

## OREGON MEDICAL BOARD (OMB) PHYSICIAN REACTIVATION APPLICATION CHECKLIST

**PRIOR TO SUBMITTING YOUR APPLICATION, GO THROUGH THE CHECK LIST BELOW. KEEP A COPY FOR YOUR RECORDS. PLEASE NOTE: ADDITIONAL INFORMATION MAY BE REQUIRED UPON REVIEW OF THE APPLICATION.**

	LICENSEE PROVIDES TO OMB	INFORMATION YOU NEED TO KNOW
<input type="checkbox"/>	Application	Application is to be completed and submitted online at <a href="http://omb.oregon.gov/login">http://omb.oregon.gov/login</a>
<input type="checkbox"/>	Photograph	Taken within the last three months, color
<input type="checkbox"/>	Processing & Criminal Background Search Fee	Payment submitted with application; application cannot be processed without it
<input type="checkbox"/>	Registration Back Fees, if previous license status was Lapsed. Prescription Monitoring (PM) Fee, if previous status didn't require PM fee.	Applicant/Licensee will receive full amount due notice upon initial processing of licensure. However, may contact Licensing Department with any questions
<input type="checkbox"/>	Answer all Personal History Questions in Category I and II truthfully.	Applicant/Licensee explanation for affirmative answers must be provided with all applicable back up documentation from external authorities. Additional information may be required.
<input type="checkbox"/>	Name change, due to Naturalization, Marriage, Court Change, etc. if applicable.	Download name change/affidavit form, provide back-up and supportive documentation, if different from licensed name.
<input type="checkbox"/>	Requesting SPEX if waiver, if applicable.	Applicant/Licensee provides written request to OMB and provides documentation to support request, ex. CME certificates.
<input type="checkbox"/>	Proposed Re-entry Plan if out of practice for more than 24 months. Pre-review: <a href="http://www.oregon.gov/omb/licensing/Pages/Re-Entry-to-Practice.aspx">http://www.oregon.gov/omb/licensing/Pages/Re-Entry-to-Practice.aspx</a>	Applicant/Licensee will receive additional information upon initial processing of licensure. However, may contact Licensing Department with any questions.

	SOURCE PROVIDES TO OMB	INFORMATION YOU NEED TO KNOW
<input type="checkbox"/>	State and Nationwide Criminal Records Check	See <a href="http://www.oregon.gov/omb/licensing/Pages/Fingerprint-Requirements.aspx">www.oregon.gov/omb/licensing/Pages/Fingerprint-Requirements.aspx</a> for more information and to schedule your appointment
<input type="checkbox"/>	Personal History Documentation such as court documentation, third party documentation, etc.	Primary source information may be required for affirmative answers to certain personal history questions.
<input type="checkbox"/>	Employment/Staff Privileges/Health Related Affiliation (volunteer or employment)	Verification must come directly from source; cannot be emailed or faxed at this time.
<input type="checkbox"/>	Post Graduate Training Verifications (Intern, Resident, Fellow) if applicable.	Verification must come directly from source; cannot be emailed or faxed at this time.
<input type="checkbox"/>	<b>DPM's Only: Federation of Podiatric Medical Boards Disciplinary Report</b>	<b>Requirement for DPM's Only</b>