Emergency Temporary License Pursuant to Oklahoma Governor, J. Kevin Stitt's, Executive Order 2020-20 (Fifth Amended)

On September 24, 2020, the 81,244th case of a novel coronavirus ("COVID-19") was confirmed in the State of Oklahoma. As noted in a previous Executive Order, the United States Centers for Disease Control and Prevention has identified the potential public health threat posed by COVID-19 as "high" both globally and in the United States. In addition, on March 14, 2020, the President of the United States declared a national health emergency in the United States as a result of the national spread of COVID-19.

Item number 7 from the Governor's Executive Order 2020-20 (Fifth Amended), allows for the temporary licensing of physicians. The criteria is as follows:

7. Any medical professional who holds a license, certificate, or other permit issued by any state that is a party to the Emergency Management Compact evidencing the meeting of qualifications for the practice of certain medical services, as more particularly described below, shall be deemed licensed to practice in Oklahoma so long as this Order shall be in effect, subject to the following conditions:

   a. This shall only apply to Medical (MD) and Allied Licenses issued by the Board of Medical Licensure and Supervision, Licenses issued by State Board of Osteopathic Examiners, and Licenses and Certificates issued by the Board of Nursing, all three shall collectively be referred to as "Boards".

   b. Any medical professional intending to practice in Oklahoma pursuant to this Order, hereinafter referred to as "Applicant," shall first apply with and receive approval from appropriate Board;

   c. It is the responsibility of each Board to verify the license status of any applicant and, upon verification of good standing, shall issue a temporary license to practice within this State; and

   d. Any applicant licensed under this Order shall be subject to the oversight and jurisdiction of the licensing Board, which includes the ability of the Board to revoke said license and to initiate any administrative or civil proceeding related to any alleged misconduct of the applicant.

The Governor's Executive Order 2020-20 (Fifth Amended) shall remain in effect until the end of 30 days after the filing of this order, or by October 25, 2020. Any temporary license granted pursuant to the Governor's Executive Order 2020-20 (Fifth Amended) shall expire at 11:59 p.m. (CST), on October 25, 2020.
Application for Emergency Temporary License

FULL NAME OF APPLICANT: ___________________________________________

Name as you want it to appear on your license: __________________________

Birth Date: _______________ Social Security Number: ______________________

Birth City: _______________ Birth State: ___________ Birth Country: ___________

Osteopathic Specialty: __________________________________________________________________________

Board Certified: ☐ Yes ☐ No  If Yes, by which Board? __________________________

CURRENT Practice Activity: ☐ Hospital ☐ Private ☐ Academic ☐ Other (explain):
                                                                                       ___________________________________________

Program Work Location Address / Program Director Name and Telephone Number:
                                                                                       ___________________________________________

Home Address (P.O. Box Not Accepted): _________________________________________________
                                                                                       ___________________________________________

Mailing Address: __________________________________________________________________________

Email Address: ____________________________________________________________________________

Telephone Numbers: Cell: ___________________________ Home: ____________________________

Work: ___________________________ Other: __________________________________________________________________________

Name of Undergraduate School (Not Medical School): _________________________________________

City/State: ___________________________________________ Graduation Year: ______

Name of Medical School: ___________________________

City/State: ___________________________________________ Graduation Year: ______
Application for Emergency Temporary License

WHAT STATE(S) DO YOU HAVE A CURRENT/ACTIVE LICENSE?  
(NOTE: YOU MUST LIST EVERY STATE).

1. State/Province: ________________________________
   License No.: __________ Issue Date: _______ Expiration Date: ________

2. State/Province: ________________________________
   License No.: __________ Issue Date: _______ Expiration Date: ________

3. State/Province: ________________________________
   License No.: __________ Issue Date: _______ Expiration Date: ________

4. State/Province: ________________________________
   License No.: __________ Issue Date: _______ Expiration Date: ________

5. State/Province: ________________________________
   License No.: __________ Issue Date: _______ Expiration Date: ________

6. State/Province: ________________________________
   License No.: __________ Issue Date: _______ Expiration Date: ________

7. State/Province: ________________________________
   License No.: __________ Issue Date: _______ Expiration Date: ________

8. State/Province: ________________________________
   License No.: __________ Issue Date: _______ Expiration Date: ________

9. State/Province: ________________________________
   License No.: __________ Issue Date: _______ Expiration Date: ________

10. State/Province: ________________________________
    License No.: __________ Issue Date: _______ Expiration Date: ________