



OKLAHOMA STATE BOARD OF OSTEOPATHIC EXAMINERS
4848 North Lincoln Boulevard, Suite 100
Oklahoma City, OK 73105
Telephone: 405.528.8625

OSBOE Emergency Temporary License Application

Emergency Temporary License Pursuant to State of Oklahoma Amended Executive Order 2020-07

On March 17, 2020, the 17th 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 6 from the Governor's Amended Executive Order, 2020-7, allows for the **temporary** licensing of physicians. The criteria are as follows:

6. 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.

Amended Executive Order 2020-7 is in effect shall remain in effect until the end of 30 days after the filing of this order, which was March 17, 2020.



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FULL NAME OF APPLICANT: _____

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

Applicant's 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: PGY 1 Resident Fellowship Private Other (explain): _____

Program work location address / Program Director Name and Telephone Number:

Home Address:

Mailing Address:

Contact 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: _____

**WHAT STATE(S) DO YOU CURRENTLY HAVE A CURRENT/ACTIVE LICENSE IN?
(ALL)**

1. State or province _____ License number _____ Issue date _____ Expiration date _____
2. State or province _____ License number _____ Issue date _____ Expiration date _____
3. State or province _____ License number _____ Issue date _____ Expiration date _____
4. State or province _____ License number _____ Issue date _____ Expiration date _____
5. State or province _____ License number _____ Issue date _____ Expiration date _____
6. State or province _____ License number _____ Issue date _____ Expiration date _____
7. State or province _____ License number _____ Issue date _____ Expiration date _____
8. State or province _____ License number _____ Issue date _____ Expiration date _____
9. State or province _____ License number _____ Issue date _____ Expiration date _____
10. State or province _____ License number _____ Issue date _____ Expiration date _____