

Oregon Board of Medical Examiners

VOLUNTEER EMERITUS LICENSE CHECKLIST

This list will help you to determine what items you will be required to submit for licensure. As you send in the items, you can mark them off. Once you file your application, you will be notified of how you can access your application status on the Board website to inform you of items still needed to complete your file. ***To avoid delay in the processing of your application, please read the enclosed application instructions carefully. Please note, not ALL items are applicable to ALL applicants.***

THE FOLLOWING ITEMS ARE TO BE SUBMITTED BY THE APPLICANT:

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| <input type="checkbox"/> Application Form | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> Birth Certificate | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> Medical/Osteopathic Diploma | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> Photograph for Application | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> MPA/DEA Open Book examinations on laws | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> Completed Fingerprint Card with Identification Verification Form | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> Personal History Explanation(s) | For <i>affirmative</i> responses to questions |
| <input type="checkbox"/> Name Change Documentation | If name is different than birth certificate |
| <input type="checkbox"/> Naturalization Affidavit | If name changed by naturalization |
| <input type="checkbox"/> Marriage Certificate | If name changed by marriage |
| <input type="checkbox"/> Fifth Pathway Certificate | For foreign/Fifth Pathway applicants ONLY |
| <input type="checkbox"/> American Specialty Board Certificate(s) | If examination taken |
| <input type="checkbox"/> American Specialty Board Recertification Certificate(s) | If examination taken |
| <input type="checkbox"/> Translations of Documents/Letters | If in a foreign language |
| <input type="checkbox"/> SPEX Fee and Registration Forms (SENT DIRECTLY TO EXAM CENTER IF SPEX EXAM IS REQUIRED) | |

THE FOLLOWING ITEMS ARE TO BE SENT DIRECTLY FROM THE SOURCE TO THE OREGON BOARD OF MEDICAL EXAMINERS:

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| <input type="checkbox"/> Verification of Medical Education | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> Letter from the Dean of MD/DO School
(sent with Verification of Medical Education form) | REQUIRED OF ALL APPLICANTS |
| <input type="checkbox"/> Personal History Verification(s) | For <i>affirmative</i> responses to questions |
| <input type="checkbox"/> Clerkship Verification(s) | For foreign graduates ONLY |
| <input type="checkbox"/> ECFMG/Fifth Pathway Verification | For foreign graduates ONLY |
| <input type="checkbox"/> Fifth Pathway Program Verification | For foreign graduates ONLY |
| <input type="checkbox"/> Employment Verification(s) | If employed |
| <input type="checkbox"/> Staff Membership Verification(s) | If staff membership held |
| <input type="checkbox"/> Locum Tenens Verification(s) | If locum tenens served |
| <input type="checkbox"/> State/Province License Verification | License verification only from state of current or most recent practice |
| <input type="checkbox"/> Official Grade Transcript(s) | If USMLE, National Board, LMCC, FLEX, SPEX |

OR

NOTE: For applicants who have been initially licensed a number of years ago, the Board will accept a certified copy of the Dean's letter, Verification of Medical Education, medical school diploma, and postgraduate training verifications sent directly from another state medical board in lieu of direct source verification.