



Emeritus License Application

Upon completion of this application for Emeritus license status, please either mail to 4848 N. Lincoln Blvd. Ste. 100 Oklahoma City, OK 73105 or email to licensing@osboe.ok.gov.

510:10-3-13. Volunteer and Emeritus Medical License

(b) Holders of full and unrestricted licenses in Oklahoma for at least ten (10) years may choose at any time to apply for a Physician Emeritus license by notifying the office of the Board. The Physician Emeritus license is for fully retired physicians. The Physician Emeritus license shall be issued with no Continuing Medical Education (CME) requirements. A fee may be charged for this license.

(1) Physicians holding an Emeritus license may continue to use the title or append to their name the letters, D.O., Doctor, Specialist, Physician or any other title, letters or designation which represents that such person is a physician. Service on boards, committees or other such groups which require that a member be a physician shall be allowed.

(2) Physicians holding an Emeritus license shall not practice medicine in any form or prescribe, dispense, or administer drugs.

(3) When a physician has retired from practice and subsequently chooses to return to active practice from Physician Emeritus status, the physician may, be required, at the Boards discretion, to:

- (A) Pay required reinstatement fees;
- (B) Complete required forms;
- (C) Make a personal appearance before the Board or Secretary of the Board;
- (D) Submit to a physical examination, psychological and/or psychiatric examination; and
- (E) Provide evidence of successful completion of continuing medical education.

(4) Upon acknowledgment and documentation that the physician will not receive or have the expectation to receive any payment or compensation, either direct or indirect, for any medical services rendered under the Physician Emeritus license.

Applicant Information:

Date: _____

Last Name: _____ First Name: _____ M.I.: _____

License No: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Home/Mailing Address: _____

City: _____ State: _____ Zip Code: _____



OKLAHOMA
State Board of
Osteopathic Examiners

Emeritus Medical License Attestation:

I, _____, D.O. attest and swear that I am fully retired from practice, currently hold a full and unrestricted license in Oklahoma which has been active for at least ten (10) years, and am seeking an Emeritus license. I further attest and swear that I shall not practice medicine in any form or receive any compensation related to the practice of medicine while holding an Emeritus license.

Signature of Applicant:

Notary Required:

STATE OF _____

COUNTY OF _____

Subscribed and sworn to, or affirmed, before me this ____ day of _____, 20____, by

[Print Applicant Name]

[Notary Public]

My Commission Number: _____ Expires: _____

(Seal)