



## OKLAHOMA STATE BOARD OF OSTEOPATHIC EXAMINERS

4848 North Lincoln Boulevard, Suite 100

Oklahoma City, OK 73105

Telephone: 405/528-8625

Facsimile: 405/557-0653

Website: [www.osboe.ok.gov](http://www.osboe.ok.gov)

### Application for COVID-19 Temporary License

On August 14, 2021, the State Board of Osteopathic Examiners held an emergency meeting to pass emergency rules giving the Board Staff the authority to issue temporary licenses to increase the physician workforce in response to COVID-19. The Board has authorized the temporary licenses until December 9, 2021. The Board is required to vote to continue the temporary licenses passed December 9. It is the responsibility of any physician who obtains a temporary license to monitor the expiration of the license.

**To qualify for a temporary license, an osteopathic physician shall meet the following requirements:**

1. Hold a license in good standing in another U.S. state or territory;
2. Submit an application;
3. Have no disciplinary action by any other state licensure board for conduct unrelated to the payment of licensure fees;
4. Pass a background check; AND
5. Agree to abide by all State statutes and rules.

**Any osteopathic physician who is granted a temporary license shall not:**

1. Prescribe controlled drugs, including opioids and benzodiazepines, without obtaining the proper registration/permits with: (1) the Oklahoma Bureau of Narcotics and Dangerous Drugs; AND (2) the Drug Enforcement Agency.
2. Recommend medical marijuana.
3. Supervise mid-level providers, including physician's assistants and advanced practiced registered nurses.



**OKLAHOMA**  
State Board of  
Osteopathic Examiners



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### Application for COVID-19 Temporary License Expires December 9, 2021, at 11:59 p.m. (CST)

FULL LEGAL 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): \_\_\_\_\_  
\_\_\_\_\_

Legal 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: \_\_\_\_\_



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#### LIST ALL CURRENT/ACTIVE LICENSE(S)

(NOTE: YOU MUST LIST EVERY STATE).

1. State/Territory: \_\_\_\_\_

License No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Disciplinary History (Y/N; if yes, explain in detail): \_\_\_\_\_

2. State/ Territory: \_\_\_\_\_

License No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Disciplinary History (Y/N; if yes, explain in detail): \_\_\_\_\_

3. State/ Territory: \_\_\_\_\_

License No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Disciplinary History (Y/N; if yes, explain in detail): \_\_\_\_\_

4. State/ Territory: \_\_\_\_\_

License No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Disciplinary History (Y/N; if yes, explain in detail): \_\_\_\_\_

5. State/ Territory: \_\_\_\_\_

License No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Disciplinary History (Y/N; if yes, explain in detail): \_\_\_\_\_

6. State/ Territory: \_\_\_\_\_

License No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Disciplinary History (Y/N; if yes, explain in detail): \_\_\_\_\_



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#### Attestation

I, \_\_\_\_\_, agree and acknowledge that if a temporary licensee is granted to me to practice osteopathic medicine in the State of Oklahoma that I will abide by all Oklahoma State statutes and administrative rules governing physicians. I understand and acknowledge that failure to abide by all Oklahoma State statutes and administrative rules could result in revocation of my temporary license and disciplinary action against my temporary license, including reporting to the National Practitioner Data Bank.

Signature: \_\_\_\_\_

Full Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_