Oklahoma Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105
licensing@okmedicalboard.org

Non-ABMS Board Certification Application

Oklahoma Administrative Code § 435:10-7-2. Use of Board certification
Allopathic physicians in Oklahoma who may lawfully claim to be "Board Certified" or "Certified by" or a "Diplomat" or "Fellow" are only physicians who have presented to the Oklahoma State Board of Medical Licensure and Supervision evidence of successful completion of all requirements for certification by a member Board of the organization of American Board of Medical Specialties as listed by the American Medical Association, or by any other organization whose program for the certification requested has been found by the Board to be equivalent thereto.

Oklahoma Administrative Code § 435:1-1-7(a)(4)(O)(iv). Fees
(iv) Request for Specialty Board Certification under 435:10-7-2 - $120.00

This request is for the approval/denial of the applicant to advertise as Board Certified from a specific non-ABMS Board.

This form must be completed and returned to licensing@okmedicalboard.org. The fees may be paid via online bill pay at https://pay.apps.ok.gov/triton/modules/billpay/select_service.php or mailed to the Medical Board at the address above.

Name		**License Number**	

1.	Do you hold a current or past certification from The American Board of Medical Specialties (ABMS)? If yes, submit certificate(s) with application.	◯	**YES**	◯	**NO**
2.	Do you hold a current or past certification from a non-ABMS Board? If yes, submit certificate(s) with application.	◯	**YES**	◯	**NO**
3.	List the name of the non-ABMS Specialty Board you are requesting to advertise as Board Certified by:				
4.	Has the board in question made application to the ABMS for recognition? If yes, supply documentation to support.	◯	**YES**	◯	**NO**
5.	Is the Board in question certified by any organization?	◯	**YES**	◯	**NO**
	If yes, name of organization				
6.	How long has the Board in question been in existence?				
7.	Has the Board been recognized for advertising by any other state licensing boards?	◯	**YES**	◯	**NO**
8.	Does the Board that issued the certification meet the following criteria?				

a.	Is the organization a 501 C?	◯	**YES**	◯	**NO**
b.	Does total membership of diplomates of the organization exceed 100 members?	◯	**YES**	◯	**NO**
c.	Does the organization offer a psychometrically validated test? If yes, include certified copy of results.	◯	**YES**	◯	**NO**
9.	Do you have substantial and identifiable training in the medical specialty being recognized? (Please list and explain) This substantial and identifiable training should include but is not limited to:	◯	**YES**	◯	**NO**
a.	Adequate opportunity for hands on clinical experience.				
b.	Documented reports of cases for which the physician had the lead management role in the field of certification.				
c.	Was the training in an ACGME approved residency or fellowship?	◯	**YES**	◯	**NO**
d.	Does the training program receive Medicare GME funding?	◯	**YES**	◯	**NO**
e.	What type review process is carried out on a regular basis to insure the quality of the educational experience?				
10.	What were the requirements you had to meet to obtain certification (i.e., examination, training, other)?				
11.	What are the requirements for re-certification?				
a.	How often?				
b.	Examination required?	◯	**YES**	◯	**NO**
c.	CME required? If yes, number required	◯	**YES**	◯	**NO**
d.	Other				

Payment Methods

1. Mail payment in the amount of $120.00 to:
   Oklahoma Board of Medical Licensure and Supervision
   101 NE 51st Street
   Oklahoma City, OK 73105
   Note on the check – License Number & Board Cert Application

2. Go to our website www.okmedicalboard.org once you are there you will need to:
   a) Look on the right hand side of the page and you will see a **RED BOX that says ONLINE BILL PAY**
   b) Click the box that says **SELECT PAYMENT TYPE**
   c) Drop down box – choose **MISCELLANEOUS-Payment for Miscellaneous Items & Continue**

At the next screen you need to:

a) You will enter your name, address, phone number, and email address
b) The next section asks What are you paying for?
c) Click on Select One & choose **OTHER**

In remarks you will need to enter:

a) License Number:
b) **Reason: Board Cert Application**
c) **Enter payment amount which is: $120.00**
d) Click continue
e) Review the information you have entered, if correct select continue
f) You have the option of how you want to pay, choose one and select continue
g) Check and ensure that the billing information is correct
h) Enter your payment information

You should be able to print a receipt for your records.