



**OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION**  
 101 NE 51<sup>st</sup> Street Oklahoma City, OK 73105  
 EMAIL: [CRITICALNEED@OKMEDICALBOARD.ORG](mailto:CRITICALNEED@OKMEDICALBOARD.ORG)

**APPLICATION FOR TEMPORARY CRITICAL NEED LICENSE IN RESPONSE TO COVID-19 EMERGENCY**  
**(7-10 Business Days to Process)**

What category of licensure are you applying for?	<input type="checkbox"/> Medical Doctor	<input type="checkbox"/> PA *will require Delegating Physician Form and Practice Agreement	<input type="checkbox"/> Respiratory Care Practitioner
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**YOUR COMPLETED APPLICATION MUST BE EMAILED TO: [criticalneed@okmedicalboard.org](mailto:criticalneed@okmedicalboard.org)**

**FAXED APPLICATIONS WILL NOT BE ACCEPTED**

**Answer all questions.** If you fail to complete a question, your application will be considered deficient, and the processing of your application will be delayed.

1. Submitting this application does not authorize you to practice medicine or surgery in the state of Oklahoma.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Failure to properly answer the questions below may result in Board disciplinary action including revocation or denial of license.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**SECTION 1: APPLICANT IDENTIFICATION AND CONTACT INFORMATION REQUIRED**

Last name of applicant		First Name of applicant		Middle Name of applicant
Maiden name of applicant ("None" or "N/A" is acceptable)		List all other names or aliases ("None" or "N/A" is acceptable)		
Mailing Address (number and street or rural route) All correspondence will be mailed to this address, unless the Board is notified of a change in writing				
City		State	Zip Code	
Cell/Daytime Phone number ( )		Email address of the applicant, not third party (This address will not be a public record)		
Gender	Date of Birth	Social Security Number	ECFMG Number (if applicable)	

**SECTION 2: EDUCATION, TRAINING, SPECIALITY, & OTHER STATE LICENSES**

Medical School/Date of Graduation	Primary Specialty/Field of Practice
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**SECTION 3: STATE LICENSE**

State	License Number	Date Issued	Date Expires	License Verification (for office use only)
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**SECTION 4: OKLAHOMA PRACTICE LOCATION**

List where you are providing care to Oklahoma residents		<input type="checkbox"/> Please check this box if this is telemedicine		
Name of Medical or Federal Facility:				
Address:				
City:	State:	Zip	Practice phone: ( )	Practice Fax: ( )

### SECTION 5: PROFESSIONAL CONDUCT HISTORY

**Failure to properly answer the questions below may result in Board disciplinary action including revocation or denial of license.**

	YES	NO
1. Have you ever had any <b>disciplinary action</b> taken against any license, certificate, permit or recognition OR against any application for any license, certificate, permit or recognition?		
2. Have you ever had any <b>investigation</b> on a license, certificate, permit or recognition OR on any application for any license, certificate, permit or recognition?		
3. Have you had a license to practice medicine revoked, suspended or restricted by a medical regulatory board in any state or territory?		
4. Have you surrendered a license to practice medicine in lieu of disciplinary action by a medical regulatory board in any state or territory?		
5. I understand that this license is a Temporary License issued pursuant to Okla. Admin Code § 435:11-1-18 and that this license expires in 180 days.		

### SECTION 6: CITIZENSHIP ATTESTATION

**Proof of Citizenship:** Effective November 1, 2007 based on Federal and State Laws, all applicants must provide evidence that the applicant is lawfully present in the United States, as moral fully set forth on the attached Evidence of Status. If the documentation does not demonstrate that the applicant is a United State citizen, national, or a personal described in specific categories, the applicant will not be eligible for licensure in Oklahoma.

<input type="checkbox"/> I am a U.S. Citizen	If this box is checked, please submit documentation as stated on the Evidence of Status Form
<input type="checkbox"/> I am NOT a U.S. Citizen	If this box is checked, please submit documentation as stated on the Evidence of Status Form

### SECTION 7: DECLARATIONS AND ATTESTATIONS

- a. I hereby give my permission for the Oklahoma Board of Medical Licensure and Supervision to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.
- b. I hereby authorize, request, and direct any person, firm, officer, corporation, association, organization or institution to release to the Oklahoma Board of Medical Licensure and Supervision any files, documents, records, or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure.
- c. I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.
- d. I further authorize the Oklahoma Board of Medical Licensure and Supervision to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Board for any and all liability in connection with such disclosure.
- e. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.
- f. I will notify the Board in writing within 10 working days if charged with a misdemeanor or a felony.
- g. I will notify the Board in writing immediately if I become the subject of an investigation or disciplinary action by any licensing board.
- h. I certify that I have read and personally answered all the questions on this application.
- i. I attest that all of the information contained in the application an accompanying evidence or other credentials submitted are true. I attest the credentials submitted with the application were procured without fraud or misrepresentation or any mistake of which I am aware, and that I am the lawful holder of the credentials. I authorize the release of any information from any source requested by the Board necessary for initial and continued licensure in this state I understand that the Board may suspend, deny or revoke this temporary license if the information reported in Section 5 of this application changes or if I have made a misrepresentation in this application.
- j. I acknowledge that except as specifically may be waived by the Board, the Board shall to engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1(C), Okla. Admin. Code 435:10-4-1 (c)

**I UNDERSTAND THAT I AM RESPONSIBLE FOR KNOWING AND ADHERING TO THE LAWS GOVERNING THE PRACTICE OF MEDICINE IN OKLAHOMA.**

I swear under penalty of perjury that I am the person completing this application for temporary medical license in response to COVID-19 emergency. I understand that any medical license procured or obtained by fraud or misrepresentation will result in disciplinary action taken against the licensee pursuant to the provisions of 59 O. S. § 508.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

#### Office Use Only – Do not complete this section

<b>Executive Director Signature</b>		<b>Date</b>
<b>Board Secretary Signature</b>		<b>Date</b>

# EVIDENCE OF STATUS

Email to [criticalneed@okmedicalboard.org](mailto:criticalneed@okmedicalboard.org)

## GENERAL INFORMATION

New legislation took effect November 1, 2007, requiring the Board of Medical Licensure and Supervision to issue a license only to U.S. citizens, nationals and legal permanent resident aliens; and to applicants who present valid documentary evidence of:

1. U.S. citizenship, U.S. nationality, or legal permanent resident alien status,
2. A valid, unexpired immigrant or nonimmigrant visa status for admission into the U.S.;
3. A pending or approved application for asylum in the U.S.;
4. Admission into the U.S. in refugee status;
5. A pending or approved application for temporary protected status in the U.S.;
6. Approved deferred action status; or
7. A pending application for adjustment of status to legal permanent residence status or conditional resident status.

Applicants in the above six categories will only be eligible to receive a license card that is valid for the time period of their authorized stay in the U.S., or if there is no date of end to the time period of their authorized stay, for one year. The information will be verified through the Systematic Alien Verification for Entitlements (SAVE) Program, operated by the U.S. Department of Homeland Security.

In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an *Evidence of Status Form* and the required supporting documentation with their application.

## INSTRUCTIONS FOR COMPLETION OF THE FORM

If you are a U.S. citizen, U.S. national, or legal permanent resident alien, you must submit the *Evidence of Status Form: Part A*, with a photocopy of one of the documents listed under "Acceptable Documents to Establish Evidence of Citizenship" on the *Evidence of Status (Part A)* form. This information must be submitted with your application and fee. A license will not be issued until the appropriate documentation is submitted.

If you are a qualified alien, you must submit the *Evidence of Status Form: Part B* with notarized copies of the documents that support your qualified alien status, as shown on the *Evidence of Status (Part B)* form. This information must be submitted with your application and fee. A license will not be issued until the appropriate documentation is submitted.

**EVIDENCE OF STATUS – PART A**  
Email to [criticalneed@okmedicalboard.org](mailto:criticalneed@okmedicalboard.org)

Full Legal Name: \_\_\_\_\_  
First Middle Last Maiden (if applicable)

Mailing Address: \_\_\_\_\_  
Street Address or Post Office Box

\_\_\_\_\_ Social Security #: \_\_\_\_\_  
City State Zip Code Telephone Number

**PRIMARY EVIDENCE OF CITIZENSHIP**  
**(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)**

If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain’s Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.

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- United States passport (except limited passports, which are issued for periods of less than five years)

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- Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens)

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- Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State

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- Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual’s name has been changed)

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- Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual’s name has been changed)

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- United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)

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- Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)

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- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);

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- American Indian Card with a classification code “KIC” and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)

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- Alien Lawfully Admitted for Permanent Residence:  
INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”)

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- Alien Lawfully Admitted for Permanent Residence:  
Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_

Commission Number \_\_\_\_\_

My commission expires \_\_\_\_\_

NOTARY  
SEAL

**EVIDENCE OF STATUS – PART B**  
**Email to [criticalneed@okmedicalboard.org](mailto:criticalneed@okmedicalboard.org)**

**Full Legal Name:** \_\_\_\_\_  
First Middle Last Maiden (if applicable)

**Mailing Address:** \_\_\_\_\_  
Street Address or Post Office Box

**Social Security #:** \_\_\_\_\_  
City State Zip Code Telephone Number

**DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS**

If you are a qualified alien, please submit a notarized copy of the original, unexpired documents. Place a checkmark below to indicate the document that will be submitted.

Immigrant or Non-Immigrant Visa Status:	
<input type="checkbox"/>	INS Form I-94
<input type="checkbox"/>	INS Form I-688B
<b>Asylee:</b>	
<input type="checkbox"/>	INS Form I-94 annotated with stamp showing grant of asylum under §208 of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "27a .12 (a) (5)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "AS"
<input type="checkbox"/>	Grant letter from the Asylum Office of INS
<input type="checkbox"/>	Order of an immigration judge granting asylum
<b>Refugee:</b>	
<input type="checkbox"/>	INS Form I-94 annotated with stamp showing admission under §207 of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "27a a.12 (a) (3)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3"
<input type="checkbox"/>	INS Form I-571 (RefugeeTravel Document)
<b>Alien Paroled Into the U.S. for at least One Year:</b>	
<input type="checkbox"/>	INS Form I-94 with stamp showing admission for at least one year under §212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)
<b>Alien Whose Deportation or Removal Was Withheld:</b>	
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (10)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A10"
<input type="checkbox"/>	Order from an immigration judge showing deportation withheld under §243 (h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA
<b>Alien Granted Conditional Entry:</b>	
<input type="checkbox"/>	INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3"
<b>Cuban/Haitian Entrant:</b>	
<input type="checkbox"/>	INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
<input type="checkbox"/>	Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
<input type="checkbox"/>	INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under § 212 (d) (5) of the INA
<b>Alien Who Has Been Battered or Subjected to Extreme Cruelty:</b>	
<input type="checkbox"/>	INS petition and appropriate supporting documentation
<b>Other Document (please list)</b>	
<input type="checkbox"/>	

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_

Commission Number \_\_\_\_\_

My commission expires \_\_\_\_\_

NOTARY  
SEAL



**Applicant:** In the presence of a notary public, sign this form with attached photo.

**Send this form to:** [criticalneed@okmedicalboard.org](mailto:criticalneed@okmedicalboard.org)

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.

**Applicant Photograph**  
  
**Securely tape or glue a recent front view 2"x2" passport-type color photo of yourself in this square**

\_\_\_\_\_  
Applicant's signature (must be signed in the presence of a notary)

\_\_\_\_\_  
Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

\_\_\_\_\_  
Date of signature (must correspond to the date of notarization)

[Please note: The Notary Public seal should overlap the bottom of the photo to the left]

**NOTARY**

**State of \_\_\_\_\_, County of \_\_\_\_\_**

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public Signature \_\_\_\_\_ My Notary Commission Expires \_\_\_\_\_