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# A.B.C.'S OF LICENSING OKLAHOMA STATE BOARD OF OSTEOPATHIC EXAMINERS

**Presented By: Christi D.Aquino, Director of Licensing**



All health and oversight agencies are established by law and share one common mission:

**To protect the public.**

**There is no constitutional right to any professional license. It is a privilege granted by government to those the government trusts.**

**"The practice of osteopathic medicine is a privilege granted through the Oklahoma Osteopathic Medicine Act by the State Board of Osteopathic Examiners." -59 O.S.§620(B)**



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## Current Board Members 2024

- Bret S. Langerman, D.O. - *President*
- Catherine Taylor, J.D. - *Vice President*
- Duane Koehler, D.O. - *Secretary/Treasurer*
- LeRoy E. Young, D.O. - *Member*
- Katie Templeton, J.D. - *Member*
- Michael Ogle, D.O. - *Member*
- Dennis Carter, D.O. - *Member*
- Chelsey Gilbertson, D.O. - *Member*

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## Current Board Staff Members

- Steven Mullins, J.D., *Executive Director*
- Christi Aquino, *Director of Licensing*
- Richard Zimmer, CMBI, *Chief Investigator*
- Liz Fullbright, *Special Investigator*
- Kelsey Devinney, *Business Manager*
- Kim Contreras, *Investigative Assistant*
- Janis Womack, *Administrative Technician II*
- Katelyn Mayberry, *Clerk I*

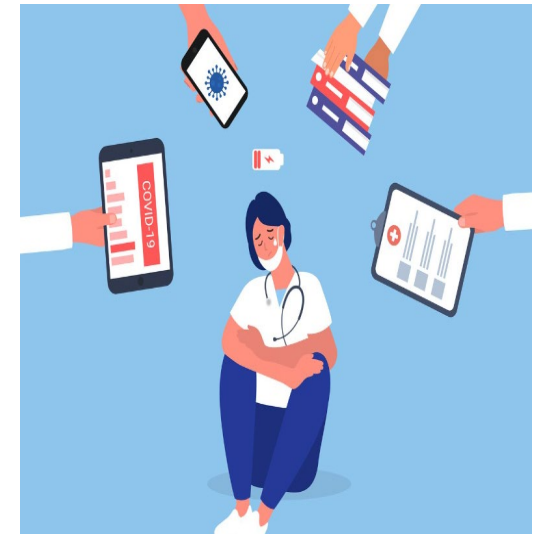
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## **D.O.'S CURRENTLY ACTIVE**

- ACTIVE D.O. Licenses - 4,036  
**(in-state, out-of-state, retired)**
- Resident Training Licenses – 92
- Volunteer Licenses – 7
- Temporary Licenses – 5
- Emeritus Licenses - 11

# Oklahoma Health Professionals Program (“OHPP”)

- OHPP is a confidential resource for any physician faced with Substance Use Disorders and Behavioral Health concerns. Their services include expert consultation and intervention designed to encourage physicians to seek help.
- While OHPP is Board supported and partially funded by the Board, your participation is not disclosed to the Board unless ordered by the Board.
  - Visit OHPP’s website at: [\*\*OHPP : OHPP \(okhpp.org\)\*\*](http://OHPP : OHPP (okhpp.org))
  - Call OHPP at 405/601-2536





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# LICENSURE PROCESS – HOW TO APPLY





\*In Oklahoma, the annual period for Osteopathic licensure is July 1 through June 30.

The renewal period opens online on May 1 through June 30. This is all at the same time new interns are applying for their Resident Training license or applying for a full license. Email Licensing at [Licensing@osboe.ok.gov](mailto:Licensing@osboe.ok.gov) for most questions. Ask your coordinator first before emailing or calling the Board.

**May 15, 2024 is the deadline to have your application submitted. If you apply after this date, you may not be licensed by July 1, 2024.**



# FILLING OUT APPLICATION FOR LICENSURE

## Starting Application

- When activating your application profile, preferably use your gmail, hotmail, yahoo, etc.
- Your password will never change.
- Choose "Uniform Application."
- Put your legal name you want to appear on your wall license. You can request a "name change" with documentation online.
- Upload your documents that you can (birth cert., data bank, photo, etc.). If you do not have your document, please upload a placeholder in order to move forward in the application.

## Requests/Verifications

- You will be required to submit a federal background check through Identigo. Once you click the link, you will be prompted for a service code: **2B7QGR**. Please Note: This process can take 3-4 weeks.
- Query the Data Bank for your report and upload it online.
- Request your NBOME transcripts, only if you have taken all three COMLEX tests.
- If you had any license anywhere else, please request a license verif. To be sent directly to the Board.

## FCVS

- What is FCVS? FCVS is a credentialing verification service through FSMB (Federation of State Medical Boards) and is a very convenient way for physicians to get licensed easier in multiple states.
- Most Telemedicine and Radiology doctors use this service. There is a fee to use this service.
- Do not click this when applying for licensure or your application will be put aside.

# POSTGRADUATE & MEDICAL SCHOOL VERIFICATION FORMS

Fill out Section 1 only and then give it to the appropriate party.

**Applicant:** DO NOT COMPLETE THIS FORM IF YOU ARE USING FCVS. FCVS verifies this data for you. If you are not using FCVS, complete Section 1 below. Send this form to the current program director of your postgraduate training program. Copy this form for multiple programs.

**Program Director or Designated Official:** Complete Section 2 of this form. Report internship, residency, and fellowship years on separate pages. Make copies of this form and attach additional pages as needed. Mail completed pages and any other documentation if needed to the board at the address listed in Section 1.

**Section 1: Applicant Information**

First name \_\_\_\_\_ Last name \_\_\_\_\_ Practitioner Type  DO  
 Middle name \_\_\_\_\_ Suffix \_\_\_\_\_ SSN\* \_\_\_\_\_ Birth date (mm/dd/yyyy) \_\_\_\_\_  
 Name if different when diploma awarded \_\_\_\_\_  
 Name of postgraduate training program \_\_\_\_\_

\*The social security number is to be used for purposes of identification only and may not be used for any other reason.

**Waiver for Release of Information:** I request that the program director or a designated official complete Section 2 of this form as outlined above. I authorize the postgraduate training program listed above to provide any and all information pertaining to my training there to the board listed below:

Board name **Oklahoma State Board of Osteopathic Examiners**  
 Mailing address **4848 N. Lincoln Blvd., Suite 100**  
 City/State/Zip **Oklahoma City, OK 73105**

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 2: Postgraduate Training Verification**

Institution name \_\_\_\_\_ Affiliated school \_\_\_\_\_  
 Institution address w/country \_\_\_\_\_  
 Program year(s) \_\_\_\_\_ Attendance (mm/yyyy) from \_\_\_\_\_ to \_\_\_\_\_ Specialty \_\_\_\_\_  
 Program type  Internship  Residency  Internship/Residency  
 Transitional  Fellowship  Fellowship/Research  Other \_\_\_\_\_  
 Training status  Completed  In Training  Not Started  Leave of Absence  Withdrawn  Dismissed  
 Accredited by  ACGME  AOA  APPAP  CFPC  LCGME  RCPSC  RSC  None

The following questions apply to unusual circumstances that occurred during any part of the individual's training. Check the appropriate responses and explain any "Yes" response on a separate sheet of paper. Attach pages as needed.

- Did this individual ever take a leave of absence or break from training? Yes  No
- Was this individual ever placed on probation? Yes  No
- Was this individual ever disciplined or placed under investigation? Yes  No
- Were any negative reports for behavioral reasons ever filed by instructors? Yes  No
- Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems, or any other reason? Yes  No

**I CERTIFY THAT** to the best of my knowledge and belief, the foregoing is a true, accurate and complete statement of the record of the individual named on this form.

Signature \_\_\_\_\_  
 Print name \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_  
 Phone number \_\_\_\_\_ Fax number \_\_\_\_\_  
 Email \_\_\_\_\_

AFFIX INSTITUTIONAL SEAL HERE  
 (If no seal is available, this form must be notarized.)



**Medical or Osteopathic School Verification Form (Form #2)**

**Applicant:** DO NOT COMPLETE THIS FORM IF YOU ARE USING FCVS. FCVS verifies this data for you. If you are not using FCVS, complete Section 1 below. Send this form and a copy of your medical school diploma to the current dean of your medical or osteopathic school. Copy this form for multiple schools.

**Dean or Designated Official:** Complete Section 2 of this two-page form and certify the enclosed copy of the diploma by placing your school seal on it. Mail the sealed diploma, an official copy of the physician's transcripts, this completed form, and any other documentation needed to the board at the address listed in Section 1. If transcripts are not in English, an original, certified, and official English translation is required.

**Section 1: Applicant Information**

First name \_\_\_\_\_ Last name \_\_\_\_\_ Practitioner Type  DO  
 Middle name \_\_\_\_\_ Suffix \_\_\_\_\_ SSN\* \_\_\_\_\_ Birth date (mm/dd/yyyy) \_\_\_\_\_  
 Name if different when diploma awarded \_\_\_\_\_  
 Name of school \_\_\_\_\_

\*The social security number is to be used for purposes of identification only and may not be used for any other reason.

**Waiver for Release of Information:** I am applying for a license to practice medicine. I authorize the medical/osteopathic school listed above to provide any and all information pertaining to my medical/osteopathic education at that institution to the board at the address listed below. I request that the dean or a designated official complete Section 2 of this form and seal the copy of my diploma (attached) as described in the instructions above, then mail this completed form, the sealed diploma copy, and a copy of my official transcripts to the board listed below at the given address:

Board name **Oklahoma State Board of Osteopathic Examiners**  
 Mailing address **4848 N. Lincoln Blvd., Suite 100**  
 City/State/Zip **Oklahoma City, OK 73105**

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 2: Medical or Osteopathic School Verification**

School name \_\_\_\_\_  
 Complete address w/country \_\_\_\_\_  
 School name if different when applicant attended \_\_\_\_\_  
 Hours of undergraduate education required for admission \_\_\_\_\_ Total weeks of education applicant attended \_\_\_\_\_  
 Attendance (mm/yyyy) from \_\_\_\_\_ to \_\_\_\_\_ Graduation date \_\_\_\_\_ Degree awarded \_\_\_\_\_

**Unusual Circumstances**

The following questions apply to unusual circumstances that occurred during any part of the individual's medical or osteopathic education. Check the appropriate responses and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation attached to this form.

- Do the official records for this individual reflect interruptions or extensions in his/her medical/osteopathic education? If yes, indicate the reasons for each interruption or extension, the dates of each interruption or extension, and whether each interruption or extension was approved or unapproved. Yes  No
- |   |                     |                                   |                                     |
|---|---------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Personal or family   | From _____ to _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Unapproved |
| <input type="checkbox"/> Academic remediation   | From _____ to _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Unapproved |
| <input type="checkbox"/> Health   | From _____ to _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Unapproved |
| <input type="checkbox"/> Financial  | From _____ to _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Unapproved |
| <input type="checkbox"/> Participation in a joint degree program  | From _____ to _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Unapproved |
| <input type="checkbox"/> Participation in a non-research special study (e.g., fellowship, intl. experience) | From _____ to _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Unapproved |
| <input type="checkbox"/> Other  | From _____ to _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Unapproved |

# BOARD REVIEW



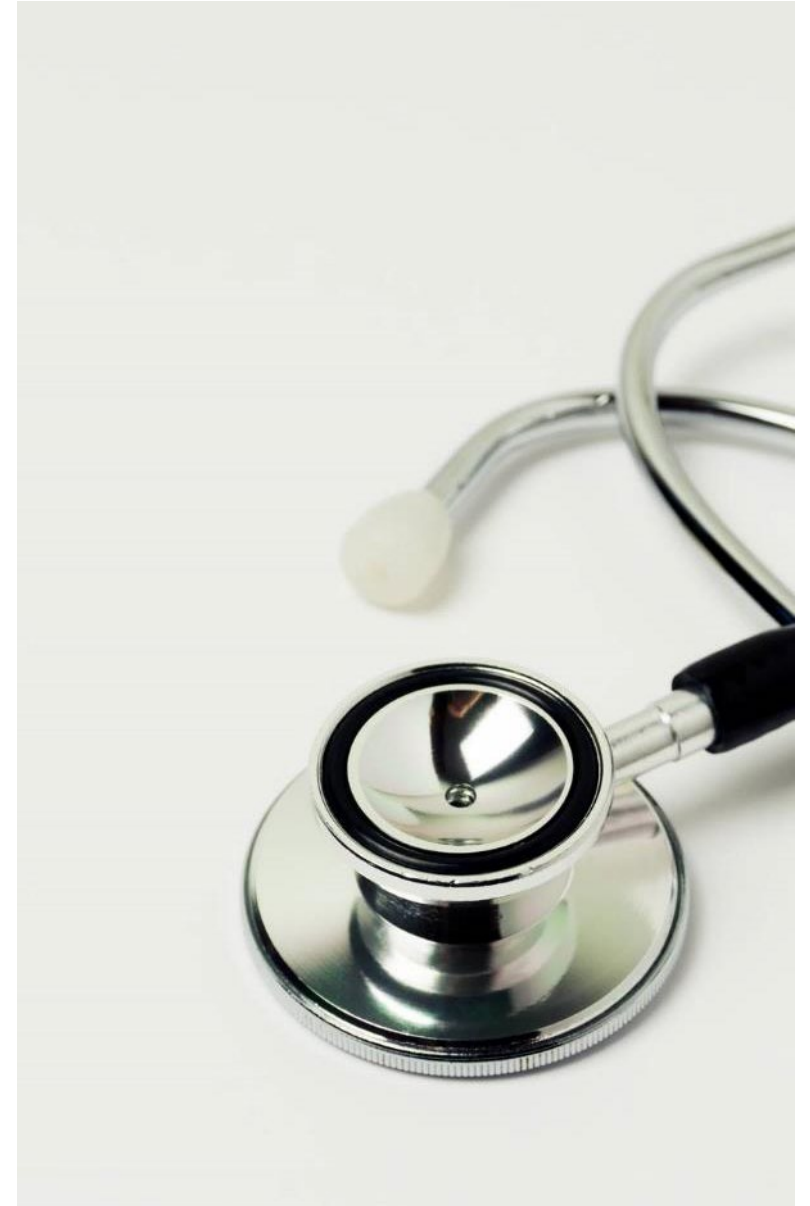
**All applications for Licensure are reviewed by the Board. Answer every question honestly.**



**Upload all documentation that is stated in the application to provide to the Board.**



**You will be notified by the Board staff if it is necessary to appear for an interview at the June Board meeting.**



# Oklahoma Bureau of Narcotics and Dangerous Drugs & Drug Enforcement Agency



- On July 1 apply for your OBNDD registration number first. This process takes a week to receive. **DO NOT apply early!**
- The website is: [www.ok.gov/obnndd](http://www.ok.gov/obnndd).
- Next apply for your DEA registration after you receive your OBN number. This process takes about 2 weeks.
- This website is: [www.dea diversion.usdoj.gov](http://www.dea diversion.usdoj.gov).

DEA regulations require a physician to obtain a separate DEA registration in each state in which he or she prescribes or dispenses a controlled substance.

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# QUESTIONS?

- **Contact the Board by mail: OSBOE  
4848 N. Lincoln Blvd., Suite 100  
Oklahoma City, OK 73105**
- **Consult the Board's website:  
[www.osboe.ok.gov](http://www.osboe.ok.gov)**
- **Contact the Board by telephone:  
405-528-8625 (M-F) 8:00 a.m. - 4:30 p.m**
- **Licensing Dept. at  
[Licensing@osboe.ok.gov](mailto:Licensing@osboe.ok.gov)**

