medicine in this state; and
- (g) Provided evidence, as determined sufficient by the board, that the applicant is of good moral character consistent with the requirements of ORS 677.100 and in good standing in each country or jurisdiction in which the applicant practiced and received education and training.

(2) An applicant for a provisional license under this section shall:

- (a) Apply to the board in the form and manner required by the board;
- (b) Pay the fee established by the board by rule; and
- (c) Provide to the board any further information required by the board.

(3) An internationally trained physician provisionally licensed under this section shall practice:

- (a) Under the supervision of a physician licensed under ORS 677.100 who is in good standing with the board and meets the requirements established by the board relating to supervision; and
- (b)
 - (A) In a facility in this state with an approved training program;
 - (B) In a federally qualified health center that provides primary care and other services to underserved populations, as determined by the board; or
 - (C) In any other clinical location that demonstrates that the location meets the requirements established by the board by rule.

- (4) An internationally trained physician provisionally licensed under this section:
- (a) Is considered a fully licensed physician in this state for all purposes, including but not limited to credentialing and insurance billing;
 - (b) Is subject to all the provisions of this chapter and to rules of the board adopted under this chapter; and
 - (c) Has the same duties and responsibilities, and is subject to the same penalties and sanctions, as any other physician licensed under this chapter.
- (5) An internationally trained physician provisionally licensed under this section may, after completion of four years of full-time equivalent practice under subsection (3) of this section, successful completion of a clinical assessment evaluation as determined by the board by rule and satisfaction of the requirements for licensure under ORS 677.100, apply for licensure under ORS 677.100.
- (6) The board may adopt rules as necessary to carry out this section

SECTION 7a.

ORS 677.010 is amended to read: 677.010. As used in this chapter, subject to the exemptions in ORS 677.060 and unless the context requires otherwise:

....

(3) “Approved training program” means a residency program that is accredited by the Accreditation Council of Graduate Medical Education, or its successor organization, the American Osteopathic Association, or its successor organization, or the Royal College of Physicians and Surgeons of Canada, or its successor organization, and approved by the board.

....

(10) “Internationally trained physician” means a physician who graduated from a medical school that is not an approved school of medicine and who completed a training program that is not an approved training program.

[The following language is new. For readability, it is not bolded/underlined.]

Highlighted sections reflect content added or updated since the April workgroup meeting.

Minor edits and grammatical corrections since the April meeting are not highlighted.

*Notes and References in blue were added to assist the reviewer but will not be filed with the Oregon Secretary of State as part of the rule.

Division 22: Rules for Licensure of Internationally Trained Physicians

847-022-0000

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.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.146

847-022-0100

Definitions

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

Reference: ORS 677.010(2) “Approved school of medicine” means a school offering a full-time resident program of study in medicine or osteopathic medicine leading to a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, if the program of study is fully accredited or conditionally approved by the Liaison

Committee on Medical Education, or its successor agency, or the American Osteopathic Association, or its successor agency, or the Committee on Accreditation of Canadian Medical Schools, or its successor agency, or has otherwise been determined by the board to meet the association standards as specifically incorporated into board rules.

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

Reference: ORS 677.010(3) “Approved training program” means a residency program that is accredited by the Accreditation Council of Graduate Medical Education, or its successor organization, the American Osteopathic Association, or its successor organization, or the Royal College of Physicians and Surgeons of Canada, or its successor organization, and approved by the board.

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

Reference: ORS 677.010(10) “Internationally trained physician” means a physician who graduated from a medical school that is not an approved school of medicine and who completed a training program that is not an approved training program.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.010, ORS 677.146

847-022-0110

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).

Reference: OAR 847-020-0130(1) Must have graduated from an international school of medicine:

(a) The medical school must be chartered in the country in which it is located and must provide a resident course of professional instruction, be accredited by an accrediting organization acceptable to the Board, or be recognized by the appropriate civil authorities of the country in which the school is located as an

- acceptable education program. The Board may determine that the accreditation of an international medical school is not acceptable if the Board receives documentation that the medical school has had its authorization, accreditation, certification or approval denied or removed by any state, country or territorial jurisdiction or that its graduates were refused a license by any state, country or territorial jurisdiction on the grounds that the school failed or fails to meet reasonable standards for medical education facilities.
- (b) The graduate must have attended at least four full terms of instruction of eight months each, with all courses having been completed by physical on-site attendance in the country in which the school is chartered. The requirement for four full terms of instruction of eight months each term may be waived for any applicant for licensure who has graduated from an international school of medicine, has substantially complied with the attendance requirements provided herein, and is certified by a specialty board.
 - (c) Any clinical clerkships obtained in a country other than that in which the school is chartered must be satisfactorily completed.
 - (d) If requested, the applicant must provide the Board with documentation to substantiate that the medical school from which the applicant graduated meets the requirements in subsection (1)(a) of this rule.
- (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.
- (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 medical 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.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.146

847-022-0120

Clinical Facilities

- (1) A provisional licensee must practice in one of the following types of facilities:
- (a) A facility in Oregon with an approved training program or affiliated with an approved training program; or

- (b) A Federally Qualified Health Center, Rural Health Clinic, or other state-licensed clinical facility 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.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.146

847-022-0130

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.
- (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) The 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.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.146

847-022-0140

Application for Provisional Licensure

Note: similar to [OAR 847-020-0110 Application for 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.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.146

847-022-0150

Documents and Forms to be Submitted for Provisional Licensure

Note: similar to [OAR 847-020-0150 Documents and Forms to be Submitted for Licensure](#)

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.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.146

847-022-0155

Letters and Official Verifications to be Submitted for Provisional Licensure

Note: similar to [OAR 847-020-0160 Letters and Official Verifications to be Submitted for Licensure](#)

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).
- (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 the 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.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.146

847-022-0160

Provisional License Application Withdrawals

Note: similar to [OAR 847-020-0185 License 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.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.220, ORS 677.265, ORS 677.100, ORS 677.190, ORS 677.146

847-022-0170

Denial of Provisional Licensure

Note: similar to [OAR 847-020-0190 Denial of 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 or suspended 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.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.265, ORS 677.190, ORS 677.100, ORS 677.220, ORS 677.146

847-022-0180

Registration

Note: similar to [OAR 847-008-0010 Initial 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.

(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) A provisional licensee who intends to continue practicing beyond the one-year period granted for the provisional license must submit a provisional license renewal application and fee at least 90 days before the end of the registration period.

(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 section (9) of this rule

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.146

847-022-0190

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 area of medicine as their education, training, and experience.
- (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.
- (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

(c) Satisfying of the requirements for licensure under ORS 677.100.

Note: Once the provisional licensure process is established, the OMB will initiate a rulemaking further specifying these requirements for internationally trained physicians to apply for full license after four years with a provisional license.

Statutory/Other Authority: ORS 677.265, ORS 677.146

Statutes/Other Implemented: ORS 677.146

DRAFT

SB 476 WORKGROUP CHARTER

Purpose

The SB 476 Workgroup will inform draft rules to implement SB 476 (2025) sections 5-9, creating a provisional license for internationally trained physicians (ITPs) starting January 1, 2027.

Members

- 1-2 members of the Oregon Medical Board
- 2 representatives from professional associations or societies representing primary care and/or specialty physicians
- 1-2 representatives of a facility/employer who intends to hire and supervise ITPs
- 1-2 internationally trained physicians
- 1 representative of community organization supporting refugees/immigrants
- 1 community member representing health care consumers (no immediate tie to a healthcare provider/internationally trained physician)
- 1 *ex officio* member of the sponsoring legislator's office

Administrative support will be provided by Oregon Medical Board staff.

Scope

The SB 476 Workgroup will review and advise on new and amended rules and other guidelines or procedures to implement SB 476.

Meetings

Public meetings will be held January-May 2026. Meetings will be subject to public meetings law, including public notice, public records, public access, and public comment. The meetings will be held via teleconference or videoconference and are planned for:

- Wednesday, January 14, 5-7PM
 - Wednesday, January 28, 5-7PM
 - Wednesday, February 25, 5-7PM
 - Wednesday, April 15, 5-7PM
 - Wednesday, May 13, 5-7PM
- *dates and times subject to change.*

Objectives

The SB 476 Workgroup may recommend administrative rules, guidelines, or procedures for the purpose of implementing SB 476 (2025).

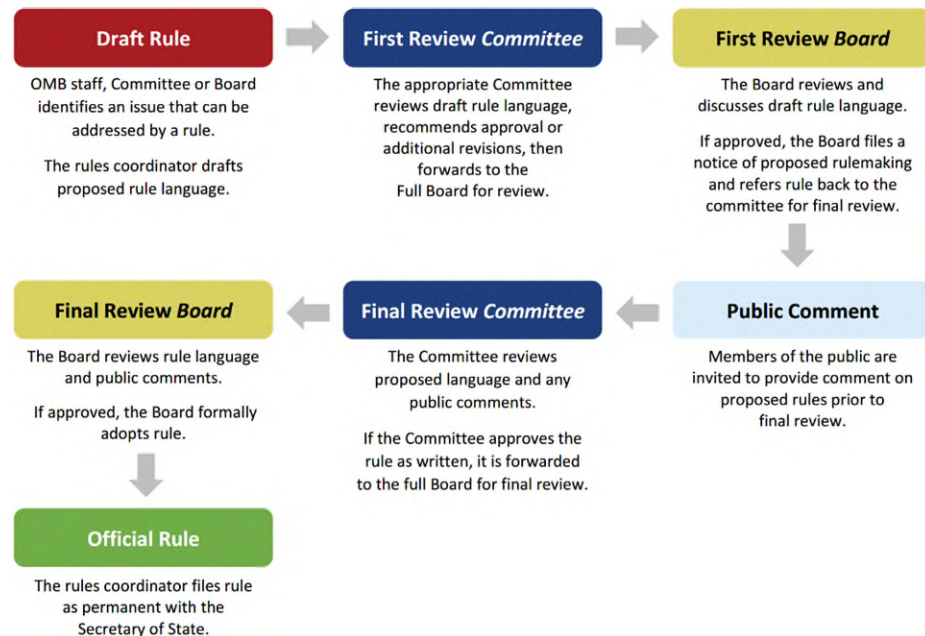
SB 476 Workgroup recommendations will be reviewed by the Administrative Affairs Committee and full Board during 2026 meetings. The Board retains final decision making authority.

Rulemaking Process & Public Meetings Law Overview, Oregon Medical Board

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 9	Oregon Medical Board reviews all recommendations, initiates rulemaking
After July 9	OMB files notice of proposed rules; formal public comment period opens
August 18	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

Dates and times subject to change.

Administrative Rule Making Process



Public Meetings

ITP Workgroup meetings are public meetings and will follow Oregon Public Meeting Law. This includes providing public notice, ensuring public access, maintaining meeting minutes, and prohibiting private deliberations among Workgroup members between meetings. All Workgroup review and consensus-building must occur during scheduled meetings.



Approved by the Board on XXX, 2026.

OREGON MEDICAL BOARD

Meeting of the SB 476 Internationally Trained Physicians (ITP) Workgroup

April 15, 2026, 5:00pm • Held via Video Conference

PUBLIC SESSION

Welcome

Jill Shaw, DO, Workgroup Chair, called the meeting to order at 5:02pm and called the roll. A quorum was confirmed.

The following Workgroup Members were present:

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|---|----------------------------------|
| Michelle Bowers, MS, CWDP | Ann Klinger |
| Thomas Cooney, MD, MACP, FRCP | Marianne Parshley, MD (5:05pm) |
| Paula Heimberg, MD | Theresa San Agustin, MD |
| Erich Koch, CMPE, FHFMA | Jill Shaw, DO, Workgroup Chair |
| Win Mar Lar Kyin, MB, BS, MPH, MBA (5:10pm) | Lina deMorais, <i>ex officio</i> |

Marianne Calnan, MD, and Vipul Mahajan were absent.

OMB Staff present:

- | | |
|--|---------------------------------------|
| Nicole Krishnaswami, JD, Executive Director | Netia N. Miles, Licensing Manager |
| Elizabeth Ross, JD, Legislative & Policy Analyst | Gretchen Kingham, Executive Assistant |

Chair Shaw welcomed Workgroup members and the public, discussed ground rules for the meeting, and provided an agenda overview. She also noted that the Workgroup will gather input from affected parties and experts to help develop rules for Senate Bill 476 (2025) and that the Workgroup is advisory only. The Oregon Medical Board makes all final decisions and consensus of the Workgroup is not required.

Review of February 25, 2026 Meeting Minutes

Chair Shaw presented the February 25th meeting minutes. There was no discussion.

Rule Development Process

Elizabeth Ross, JD, OMB Legislative & Policy Analyst, explained how the draft rules were developed based on Senate Bill 476, existing OMB licensing rules, and input from prior workgroup meetings. Ms. Ross also reviewed the timeline for the rulemaking process.

Review and Discussion of Draft ITP Rules

Workgroup members reviewed and discussed the draft rules section by section.

Rule 000 Purpose Statement

This initial draft rule establishes the purpose of Division 22: to allow qualified internationally trained physicians to obtain a provisional license to practice medicine in Oregon.

The Workgroup had no suggested changes.

Rule 100 Definitions

The initial draft rule defines “approved school of medicine,” “approved training program,” and “internationally trained physician” as they are defined in ORS chapter 677.

Significant discussion arose around the definition of "approved training program," which currently ties to ACGME/AOA/Canadian programs. The Workgroup discussed whether many well-regarded international programs, including those in the UK, Ireland, and across Europe, would not qualify under the current ACGME-International accreditation list. Staff clarified that the rule language for provisional licensure uses "substantially similar to" an approved program, not identical, and that the Board retains discretion to consider programs through five criteria listed in rule 110 section 2, with ACGME-I being just one of five options. Members raised concerns about the wording in some of the statutory definitions but acknowledged these could not be changed without returning to the Legislature.

Rule 110 Qualifications for Provisional Licensure

This initial draft rule outlines the eligibility criteria for a provisional license.

The Workgroup acknowledged and found the draft rule’s "may consider" language in section 2 appropriately flexible for the Board to exercise discretion when determining if an international training program is substantially similar to an approved training program.

The Workgroup discussed criteria for evaluating an applicant's prior practice of medicine in another country. The Workgroup noted that prior practice varies significantly, and applications should be reviewed case-by-case.

Regarding board certification, Workgroup members noted that most specialty boards currently do not offer a board certification pathway for ITPs. The OMB Executive Director shared news that the American Board of Medical Specialties (ABMS) announced an effort to create such a pathway. The group clarified that licensure and board certification are separate matters, and these rules govern licensure only.

Rule 120 Clinical Facilities

This initial draft rule outlines where a provisional licensee may practice.

Members discussed whether ITP positions would draw on federal Medicare Graduate Medical Education (GME) funding. It was clarified that Medicare GME funding is only for individuals in ACGME-accredited residency programs. ITPs under this pathway would not qualify and would need to be funded by their employing institutions directly.

Rule 130 Supervision and Assessment

This initial draft rule establishes the requirements for ITP supervising physicians and sets the framework for oversight and assessment.

The rule uses the singular "a physician" for supervisor, but later references plural "supervising physicians." Workgroup members recommended consistent language that allows a team of physicians to share supervisory responsibility, similar to physician associate (PA) collaboration agreements. They also discussed the need for supervising physicians to be educated on precepting and supervisory responsibilities.

Additionally, the Workgroup suggested clarifying that PAs and NPs cannot serve as supervising physicians for ITPs. Members also addressed the need for contingency language if a supervising physician becomes unavailable.

The Workgroup discussed concerns about the requirement that ITPs receive an initial competency assessment within one month of provisional licensure, which may be unworkable given that in-training exams may only be offered once a year.

Rule 140 Application for Provisional Licensure

This initial draft rule outlines the application process and timeline.

A Workgroup member suggested that the competency exam requirement, currently in Rule 130, might fit better here, since timing the exam appropriately is tied to the application process. Staff acknowledged the logic but noted the two rules address different purposes, assessment vs. application.

Rule 150 Documents and Forms

This initial draft rule lists what documents and forms must be submitted for provisional licensure.

Discussion centered on the fingerprinting requirement. A Workgroup member with personal experience as an ITP shared that fingerprinting requirements vary by state. The OMB Licensing Manager confirmed the Board uses a company called FieldPrint and that local police stations can also assist. Workgroup members agreed that the process, while unfamiliar to some internationally trained physicians, is manageable.

Rule 155 Letters and Official Verifications

This initial draft rule covers third-party verification documents.

Workgroup members noted that verifying international practice history will be complex, but that section 4 of the rule may help address that complexity.

Rule 160 Provisional License Application Withdrawals

This initial draft rule outlines the withdrawal process, including a two-year waiting period before reapplication in certain circumstances.

The OMB Executive Director clarified that the two-year bar only applies when an applicant is warned of impending denial for cause, such as fraudulent activity or violations of the Medical Practice Act, and chooses to proceed. These applicants are given multiple opportunities to withdraw before the two-year limit on replying applies. Applicants who withdraw for personal reasons, such as family emergencies, life changes, etc., are free to reapply immediately.

Rule 170 Denial of Provisional Licensure

This initial draft rule defines when applicants are not eligible or qualified for provisional licensure.

A Workgroup member raised a question about the USMLE Step 3 requirement listed in section 1(a) of the rule. The OMB Legislative & Policy Analyst acknowledged that applicants only need to pass Steps 1 and 2 for provisional licensure; Step 3 comes later. Staff will correct this in the next draft.

Rule 180 Registration

This initial draft rule covers initial registration and the annual review process for provisional licensees.

Discussion focused on what happens if a licensee's employment is disrupted through no fault of their own, such as hospital closure, supervising physician retirement, etc. during the four-year provisional period. The OMB Legislative & Policy Analyst explained that language allowing the Board to consider "extenuating circumstances" is already included in section 7.

Workgroup members also asked that the rule more explicitly state that after completing the four-year period, the ITP can apply for full licensure. The OMB Legislative & Policy Analyst pointed to Rule 190 section 5 that addresses this. Workgroup members also discussed the need for ongoing, structured record-keeping throughout the supervisory period, not just at the end-of-year evaluation.

Rule 190 Regulations / Practice Standards

This initial draft rule sets out practice requirements and the pathway to full licensure.

Workgroup members confirmed that after completing all provisional requirements and obtaining full licensure, an ITP could practice independently including opening their own clinic.

Concerns were raised about reporting obligations, with members debating whether the rule should more explicitly require supervising physicians to report serious concerns to the Board immediately, particularly in rural or solo clinic settings where hospital-based reporting mechanisms do not exist.

Workgroup members suggested adding flexibility around section 4, so disruptions in employment do not automatically end an ITP's license but rather allow a grace period to find a new position. The OMB Executive Director agreed this was worth exploring and noted that care must be taken with language to avoid triggering a National Practitioner Data Bank report.

Public Comment

Members of the public were present but did not provide comments. Chair Shaw invited the public to submit written comments to the OMB Legislative & Policy Analyst.

Closing Remarks

Chair Shaw thanked Workgroup members and staff for their thoughtful engagement.

Dr. Shaw closed the meeting with a recap of key themes from the meeting including the importance of precise language, the need to protect ITP participants from circumstances beyond their control, and the encouraging news from ABMS about a future board certification pathway for ITPs.

Members were directed to submit any additional written comments to Elizabeth Ross, OMB Legislative & Policy Analyst.

The next meeting was announced for May 13, 2026, where draft rules will be reviewed.

Dr. Shaw adjourned the meeting at 6:26 PM.