



Oregon Medical Board  
1500 SW 1<sup>st</sup> Ave, Suite 620  
Portland, Oregon 97201  
[www.oregon.gov/OMB](http://www.oregon.gov/OMB)

## PERSONAL HISTORY QUESTIONS Physician Applicants

If you answer "YES" to any personal history question, please furnish details and request source documents as indicated below. Failure to provide all details will delay the processing of your file.

### CATEGORY I

<b>Question 1 regarding other health care professional licenses</b>	
<i>Applicant</i>	Provide full details to include state/province, type of license, date of licensure, license number and current status of the license.
<i>Licensing Board</i>	Provide verification of licensure to include license number, date issued and current status.
<b>Question 2 regarding licensing examinations</b>	
<i>Applicant</i>	Provide full details to include state/province, name of examination, dates and grades (if known) for each failure.
<i>Examination Agency</i>	The report of examination grades will verify any failed attempts.
<b>Questions 3, 4 and 5 regarding other state applications or licenses</b>	
<i>Applicant</i>	Provide full details to include state/province, reasons/circumstances and any disciplinary action.
<i>Licensing Board</i>	Provide full details and include copies of any legal documents.
<b>Question 6 regarding prescribing privileges</b>	
<i>Applicant</i>	Provide full details including dates and reasons/circumstances, and provide a copy of documents, reports and correspondence.
<i>State Narcotic Office/ Drug Enforcement Administration (DEA)</i>	Provide full details and include copies of any legal documents.
<b>Question 7 regarding arrests, convictions or pleas</b>	
<i>Applicant</i>	Provide full details of the arrest, dates, places and disposition of the case.
<i>Police Department/Court</i>	Provide a certified copy (with court seal affixed) of the original charge, the judgment, the sentence and/or the dismissal order or other such documents which reflect the disposition of the matter.
<b>Question 8 regarding criminal, civil or administrative investigations</b>	
<i>Applicant</i>	Provide full details to include the agency conducting the investigation as well as the reasons for the criminal, civil or licensing investigation. Provide a copy of documents, reports and correspondence.

<i>Investigating Agency</i>	Provide full details concerning reasons for the investigation.
<b>Question 9 regarding criminal or civil actions</b>	
<i>Applicant</i>	Provide full details to include details of the case, where/when incident occurred, disposition of the case, judgment, etc. Please indicate if the case is still pending. Provide a copy of the documents, reports and correspondence.
<i>Agency/Party</i>	Provide full details concerning reasons for the action.
<b>Question 10 regarding criminal or civil settlements</b>	
<i>Applicant</i>	Provide full details to include the agency/party with which the settlement was entered as well as the reasons for and conditions of the settlement. Provide a copy of the documents, reports and correspondence.
<i>Agency/Party</i>	In some cases, information is needed in addition to the applicant's explanation.
<b>Question 11 regarding malpractice claims</b>	
<i>Applicant</i>	Provide full details to include name of patient, where/when incident occurred, disposition of the case, judgment, etc. Please indicate if the case is still pending. Provide a copy of the documents, reports and correspondence.
<i>Malpractice Carrier/Court</i>	In some cases, information is needed in addition to the applicant's explanation.
<b>Question 12 regarding interruption in practice or ceasing a specialty</b>	
<i>Applicant</i>	Provide the length of time you did not practice or ceased the practice of your specialty and the reason why as well as your activities (medical or non-medical) for that period of time.
<i>Hospital/School/Training Program</i>	In most cases, the applicant's explanation is all that is needed. However, in some cases the applicant will be asked to request information be sent directly from other sources to the Board.
<b>Question 13 regarding medical school or postgraduate training</b>	
<i>Applicant</i>	Provide name of the medical/osteopathic/podiatric school, training program, dates and reasons/circumstances.
<i>School/ Training Program</i>	Provide full details concerning the circumstances, results and copies of any legal documents.
<b>Question 14 regarding employment or staff privileges</b>	
<i>Applicant</i>	Provide full details to include the name of the hospital, clinic, surgical center, dates and reasons/circumstances.
<i>Hospital/ Employment</i>	Provide full details including dates, circumstances, results and copies of any legal documents.

## CATEGORY II

<b>Question 1 regarding a diversion program</b>	
<i>Applicant</i>	Provide full details and dates to include the name and location of the diversion program, regulatory board, healthcare program, facility, or court and reasons for and results of entering the program.
<i>Source</i>	Furnish treatment records and any court/legal documents directly to the Board.
<b>Question 2, 3 and 4 regarding physical, mental or emotional impairment or conditions</b>	
<i>Applicant</i>	Provide the name of the healthcare professional providing treatment.
<i>Source</i>	<b>Healthcare professional</b> send directly to the Board a statement regarding the applicant's ability to safely practice medicine.
<b>Question 5 regarding a chemical substance screening test</b>	
<i>Applicant</i>	Describe the circumstances.
<i>Source</i>	Furnish documents reflecting the disposition of the matter directly to the Board.