



REQUIRED DOCUMENTATION CHECKLIST

MD/DO/DPM Postgraduate Application

Your application will be assessed by Board staff, who will determine requirements specific to your application. Check your Online Status Report at <https://omb.oregon.gov/login> to track your outstanding items.



May be submitted online

THE FOLLOWING ITEM IS TO BE SENT FROM YOU, THE APPLICANT, TO THE OREGON MEDICAL BOARD.

	PROVIDE TO OMB	INFORMATION YOU NEED TO KNOW
<input type="checkbox"/>	 Photograph	Taken within the last 3 months, color

THE FOLLOWING ITEMS ARE TO BE SENT DIRECTLY FROM PRIMARY SOURCE TO THE OREGON MEDICAL BOARD. The Applicant must request that the source send directly to the Board.

<input type="checkbox"/>	Personal History documentation sent <u>directly</u> from the source.	For affirmative answers as requested by the Board
<input type="checkbox"/>	<p>For full year residents who are appointed at a <u>summer start time</u>, verify your name is on the graduate medical education list sent to the Board from the Oregon school of medicine or teaching hospital</p> <p>-OR-</p> <p>For full year residents who are appointed at <u>another time during the year</u>, request a letter be sent directly from the Oregon school of medicine or teaching hospital providing dates of training and the exact start and end dates for the licensure period</p>	
<input type="checkbox"/>	<p>For out-of-state residents doing an elective rotation in Oregon, request a letter be sent directly from the Oregon location providing dates of training, the exact start and end dates for the licensure period, and confirmation that the training in Oregon is part of the current out-of-state training program</p>	

Send Information to:
 Oregon Medical Board
 1500 SW 1st Ave Suite 620
 Portland, Oregon 97201

You may also send your documents to the Board using our Secure Upload Portal at <https://omb.oregon.gov/upload>