

REQUIRED DOCUMENTATION CHECKLIST




MD/DO/DPM Limited License, Fellow 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>If you are appointed 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 -OR-</p> <p>If you are appointed at <u>another time during the year</u>, request a copy of the appointment letter or contract be sent directly to the Board from the Oregon school of medicine or teaching hospital which request the exact start and end dates for the licensure period.</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>