

**OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION**  
**101 NE 51<sup>ST</sup> STREET**  
**OKLAHOMA CITY OK 73105**  
**Phone: (405)962-1400 Fax: (405)962-1440 email: [licensing@okmedicalboard.org](mailto:licensing@okmedicalboard.org)**

**Instructions for Applying for MD Licensure/Examination/Reinstatement**

The information contained herein is vital to the successful completion of your application and timely consideration of your request for licensure and/or reinstatement. Questions or challenges regarding application requirements should be addressed in writing to the Board Secretary. You will be notified, by email that your application has been received within 3 to 5 business days after submission. The email will list the deficiencies in the application and how to check the status of your application on the website.

- A. **Options** – Applications for licensure may be based on:
1. Endorsement of a current license held in any other state of the United States, Territory of the United States, District of Columbia, or Canada; or
  2. Examination.
  3. MD Compact License – If your State of Principal Licensure is also a member, you may quickly and easily apply through the compact for an Oklahoma MD license ([www.imlcc.org](http://www.imlcc.org)).
- B. **Reinstatement** – An applicant for reinstatement of an MD license shall meet all requirements in effect at the time reinstatement is requested.
- C. **Fees – All fees are non-refundable.** Fees for application must be paid online by credit card, debit card, or EFT from checking or savings account. Fees returned by the payer’s financial institution must be replaced by a certified check or money order and include a \$30 returned check processing fee.

<b>Medical License Fee</b>	<b>\$500</b>
<b>Temporary License Fee</b>	<b>\$250</b>
<b>First Year Post-Graduate Training License Fee</b>	<b>\$250</b>
<b>Reprocessing Fee</b>	<b>\$125</b>

- D. **Examinations**
1. The Board recognizes as acceptable for licensure the USMLE, NBME, FLEX, and LMCC examinations. However, the Board will not accept test scores or combined FLEX scores from multiple sittings of the FLEX.
  2. The Board will accept the following combinations of the USMLE, NBME, and FLEX examinations:
    - a. NBME Part 1 **or** USMLE Step 1 **plus**  
NBME Part 2 **or** USMLE Step 2 **plus**  
NBME Part 3 **or** USMLE Step 3;
    - b. FLEX component 1 **plus** USMLE Step 3; **or**
    - c. NBME Part 1 **or** USMLE Step 1, **plus**  
NBME part 2 **or** USMLE Step 2 **plus**  
FLEX Component 2.
  3. All steps of the licensure examination must be passed within ten (10) years.
  4. Any applicant who fails any part of a licensing examination three times is not eligible for a license. A score of incomplete is considered a failing score. If a combination of NBME, FLEX and/or USMLE is utilized, any applicant who has failed more than six (6) examinations is not eligible for a license. If an applicant has achieved certification by an American Board of Medical Specialties (ABMS) Board, the Board **may** grant an exception.
  5. All applicants for initial licensure as a physician and surgeon in Oklahoma shall take and pass with a score of at least 75% an online examination covering medical jurisprudence. The examination shall cover the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, (59 O.S. § 480 et seq.), and any other significant statute, rule or material related to the practice of medicine and surgery in this state. The applicant is provided a copy of the Jurisprudence Hand book at <http://www.okmedicalboard.org/resources>. In the event of three failures, the applicant must meet with the Board Secretary in order to devise a study plan prior to taking the examination again.

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**E. Post-Graduate Training**

Each applicant shall have satisfactorily completed progressive post-graduate training approved by the Board. Graduates of medical schools in the **United States** shall have twelve (12) months of progressive post-graduate training. Applicants from a **foreign medical school** shall provide the Board with proof of successful completion of twenty-four (24) months progressive post-graduate medical training, obtained in the same medical specialty, from a program approved by:

1. The American Council on Graduate Medical Education (ACGME);
2. The Royal College of Physicians and Surgeons of Canada;
3. The Royal College of Family Physicians of Canada;
4. The Royal College of Surgeons of Edinburgh;
5. The Royal College of Surgeons of England;
6. The Royal College of Physicians and Surgeons of Glasgow;
7. The Royal College of Surgeons in Ireland;
8. New Zealand
9. Australia

**F. General Application Process**

1. This office may contact other sources for verification of information contained in your application. Your application will not be considered complete until all requested documentation has been received.
2. Once complete, applications are circularized to Board members for consideration. The circularization takes approximately two weeks. If all Board members approve the application, a license may be issued. Should one or more Board members fail to approve on circularization, the application will be reviewed during the next regularly scheduled business meeting of the Board. Applications are not denied on circularization. The applicant will be notified if the application has been held and given the opportunity to meet with the Board to discuss his/her application.
3. Even though an application is complete and all requirements are satisfied, there is no guarantee that the Board will grant licensure. The Board may find exceptions or make discoveries that will cause them not to approve an application. In such an event, the Board will clearly state the basis upon which such exceptions have been made. The Board may, at its discretion, require further proof of clinical competency.
4. There is no way to determine how soon you will receive notification of a Board decision after you submit an application. In general, once an application is complete and this office is in receipt of all required documentation, it will be approximately two to three weeks before a license may be issued.
5. The Board of Medical Licensure and Supervision Handbook contain the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act, Oklahoma Administrative Code, information regarding Continuing Medical Education requirements, and other information regarding medical licensure in Oklahoma. You may download a copy of the [Jurisprudence Handbook](#).
6. Should you have any questions, please contact the Licensing Department at (405) 962-1400.

**G. Application and Forms - all forms can be found at [www.okmedicalboard.org/resources](http://www.okmedicalboard.org/resources).**

1. All sections must be completed to the best of your knowledge. No applicant shall be awarded a license who does not provide the Board with complete, open and honest responses to all requests for information. For those items that do not apply to you, mark N/A (Not Applicable).
2. Any "yes" answer in the Attestation section of the application must be explained by a sworn affidavit (a statement signed by the applicant and notarized). Note: You are required to inform the Board if your response to any of the questions changes after you complete the application and submit it for processing.
  - a. Any "yes" answers to those questions concerning previous or current treatment require written releases by the applicant directly to the treatment provider with copies of such releases to accompany the application. The treatment providers should be instructed to provide their responses directly to this office.

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- b. If you answer “yes” to the question regarding previous arrests, you **must provide all available police reports, arrest records, and court documents.**
  - c. You must answer “yes” to questions regarding exam failure if you have failed **any part, step, or component** of a licensure exam including the National Boards, USMLE, FLEX, or state licensure exam.
3. A detailed chronological life history from age eighteen years to the present, including education, training, employment, military service, and non-work time must be provided.
  4. List all jurisdictions, United States or foreign, in which applicant is licensed, previously licensed, or has applied for licensure to practice medicine and surgery or is authorized or has applied for authorization to practice medicine and surgery. Applicant must also list all jurisdictions, United States or foreign, in which applicant has been denied authorization to practice or have voluntarily surrendered a license or authorization to practice. **Verification of all licenses or certificates ever held in the United States and/or Canada must be verified by the respective Licensing Board.**
  5. All education, training and examination must be verified.
    - a. Applicant may contact the Federation Credentials Verification Service (FCVS) at (817) 868-5000 or [www.fsmb.org](http://www.fsmb.org) and obtain the appropriate application and forms for them to verify your information, **OR**
    - b. **MEDICAL SCHOOL** – Graduation from medical school must be verified by submitting Form #1 (Verification of Education). The completed form **must be submitted directly to the Board by the school.** An official transcript of grades with degree posted must be submitted in a sealed envelope directly from the institution. If the school is unable to submit verification of education, the Board will accept as proof a notarized copy of the original diploma and a notarized copy of transcript with the degree posted by the applicant along with an explanation from the applicant explaining the process applicant took to request verification from the school.
    - c. **POST-GRADUATE TRAINING** – All completed and current post-graduate training must be verified by submitting Form #2 (Verification of Post-Graduate Training) signed by the program director and impressed with the institution’s seal. The verification of post-graduate training **must be submitted directly to the Board by the institution.** Applicants for a special license to begin post-graduate training must have their prospective program complete the Form #5 (Verification of Current Post-Graduate Training) to verify acceptance into the program.
    - d. **TRANSLATIONS (FOREIGN MEDICAL SCHOOL GRADUATES)** – Graduates of foreign medical schools whose documents are not printed in the English language shall provide original translations. United States Consulates and formal foreign language education programs accredited by the North Central Association of Colleges and Schools are approved to provide translations to the Board. An applicant may request to use another translator. Such a request must be made in writing and include the proposed translator’s name, address and qualifications to support the approval of the request. Both the applicant and the translator shall attest to the accuracy of the translation.
    - e. **ECFMG VERIFICATION (FOREIGN MEDICAL SCHOOL GRADUATES)** – Graduates of foreign medical schools must provide verification of ECFMG certification. Applicants may obtain the request form from [www.ecfm.org](http://www.ecfm.org). **The Board must receive the verification directly from ECFMG.** The Board may waive this requirement for applicants ineligible to obtain ECFMG Certification, such as Fifth Pathway graduates and graduates from Canadian Medical Schools. Date restrictions for Fifth Pathway apply.
    - f. **CLERKSHIPS (FOREIGN MEDICAL SCHOOL GRADUATES)** – An applicant that graduated from a foreign medical school after July 1, 2003, who completed clerkships in the United States, its territories or possessions, must have done the clerkships in hospitals or schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). A foreign medical school graduate who did clerkships in the United States must provide documentation regarding the clerkships. Every clerkship must be verified by submitting a completed Form #4 (Verification of Clinical Clerkship) signed by the program director or instructor and impressed with the institution’s seal. A chronological list of all US rotations must be submitted.
    - g. **LICENSING EXAMINATIONS** – Applicants must request that test scores be submitted to the Board directly from the Federation of State Medical Boards or the National Board of Medical Examiners, depending on the type of examination taken.

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To Request Examination Scores	
For National Board Scores National Board of Medical Examiners PO Box 48014 Newark, NJ 07101-4814 (215) 590-9500 <a href="http://www.NBME.org">www.NBME.org</a>	For FLEX or USMLE Scores Federation of State Medical Boards 400 Fuller Wisser Road Euless, TX 76039-3855 (817) 868-4000 <a href="http://www.FSMB.org">www.FSMB.org</a>

6. **Extended Background Check** – Applicants for licensure are required to request an Extended Background Check.
  7. **Evidence of Status Form** - 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. This form must be notarized and mailed to the office.
  8. **Photo and Oath Form** – Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
  9. **Telemedicine Form** – Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
  10. **English Proficiency Exam** – Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. **Temporary Licensure (59 O.S. § 493.3)** – The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
  2. Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
  3. We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
    - a. Examination scores, and
    - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
    - c. Evidence of Status, and
    - d. Extended Background Check

**I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.**

\_\_\_\_\_  
Name of Applicant (type or print)

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

\_\_\_\_\_  
Date

**Except as specifically may be waived by the Board, the Board shall not 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)**

**Please return these signed instructions by mail to the address at the top of the page or email.**