

OREGON MEDICAL BOARD (OMB) MD/DO/DPM APPLICATION CHECKLIST

PRIOR TO SUBMITTING YOUR APPLICATION, GO THROUGH THE CHECK LIST BELOW. KEEP A COPY FOR YOUR RECORDS

	PROVIDE TO OMB	INFORMATION YOU NEED TO KNOW
<input type="checkbox"/>	Application Form	
<input type="checkbox"/>	Processing Fee (\$375 MD/DO – \$340 DPM)	
<input type="checkbox"/>	Copy of Birth Certificate	Copy accepted. MUST SHOW ON COPY either the word HEALTH DIVISION or VITAL STATISTICS .
<input type="checkbox"/>	Medical/Osteopathic/Podiatric Diploma	Copy accepted.
<input type="checkbox"/>	Photograph attached to Application	Taken not more than 90 days ago ; signed and dated on the top or the bottom.
<input type="checkbox"/>	MPA/DEA open book examination on laws enclosed with application	
<input type="checkbox"/>	Finger Print card with identification verification form completed and enclosed.	Read link on information to provide clear finger prints.
<input type="checkbox"/>	Answer all Personal History questions in Category I and II	Applicant explanation to any with affirmative answers must be provided with all applicable back up documentation from external authorities.
<input type="checkbox"/>	Name change, due to Naturalization, marriage, etc.	Download name change / affidavit form, provide with back up and supportive documentation , if different from Birth Certificate.
<input type="checkbox"/>	American Specialty Board Certificates/ Recertification if examination was taken.	
<input type="checkbox"/>	Requesting SPEX waiver	Applicant provides written request letter to OMB.
<input type="checkbox"/>	National Practitioner Data Bank (NPDB) and Health Integrity Protection Data Bank (HIPDB)	Original copies accepted from applicant. Note: Two responses will be sent to the applicant by the NPDB/HIPDB. ALL PAGES must be forwarded to OMB

THE FOLLOWING ITEMS ARE TO BE SENT DIRECTLY FROM PRIMARY SOURCE TO THE OREGON MEDICAL BOARD. These are requested by the licensee.

	PROVIDE TO OMB (Primary Source)	INFORMATION YOU NEED TO KNOW
<input type="checkbox"/>	Verification of Medical Education	Sent to OMB as Primary Source Verification (PSV). Applicant must request from source.
<input type="checkbox"/>	Dean's letter to be sent with verification of Medical Education.	Applicant requests, sent directly to OMB as PSV.
<input type="checkbox"/>	Federation Disciplinary Inquiry.	As PSV from Federation to OMB.
<input type="checkbox"/>	Intern/Resident /Fellow verification(s)	As PSV from entity.
<input type="checkbox"/>	Personal History	Information for affirmative answers.
<input type="checkbox"/>	Clerkship Verification(s)	For foreign graduates ONLY
<input type="checkbox"/>	ECFMG	For foreign graduates ONLY
<input type="checkbox"/>	Fifth Pathway Program Verification	If applicable for foreign graduates ONLY
<input type="checkbox"/>	Employment / Staff Privileges Verification	If employed
<input type="checkbox"/>	Staff Privileges	If staff privileges held
<input type="checkbox"/>	Locum Tenens Verification(s)	If serving as Locum Tenens
<input type="checkbox"/>	State/Province License Verification(s)	If licensed in any state/province
<input type="checkbox"/>	Official Grade Transcript(s)	If USMLE, National Board, LMCC, FLEX, SPEX