

**Board of Medical Licensure & Supervision  
State of Oklahoma**

**Non-ABMS Board Certification Application**

**435:10-7-2. Use of Board certification**

Allopathic physicians in Oklahoma who may lawfully claim to be “Board Certified” or “Certified by” or a “Diplomat” or “Fellow” are only physicians who have presented to the Oklahoma State Board of Medical Licensure and Supervision evidence of successful completion of all requirements for certification by a member Board of the organization of American Board of Medical Specialties as listed by the American Medical Association, or by any other organization whose program for the certification requested has been found by the Board to be equivalent thereto.

[Source: Amended at 11 Ok Reg 4535, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1223, eff 5-11-95]

**435:1-1-7. Fees. (a)(4) (O)(iv)**

Request for Specialty Board Certification under 435:10-7-2 - \$120.00

**This request is for the approval/denial of the applicant to advertise as Board Certified from a specific non-ABMS Board.**

**Please complete this form and return to the Medical Board Office with the fee of \$120.00.  
Address: PO Box 18256, Oklahoma City, OK 73154-0256.**

Name: \_\_\_\_\_

License No: \_\_\_\_\_

1. Do you hold a current or past certification from:
  - a) The American Board of Medical Specialties (ABMS)? (Please list and include copy of each)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b) A non-ABMS board? (Please list)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Name of non-ABMS Specialty Board you are requesting to claim “Board Certified” by:  
\_\_\_\_\_
3. Has the Board in question applied to the ABMS for recognition? Y/N  
If so, supply any documentation to that action.
4. Is the Board in question certified by any organization? Y/N Name: \_\_\_\_\_
5. How long has the Board in question been in existence? \_\_\_\_\_

6. Has the Board in question been recognized for advertising by any other state licensing boards?  
Y/N (Please list):

\_\_\_\_\_

7. Does the Board that issued the certification meet the following criteria:

- a) Is the organization a 501 C organization? Y/N
- b) Does total membership of diplomates of the organization exceed 100 members? Y/N
- c) Does the organization offer a psychometrically validated test? Include certified copy of results. Y/N

8. Do you have substantial and identifiable training in the medical specialty being recognized? Y/N  
(Please list and explain) This substantial & identifiable training should include but not be limited to:

- a) Adequate opportunity for hands on clinical experience.
- b) Documented reports of cases for which the physician had the lead management role in the field of certification.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 1) Was the training in an ACGME approved residency or fellowship? Y/N
- 2) Does the training program receive Medicare GME funding? Y/N
- 3) What type review process is carried out on a regular basis to insure the quality of the educational experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. What were the requirements you had to meet to obtain certification? (i.e examination, training, other)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What are the requirements for recertification?

- a) How often: \_\_\_\_\_
- b) Exam required: \_\_\_\_\_
- c) CME and number required: \_\_\_\_\_
- d) Other: \_\_\_\_\_